

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARD CONSULTATION

SUMMARY REPORT

1 Quality standard title

Physical activity: encouraging activity in the general population

Date of quality standards advisory committee post-consultation meeting:
20 February 2019.

2 Introduction

The draft quality standard for physical activity was made available on the NICE website for a 4-week public consultation period between 4 January and 1 February 2019. Registered stakeholders were notified by email and invited to submit consultation comments on the draft quality standard. General feedback on the quality standard and comments on individual quality statements were accepted.

Comments were received from registered stakeholders which included service providers, national organisations, professional bodies and others.

This report provides the quality standards advisory committee with a high-level summary of the consultation comments, prepared by the NICE quality standards team. It provides a basis for discussion by the committee as part of the final meeting where the committee will consider consultation comments. Where appropriate the quality standard will be refined with input from the committee.

Consultation comments that may result in changes to the quality standard have been highlighted within this report. Comments suggesting changes that are outside of the process have not been included in this summary. The types of comments typically not included are those relating to source guidance recommendations and suggestions for non-accredited source guidance, requests to broaden statements out of scope, requests to include thresholds, targets, large volumes of supporting information, general comments on the role and purpose of quality standards and requests to change NICE templates. However, the committee should read this summary alongside the full set of consultation comments, which are provided in appendix 1.

3 Questions for consultation

Stakeholders were invited to respond to the following general questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be to be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

4 General comments

The following is a summary of general (non-statement-specific) comments on the quality standard.

- The quality standard was well received.
- It is important to reiterate the benefits of increasing physical activity for the benefit of the wider community within the document.
- Stronger links should be made to behaviour change (PH49) and community engagement (NG44) NICE guidelines throughout the quality standard.
- Organisations should make sure that their activities do not just lead to getting active people more active. Targeting those most at risk of inactivity should be prioritised.
- Inclusion and accessibility should be more prominent throughout the document. Older people and people with disabilities are most likely to have low levels of physical activity, face the greatest barriers to becoming active and have the most to gain from increasing activity.
- The statements and measures need to reflect that local authorities work across wider, external systems with shared outcomes and commissioning arrangements.
- Cooperative approach and developing partnerships may be a more feasible considering the funding challenges local councils face. Implementing the quality standard may not be feasible for individual councils otherwise.
- Statements should be more specific. Currently they may be opened to interpretation.

Consultation comments on key areas for quality improvement

- The statements included in the quality standard are supported as key areas for quality improvement.
- Some of the statements may have too narrow a focus which limits their potential impact.
- One stakeholder felt that the document does not sufficiently address the environmental changes which appear to be the cause of the increasing physical and mental problems in children's health.

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- The benefits will not be realised, and negative trends will not be reversed, without improving the UK's approach to land use planning. Land use planning is fundamental to integrating active travel into daily life, and without a planning system that integrates walking and cycling at every level it will not be possible to achieve the scale of change necessary to improve the nation's health.

Consultation comments on data collection

- Mixed response from stakeholders.
- Sport and physical activity partnerships are well placed to support developing the data collection systems.
- The information may be available, but the data collection would be labour intensive and potentially not feasible (trawling programme documentation, Health and Wellbeing Board meeting minutes, JSNAs)
- Systems are not fully prepared to implement the quality statements and collect data.
- Asking GPs to discuss activity levels and recording the information does not seem feasible.
- Measuring impact is a challenge. Measuring increase in walking and cycling in a meaningful way is currently not feasible.
- It is not mandatory for local highways authority to produce annual data on the lengths, condition or type of dedicated footway and cycletrack infrastructure. Assessing these will require further resources that may not be available.
- The level of detail required to assess travel route quality is unlikely to be included in the suggested data sources, including local plans and JSNAs
- Outcomes should reflect the life-course rather than just children and adults, as is currently stated.

Consultation comments on resource impact

- Stakeholders views varied widely in this area.
- In principle, both the budget and the net resources are available to deliver this quality standard. Investments in active travel are typically much higher value for money than investing in infrastructure for private motor vehicles, as well as being

much cheaper. Shift from cars to active travel or public transport reduces congestion, consequently improving local productivity and amenity values.

- Most of the quality standard is related to changing behaviours and attitudes, so no extra funding should be needed.
- Funding is a serious concern for all the statements. There is lack of sustainable resources allocated to physical activity. Because performance is not monitored nationally, investments and improvements are not seen as critical.
- Long term realistic resource allocation is needed to implement the statements.
- Funding constraints within local authorities mean that highway service functions are often under pressure and developing improvements to support walking and cycling are balanced against maintaining a deteriorating asset.
- Whilst it is feasible for Planning Authorities and Highways Authorities to implement measures that reallocate road space, reduce through traffic and deliver protected infrastructure, limited resources will prevent large scale change for many authorities.

5 Summary of consultation feedback by draft statement

5.1 *Draft statement 1*

Local authorities and healthcare commissioners have a senior level physical activity champion to oversee the development and implementation of local strategies, policies and plans.

Consultation comments

Stakeholders made the following comments in relation to draft statement 1:

- Suggestion to refer to Senior Physical Activity Leadership within the statement rather than a champion.
- The person in this role should be responsible for healthy lifestyles, not just physical activity.
- There is a lack of clarity regarding the level of seniority and competency that would be sufficient for such a post holder.

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- Is this a specific job title/role or part of an individual's agenda?
- The role of physical activity champion should be coupled with an elected member who has physical activity as part of their portfolio. Local political leaders set the overall priorities for the local authority and decide on resource allocation.
- The physical activity champions need to have the powers, resources and targets to deliver more active travel and pro-actively discourage inactivity.
- Physical activity champions need to work with partners across the wider system, not just departments across the local authority. They should engage with voluntary sector, business and academia.
- Physical activity champions should engage locally with walking and cycling champions
- Physical activity champions should consider and interact with hospitals, care homes / nursing centres to develop training and awareness on supporting suitable activity for individuals who may have limited mobility or face extended periods of confinement to bed.
- This statement should include considering the unintended consequences of other policies which may counteract policies to increase physical activity. For example, if a local authority introduced free car parking or reduced the cost of car parking this could be counteractive to trying to increase physical activity.

Consultation comments about measures:

- Champions should collate evidence and report on performance and lessons learned.
- Structure measure B - local strategies, policies and plans should be developed and implemented jointly with all relevant local agencies. Champions should be able to demonstrate joint working across local authority and clinical commissioning groups.
- Structure measure C - highlight the specific groups to indicate the "relevant third sector groups".
- Additional outcome measures suggested:
 - increasing proportion of people meeting the CMO guidelines on physical activity

- reducing the proportion of adults classified as inactive.

5.2 *Draft statement 2*

Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport.

Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

- The statement could be strengthened by saying “fund and develop” and setting targets for increased activity.
- The statement would be stronger if it referenced Active Design and the development of whole neighbourhoods including sustainable travel plans.
- The statement should mention route quality in addition to connectivity.
- This statement should refer to open spaces to be more aligned with statement 3.
- The statement could be used as a key lever to encourage local authorities to develop plans which prioritise pedestrians, cyclists and public transport users but it is currently politically and culturally challenging.
- Concerns about resources required for ongoing maintenance of the travel routes.
- Local authorities need to ensure the connected routes are safe and accessible for all abilities.
- Efforts should be made to ensure that all existing greenspaces and woodlands are connected to create green corridors in the first instance.
- Speed reduction measures and speed limits should be specifically mentioned as main elements of safety.
- Traffic-calming schemes should not be included in this list of possible measures. They are associated with increases in air pollution and have been already widely implemented, with insufficient impact on through-traffic. More radical steps such as no-through-routes are needed.
- Connected travel routes must consider the effects of air pollution where they are located directly alongside main roads. The effects on air quality and steps required to mitigate against this must be considered.

- Cycle parking and public transport stops should be as close to destinations as possible. The positioning of parking should consider that car journeys can be completed on foot or using public transport.
- The statement could be clearer that cycling and walking are separate modes of transport, and that protected provision for cycling should generally be provided, distinct from walking routes.
- The rationale and measures should refer to using Local Cycling and Walking Infrastructure Plans for implementation.
- The statement does not adequately address the challenges of rural access in travel planning. References should be made to rural rights of way improvement plans and not just road reallocation of space but off-road/segregated reallocation of space for active travel routes.

Consultation comments about measures:

- Structure measure B – seen as unsuitable in its current form and not applicable to rural areas. Alternative could include timed road closures and 'home zones' for residential roads with higher volumes of foot and cycle traffic than through car traffic.
- Structure measure C – measure should include provision of frequent and adequate seating for people with limited mobility.
- Outcome measure C – issue with interpreting the results; increasing walking and cycling may also increase KSIs; would it be a success or a failure? Using proportions may be more feasible.
- Additional measures suggested:
 - maintenance of or quality of connected travel route, usage of routes (including who uses them) to inform future planning
 - Community engagement – monitoring if local planners engage with people for active travel
 - highlighting impact of cycling journeys of less than 5 miles; target for people to travel by cycle 3 days a week is very ambitious.

5.3 *Draft statement 3*

Local authorities involve community and voluntary groups in designing and managing public open spaces.

Consultation comments

Stakeholders made the following comments in relation to draft statement 3:

- Focus of the statement should be broader – new housing development planning applications, road works, traffic schemes, shopping centres and transport hubs, among others, can all benefit from community and voluntary input.
- The statement should be more explicit in highlighting the importance of understanding the audience in the process of designing and managing public open spaces that support physical activity.
- Suggestion for the statement to include temporary uses of public spaces (such as street closures for play streets or open streets events) and new and existing open spaces.
- Further details on types of open spaces, purpose and safety considerations would be helpful.
- Austerity measures and demand for new houses put current provision of public open spaces at risk.
- Resources will be required to develop community engagement and create capacity. Issues of sustainability and future liability should be addressed.

5.4 *Draft statement 4*

Workplaces have a physical activity programme to encourage employees to move more and be more physically active.

Consultation comments

Stakeholders made the following comments in relation to draft statement 4:

- Term physical activity programme could be open to misinterpretation.

- Physical activity programme is more than active travel. It should refer to a culture of being active at work i.e. stand up meetings, desks, using stairs, facilities to support being active during lunch, walking groups.
- Consideration for how employers can reach out and contribute to activity outside work. Suggested initiatives included: signposting to local primary care providers and fitness providers to support preventative programmes, encourage activities such as parkrun, walking groups or using local green spaces; ensuring staff are aware of cycle to work schemes or other workplace physical activity packages.
- The statement should include, and refer throughout, not just to physical activity programmes, but also to policies, such as more flexible working hours that allow employees to fit active travel around school drop-offs and bus timetables, or car parking restraints.
- Suggestion that the statement should focus on having physical activity champions at a senior level within workplaces. Having buy in at senior management level would make the workplace health programmes more effective.
- Concerns around the statement not being realistic. Potentially achievable among statutory organisations and large employers but not in many smaller businesses and the VCSE sector.

Consultation comments about measures:

- Outcome measures focus on active travel, even though the measures refer to workplace wellbeing programmes.
- Outcome measures may be more relevant if they look at direction of travel.
- Data collection for this statement seen as a challenge. Difficult to establish responsibility and accountability, more labour intensive and would require additional resources.
- Additional measures suggested:
 - reducing work-based parking
 - removing hidden subsidies for car drivers

5.5 *Draft statement 5*

Schools and early years settings monitor and update travel plans annually to increase active travel.

Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

- Focus on active travel is too narrow.
- Suggestion to widen the statement to cover creating an active school and early years setting which includes physical activity, physical education, moving more in the day and updated travel plan.
- Not all schools have a travel plan. The statement should reflect that by requiring schools to "prepare, monitor and update travel plans...".
- Lack of clarity around who should be producing physical activity travel plans for schools.
- Physical activity should be incorporated within the National Curriculum as part of the school day, be it through lesson planning or lunch breaks. Schools and early year's settings have a role in meeting CMO guidance and national obesity policy of 30 moderate intensity minutes activity per day as part of the school day.
- The statement should focus on schools working with local authorities to provide safe access to school premises on foot and by bike to increase levels of active travel.
- The on-going development of safe, convenient walking and cycling routes to school should be highlighted and be a key component of all Local Cycling and Walking Infrastructure Plans.
- Suggestion to refer to cycle training for children through Bikeability – the national training scheme supported by the Department for Transport.
- Statement should be stronger and address taking affirmative action to deter journeys by private car.
- The statement does not accurately reflect an area for quality improvement. Some populations will travel to schools which are not accessible through walking and cycling, depending on school location and road networks. Weather conditions can

also act as a barrier to an active commute, as can safety concerns, particularly for younger year groups.

- Resources and capacity will be required to develop, implement and monitor travel plans. Schools would need incentive to implement this statement and collect the data.
- Annual updates are excessive and will impact on other pressing priorities. Three to five reviews would be more realistic for both capacity and impact.

6 Suggestions for additional statements

The following is a summary of stakeholder suggestions for additional statements.

- Promoting activity within the setting - active learning, maintaining PE, promoting active break times etc.
- Statement focussing on the role of housing associations, sheltered accommodation, care homes and inpatient settings in mental health trusts in encouraging activity.
- High trip generators (including hospitals, stadia and shopping centres) actively support active travel through incentives and facilities.
- Evaluation (e.g. local context, inequalities etc.) reflecting the experiences of the public alongside those stakeholders designing and implementing strategies and innovations.

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Appendix 1: Quality standard consultation comments table – registered stakeholders

ID	Organisation name	Statement	Comment
1	Chartered Society of Physiotherapy	General	<p>It is important to take a whole lifespan approach and then to potentially specialise in particular life-stages e.g. children, young adults, those of working age, older adults.</p> <p>Related comments:</p> <ul style="list-style-type: none"> - Increasing access to varied physical activity in schools and after school may encourage and support younger children who then may continue healthy behaviours. - Access to local gyms may reduce health service expenditure on medication associated with sedentary lifestyles. - The Aquatic Therapy Association of Chartered Physiotherapists is working in partnership with Swim England on a number of projects. The most developed being a national level 3 qualification for exercise professionals taking long-term conditions into leisure pools. This is being tutored by Chartered Physiotherapists. Also there is close working with the University of Nottingham and Public Health England, to provide (free-tbc) learning modules/apps for health professionals about the benefits of water/aquatic activities. <p>Wellbeing component of physical activity: There is evidence coming out of the USA and Japan about the specific benefits of mood and brain health related to getting into water. This has a positive effect on adherence and behaviour change to water based physical activity.</p> <p>Swim England have insight and research into a dementia friendly swimming project that went national about 2 years ago. Relevant documents:</p> <p>https://www.ncbi.nlm.nih.gov/pubmed/29367198 - mobility in older people in care home populations</p> <p>https://academic.oup.com/biomedgerontology/article/64A/1/61/575569 - prevention of frailty; the section on prevention and support includes comment on physical activity and health behaviours.</p> <p>https://richmondgroupofcharities.org.uk/sites/default/files/multimorbidity_-_understanding_the_challenge.pdf - section on prevention and support includes comment on physical activity and health behaviours.</p> <p>-Public Health England. Muscle and bone strengthening and balance activities for general health benefits in adults and older adults: summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines. London: Public Health England; 2018:</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721874/MBS_BA_evidence_review.pdf – prevention of frailty</p> <ul style="list-style-type: none"> - CSP 'Hate exercise. Love activity?' campaign: <p>https://www.csp.org.uk/system/files/position_statement_final.pdf - please see the links at end of document – evidence on benefits of physical activity. N.B. this campaign included potentially useful public: information</p>

			<p>material: https://www.csp.org.uk/networks-campaigns-influencing/campaigns/love-activity-hate-exercise https://www.csp.org.uk/public-patient/keeping-active-and-healthy/love-activity-hate-exercise-campaign</p>
2	Children's Play Advisory Service Ltd	General	<p>The response to this document is made by Rob Whewey of the Children's Play Advisory Service. His comments are based on extensive non-interactive observation of children playing out (or not) in over 70 areas of housing. At these and also at other places he has carried out interview research. He has inspected/assessed hundreds of children's playgrounds every year for over 25 years. www.childrensplayadvisoryservice.org.uk The website has many free-to-download publications which may be of assistance.</p>
3	Guide Dogs	General	<p>We feel that there should be greater reference to inclusion (or accessibility) as we and the wider sight loss sector have ample evidence that many of the agencies and service providers addressed in this standard either pay lip-service to inclusion or simply do not consider it when it comes to accommodating the needs of people with sight loss and would be happy to provide this if required.</p> <p>We feel there is a risk that some people reading the standard could infer from its title (which refers to “the General Population”) that it only applies to people without a disability. Such an assumption might be reinforced on reading the opening paragraph which outlines what the standard covers including signposting to alternative standards in the case of people in receipt of NHS services. If “the General Population” should include all people, including those with disabilities, then we feel it would be helpful to say so up front.</p> <p>Page 28 of the Local Government Association’s recent publication, “A matter of justice: Local government’s role in tackling health inequalities” (https://www.local.gov.uk/matter-justice-local-governments-role-tackling-health-inequalities) highlights the greater incidence of obesity amongst people with disabilities compared to the non-disabled population. It also outlines that the percentage of disabled people participating in sport is less than half that of the percentage of non-disabled people. And according to Sport England’s Active People Survey (APS 10 – 2015/16), of all groups of people, those with vision impairment have the second lowest participation rates in sport.</p> <p>We therefore recommend that the introductory paragraph makes explicit reference to the inclusive nature of the standard through the addition of two words as highlighted in capital letters below: “This quality standard covers how local strategy, policy and planning and improvements to the physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages AND ABILITIES to be more physically active.”</p>
4	Leeds City Council	General	<p>Missing is any sense of how local data can determine impact – the development of a measure of physical activity should be a local and national priority.</p> <p>I think there’s some relevance around how people choose alcohol as an ‘reward’ post physical activity, thinking in terms of having a alcohol drink in the bar after the gym etc, so by potentially reducing the number of premises on site of private health clubs who sell alcohol (or having them not sell high strength products), could be beneficial around reducing the harms caused</p>

			<p>by alcohol. However this would need to be balanced against lower calorie drinks often being spirits!</p> <p>Issues around steroid use in people seeking extreme fitness and all the harm reduction issues which follow from this in terms of clean equipment and sourcing this, as well as accessing potential treatment to address any associated addiction</p> <p>Planning of new open public spaces I think should take into account the proximity of places selling alcohol, we know the average distance anyone has to travel to buy it is approx. 300meters. If we could reduce the number of outlets selling (certainly high strength alcohol) in the immediate vicinity of open spaces, this could have a knock on in terms of safety, cleanliness, and usage of such spaces by the community.</p>
5	London Cycling Campaign	General	<p>NICE guidelines on illnesses and treatments usually give specific, prescriptive advice. Despite diagnosing inactivity as a very costly health problem NICE guidelines stop short of the type of clear advice given in cases of more traditional pathologies. The scale of health damage that inactivity is causing, according to NICE, merits more directive guidance. NICE also needs to address techniques of discouraging inactivity as well as encouraging activity.</p> <p>Inactivity is promoted by both extensive advertising and technologies that have advanced inactivity to exceptional levels. Cars are invariably parked within yards of homes encouraging driving for even short journeys, and car advertising in the UK amounts to more than £350 million per year.</p> <p>Television, internet, small offices with PCs, ubiquitous lifts and abundant social media mean that it is easy to avoid almost any physical activity – shopping is done from the comfort of an armchair, light switches are voice controlled and even football can be played on screen.</p> <p>This requires a major overhaul of our travel habits and suggesting ‘considering’ or ‘monitoring’ travel plans and physical activity, as noted in NICE guidance (e.g. NICE NG90 – Recommendation 1.3.1) must be strengthened to make physical activity an imperative, with steps to discourage inactivity made a commitment for all organisations.</p>
6	Ramblers	General	<p>Submitted on behalf of the Ramblers</p> <p>About the Ramblers</p> <p>As Britain’s largest walking charity, with over 100,000 members, the Ramblers helps everyone to enjoy the freedom of the outdoors on foot. We support Britain’s nine million walkers by protecting and expanding access to the places people love to walk – whether that’s in our towns and cities, along the public rights of way network or on open access land like mountains, moors and heaths. Our volunteers play a significant role in making this possible: from leading walks and maintaining paths, to organising local campaigns to protect and promote local routes.</p> <p>We also run Walking for Health, England’s largest network of health walks. The walks are short and over easy terrain aimed at those who are least active. Walkers are supported specially trained volunteers who are on hand to provide encouragement and support, and make sure no one gets left behind.</p> <p>The Ramblers welcome the aim to increase physical activity and we agree that the areas covered in this quality standard</p>

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			reflect key areas for improvement that will help increase physical activity and improve public health. Although we support the draft quality statements it is our view that there are aspects which could be improved further to help encourage more physical activity within communities.
7	Richmond Group of Charities	General	<p>The Richmond Group of charities and our partners, Activity Alliance, feel that overall the draft Quality Standard reflects some key areas for quality improvement. We have some comments about each of the specific statements as well as further recommendations.</p> <p>Prevention is now a core tenet of the NHS long term plan and we believe it's important to take an holistic, whole system approach to increasing physical activity. Recommendations aimed at the general population should have behaviour change at their heart and form part of a prevention continuum, therefore, it is also important that this statement is viewed alongside NICE Quality Standard 84: Physical Activity for NHS staff, patients and carers.</p> <p>The standard could be reinforced by making reference to the WHO's GAPP and PHE's Everybody Active Every Day frameworks which focus on active environments, people, societies and systems. In view of this recommendation, we feel this standard could also reflect some of the comments in the policy documents about multi-sector partnerships and in particular consider a statement focussing on the role of housing associations, sheltered accommodation, care homes and inpatient settings in mental health trusts in encouraging activity.</p> <p>It's important to continue to reiterate the benefits of increasing physical activity in the general population, not just for individual physical health, mental health and wellbeing but also the wider community benefit.</p>
8	Royal College of Paediatrics and Child Health	General	The RCPCH has received no comments on the consultation
9	South Gloucestershire Council	General	On behalf of the South Gloucestershire Physical Activity Partnership... The Partnership agrees with the quality statements
10	ThriveFit	General	<p>ThriveFit is so pleased to see how NICE continues to highlight and reinforce the importance of the benefits to physical activity in the community, raising awareness and the services provided to the community.</p> <p>The consideration and emphasis on planning and implementation is certainly something that we feel has been missing to date. We believe there is a strong need to direct and ensure that how to track and measure success in this area is not missed and that this in turn will help communities understand where further assistance and support is needed.</p>
11	Versus Arthritis	General	<p>Versus Arthritis is the charity formed by Arthritis Research UK and Arthritis Care joining together. We work alongside volunteers, healthcare professionals, researchers and friends to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.</p> <p>Arthritis and musculoskeletal conditions affect 17.8 million people in the UK. A wide range of physical activities have been</p>

			<p>shown to be beneficial in reducing the overall risk of developing musculoskeletal conditions and disability. For people who have already developed a painful musculoskeletal condition, engaging in appropriate physical activity can reduce pain intensity, improve quality of life and prevent further disability.</p> <p>In September 2018, we provided initial input into the development of this quality standard, which included three proposed areas for quality improvement:</p> <ul style="list-style-type: none"> • Population-level support for people with musculoskeletal conditions to become and remain physically active; • Provision of structured community rehabilitation programmes and individualised support for people with musculoskeletal conditions; • Promoting good musculoskeletal health among young people through appropriate physical activity. <p>The current draft quality standard includes 5 statements:</p> <ul style="list-style-type: none"> • 1: Local authorities and healthcare commissioners have physical activity champions to oversee the development and implementation of local strategies, policies and plans. • 2: Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport. • 3: Local authorities involve community and voluntary groups in designing and managing public open spaces. • 4: Workplaces have a physical activity programme to encourage employees to move more and be more physically active. • 5: Schools and early years settings monitor and update travel plans annually to increase active travel. <p>This response focuses on statements 1 and 4, with an additional case study relevant to statement 5. In broad terms, we welcome the explicit inclusion of the needs of people with limited mobility throughout the quality standard.</p>
12	Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group, Durham University	General	<p>This response is submitted by Mr Benjamin Rigby, Dr Emily Oliver, Dr Karen Hind, Dr Iain Lindsey, Miss Sophie Phillips and Dr Caroline Dodd-Reynolds on behalf of the Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group (Durham University).</p> <p>Overarching Comments:</p> <p>We welcome the introduction of the NICE Quality Standard for ‘Physical Activity: Encouraging Activity in the General Population.’ We believe this is an important consideration given that recent focus has pertained to special populations, modes of physical activity and organisations. We suggest this standard represents something of a welcome departure for NICE, moving from a clinical to a more societal emphasis than has been typical in relation to physical activity.</p> <p>In general, we believe that this draft quality standard reflects most key areas for quality improvement. Nevertheless, several considerations stood out to us. Here we make general comments, as well as those relevant to specific quality statements. Overall, the statements are somewhat vague. The lack of specificity may leave these open to interpretation. While this is beneficial for facilitating flexible local planning, innovation and delivery, it may lead to inconsistent implementation of health promoting strategies in different areas (e.g. Oliver et al., 2016). If sufficient financial resource (see also our response to question 3) and lead agency authority can be leveraged to support implementation (Matland, 1995), we would prefer greater</p>

			<p>specificity with regard to i) defining key features of the statements; ii) evidence to be collected, and iii) the pathways by which quality improvements are proposed to lead to measured outcomes. To illustrate with a specific example: The key public messages coming out of the draft standard are primarily transport and infrastructure related. What are the proposed mechanisms by which this standard reaches the targeted public?</p> <p>It is important that each Quality Statement receives suitable attention. Similar depth of comment and analysis should be included in NICE news articles, and other media, with regard to Quality Statements 1, 3, 4 and 5 (not just 2), to ensure that the value of the entire Quality Standard is disseminated. Furthermore, there is little indication as to how these statements influence one another, rather, the focus is on how they interact with other guidance documents and policies.</p> <p>There are statements that are relevant to adults of working age, and children, but older adults could be more fully considered. Demographic epidemiology indicate that the UK population is ageing, and by 2036 over 25% of the population will be aged 65 years or over (Office for National Statistics, 2017). Older adults are more likely to be sedentary and lack of physical activity is linked to reduced independence, quality of life and increased risk of falling, cardiovascular disease, osteoporosis and frailty. Whilst QS2 does highlight accessible active travel for older people and/or those with limited mobility, we feel that consideration of older adults should be more explicit throughout the existing recommendations. There may be sufficient need, in fact, for a specific QS relating to this group.</p>
13	RNIB	General	<p>Thank you for providing us at RNIB with the opportunity to feed into this NICE consultation.</p> <p>There are around two million people living in the UK with uncorrectable sight loss of which 350,000 are registered as visually impaired (partially sighted) and severely visually impaired (blind). Visual impairment has a huge impact on an individual's ability to make walking journeys however with support and assistance many people build and maintain good levels of mobility and personal independence enabling them to manage their health and fitness, gain and maintain work, education and a social life.</p> <p>We have been working with blind and partially sighted people for many years on travel and transport issues, and since 2016 to better understand the issues they face when trying to get around their local street environments.</p> <p>In response to the significant and widespread problems we ran a national campaign called "Who Put That There?" which raised awareness of just how damaging the obstruction of footways is to the free and safe movement of people with sight loss. Through this campaign it was found that one in four people with sight loss have suffered a physical injury due to obstacles cluttering the footways.</p> <p>In 2018 we shifted focus to the problems that Copenhagen style street designs and so called 'shared space' designs have on the ability of blind and partially sighted people to make walking journeys independently and safely. In summer 2018 we launched a short film to explain the issues to the public called "How I See" where three people with sight loss from different</p>

			<p>parts of the UK explain how new walking and cycling schemes implemented by their local authorities are impacting their ability to move around. All three individuals counted themselves as well adjusted to the demands of getting around as a visually impaired person but pushed over the limit by the way new shared space type designs place a higher level of importance on everyone being able to see in order to move around safely.</p> <p>We think the introduction of these new NICE quality standards will play both a strategic and integral role in solving the interlaced problems that exist and we broadly support them.</p> <p>There are however some very specific issues which we think NICE could consider and incorporate into the design of the quality standards which would allow RNIB's learning to be carried into the standards, and in the medium to longer term result in mobility and therefore health improvements for blind and partially sighted people.</p> <p>We have chosen to provide input on just the sections of the NICE consultation which ties in with the work we have been doing. We are of course very happy to meet and discuss any aspect of this response over the phone or by coming to your offices.</p>
14	NFBUK	General	<p>Over All Observations</p> <ul style="list-style-type: none"> • It is clear from the NFBUK that there is little or no expertise within key design teams involved in designing schemes to improve active transport regarding the factors that impact the access needs of people who are blind, disabled or vulnerable. Access to pavements and public transport has therefore been restricted or removed due to inaccessible infrastructure; consequently pedestrians are placed in danger trying to access shops, social life, employment, education or simply gaining their daily exercise as recommended by NICE. • It is clear that the designers and political will for active cycling is being put forward to the detriment of pedestrians and disabled pedestrians needs and their ability to access pavements and public transport. • The political will for better looking streets is still being put ahead of designs that are fit for purpose: ie, that will allow all pedestrians to be access the public realm independently. • Our experience is that when we have tried to engage with key stakeholders in the redesign of roads and provision of active transport solutions there is reluctance by many to collaborate or to take our concerns on board to create inclusive design solutions. • It is clear that international solutions are not always transferable to the UK situation nor even do designers appear to be aware that what is proposed as a 'solution' elsewhere in the world has in fact increased problems.

			<ul style="list-style-type: none"> • It would appear that many design engineers lack a proper understanding of the Equality Act 2010 and lack the expertise needed to redesign active transport networks and public open spaces that are fully inclusive. • It is critically important that the design engineers understand the design requirements for disabled people prior to creating solutions they think – but cannot prove - will work. <p>Detailed examples of these can be provided.</p> <p>Recommendations</p> <p>It is recommended that as a matter of urgency:</p> <ul style="list-style-type: none"> • Bus stop borders / Copenhagen bus stops where cycle routes are halted as a design solution with immediate affect. • Bus stop by pass designs are halted with immediate affect. • Use of Copenhagen Crossings at side roads are halted with immediate affect. • Shared Space road design are halted with immediate affect. • No introduction of adapted Dutch roundabout infrastructure, which is detrimental to blind, disabled and vulnerable pedestrians trying to cross these junctions. • Low invisible kerbs should be halted with immediate affect. • NFBUK, along with key stakeholders and individuals from the disability sector work with key design stakeholders to come up with different design solutions for key urban designs including bus stops, side road treatments etc. • Standard height kerbs, controlled pedestrian crossings are standard in areas where traffic and public are present. • Accessibility officers are re-employed at a higher senior level as the Physical Activity Champions.
15	RNIB	Consultation question 1	<p>We at RNIB think this draft quality standard needs some additional clarification to support the quality improvement goal.</p> <p>Quote from Lord Chris Holmes "The impact on people’s lives when public spaces are not accessible is devastating. Inclusive design must be the golden thread that runs through all new buildings and works in the public realm."</p> <p>Impact of newly designed walking and cycling schemes on the mobility of blind and partially sighted people</p> <p>We are extremely concerned by the feedback we have been receiving from blind and partially sighted people across the UK about the adverse impacts of new walking and cycling schemes. Many people are saying they can no longer make walking journeys in areas where previously they were able to walk. The causes are loss of signal control crossings, the introduction of level surfaces and the loss of navigational cues that had been present in the streetscape and that they depended on for orientation. In addition, the regenerated public spaces have created new barriers for people with sight loss where pedestrians</p>

		<p>are required to negotiate their right of way across and often in-between moving traffic and bicycles, without any auxiliary aid such as a pedestrian crossing beacon which emits audible and tactile signals to let them know when it is safe to cross.</p> <p>Other newly created streetscape designs which prevent blind and partially sighted people from walking and orientating themselves along a route include: Continuous footways and pavements Shared use footways and cycle lanes Step cycle tracks Bus stop bypasses and bus stop borders</p> <p>Copenhagen crossings and roundabouts are also increasingly being proposed in schemes and these are all versions of the above designs, many of which have already been installed and become barriers to blind and partially sighted people in making walking journeys.</p> <p>It is the dependence on pedestrians being visually capable in order to orientate themselves within these new streetscape designs and negotiate their right of way with on-coming cyclists and motor vehicles that is at the heart of the problem. Architects, engineers and planners are we think starting to recognise the issues, but solutions have not yet been developed, successfully trailed or installed.</p> <p>The Women and Equalities Committee report published in April 2017 "Building for Equality: Disability and the Built Environment" called on government to: Call a halt to all local shared space schemes pending 'the urgent replacement' of national guidance to take into account disabled persons' views and needs. New guidance was needed to replace the 2011 Local Transport Note and should instruct local authorities 'that controlled crossings and regular height kerbs are to be retained'. Ensure advice is available 'on how to challenge local authorities on existing or new schemes which exclude or have the potential to exclude disabled people'.</p> <p>In July 2018 Minister for Transport, Nusrat Ghani, wrote to all local authorities requesting them to pause the development of shared space schemes that involve level surfaces and that the Government had also withdrawn Local Transport Note 1/11. Level surfaces are where conventional kerb edges are removed causing the road or cycle track to be made level or flush with the pedestrian space, commonly called the footway.</p>
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			recognition of the issues is achieved and that a strategic approach is jointly developed to ensure the best outcomes can be obtained for blind and partially sighted people, in balance with other objectives that we as a society are striving towards
16	20's Plenty for Us	Consultation question 1	<p>On Quality statement 2 note that the key feature of improving road safety for vulnerable road users is to lower the road speed limit and speed of traffic using the highway. 20's Plenty for Us and many International agencies agree that a maximum of a 20mph limit is best practice to promote active travel. 30mph limits are just too fast. Not to mention speed limits of 20mph or less or speed reduction as a key feature of safety and a connected route for active travel is to miss the point of what a connected active travel route really is. Its a safe route that is either traffic free, has segregated facilities or lower speed limit (20mph or less) sections. Encouraging novice cyclists for instance to travel on 30mph roads doesn't allow many of them to overcome their fear and confidence issues, which are the main reasons given for not cycling. Speed is the key feature of whether or not pedestrians, cyclists and public transport users are prioritised or not in terms of their safety and quality of travel experience or even as bystanders or residents.</p> <p>Global health, safety and economic forums say 20's Plenty (20mph/30kmh) is best practice including WHO, the EU, iRAP, Global Network for Road Safety Legislators and the OECD. see http://www.20splenty.org/20mph_global_best_practice</p> <p>The EU Transport and Tourism Committee “strongly recommends 30kmh limits unless there are segregated cycling and pedestrian facilities.</p> <p>iRAP, the International Road Assessment Programme says that “urban roads without segregated cycle and pedestrian facilities will not get a 5 star rating unless the limit is 30kmh.</p> <p>The Global Network for Road Safety Legislators says “there is strong evidence that wherever motorised traffic mixes with vulnerable road users the speed limit should be set at or under 30kmh”.</p> <p>The International Transport Forum of the OECD in a recent report on “Speed and Crash Risk” is categorical that “Where motorised vehicles and vulnerable road users share the same space, such as in residential areas, 30 kmh is the recommended maximum.”</p>
17	20's Plenty for Us	Consultation question 1	<p>The World Health Organisation host the UN Global Road Safety week every two years and is a key influencer in road safety globally. In 2017 it focussed on speed and in recognition that 30kmh is best practice where pedestrians and cyclists mix WHO asked 20's Plenty for Us to work on their behalf to create Slow Down Day toolkit that was used in 1,000+ slow down campaigning days globally advocating 30kmh limits. It says “A safe speed on roads with possible conflicts between cars and pedestrians, cyclists or other vulnerable road users is 30 km/h (see Table 2).”[1]</p> <p>20mph is Global Best Practice. Countries and communities are setting 20mph/30kmh limits for urban and village roads. In Netherlands 70% of urban roads have a 30kmh or lower limit. In Scandinavian countries 30kmh is the norm in villages and towns. Throughout Europe 30kmh is increasingly being set across complete authorities with exceptions on arterial roads with segregated facilities eg Milan, Paris and Barcelona.</p> <p>Studies from Bristol and Edinburgh show that cycling and walking increase in 20mph areas. The Bristol Twenty Miles Per Hour Limit Evaluation (BRITE) Study -Pilkington, P., Bornioli, A., Bray, I. and Bird, E. (2018) - http://eprints.uwe.ac.uk/34851 found statistically significant reductions in average traffic speeds of 2.7mph across the city of Bristol, a reduction in the number of</p>

			<p>fatal, serious and slight injuries from road traffic collisions. Casualties avoided per year are 4.53 fatalities, 11.3 serious injuries and 159.3 slight injuries. These equate to an estimated cost savings of over £15 million per year. This is an annual savings over 5 times greater than the one-off implementation cost of £2.77m. Walking and cycling across Bristol has increased, both among children travelling to school and adults travelling to work.</p> <p>In Edinburgh's South Central trial Those considering cycling to be unsafe fell from 26% to 18%</p> <ul style="list-style-type: none"> - Children cycling to school rose from 4% to 12%. For older primary age children it rose from 3% to 22% - Children allowed to play on the pavement or street rose from 31% to 66% - Walking trips rose 7%, cycling trips rose 5% and car trips fell 3%. - Speeds fell an average 1.9mph and by 3.3mph where before speeds were over 24mph <p>London – People Cycling. Research by Rachel Aldred at the University of Westminster (and others) on injury risk on London's roads (across the whole city) finds that the introduction of 20mph limits (alone) is linked to 21% lower injury odds for people who are cycling compared to 30mph roads according to Rachel Aldred of the University of Westminster https://www.sciencedirect.com/science/article/pii/S0001457518301076</p>
18	20's Plenty for Us	Consultation question 1	<p>NICE guidance already supports 20mph and says to introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design). For more detail on traffic calming, see the recommendations on smooth driving and speed reduction in NICE's guideline on air pollution: outdoor air quality and health, recommendations on measures to reduce speed in NICE's guideline on unintentional injuries on the road, and the Department for Transport's guidance on Traffic calming.</p> <p>[2018] Recommendations on smooth driving and speed reduction say</p> <p>1.5.1 Consider promoting a smooth driving style by using: 20 mph limits without physical measures to reduce speeds in urban areas where average speeds are already low (below around 24 mph) to avoid unnecessary accelerations and decelerations</p> <p>1.5.2 Where physical speed reduction measures are used to reduce road danger and injuries (20 mph zones – see NICE's guideline on unintentional injuries on the road), consider using them to encourage drivers to maintain a reduced, steady pace along the whole stretch of road, rather than road humps that may increase acceleration- and braking-related emissions.</p> <p>What action should they take?</p> <p>Introduce engineering measures to reduce speed in streets that are primarily residential or where pedestrian and cyclist movements are high. These measures could include:</p> <ul style="list-style-type: none"> - speed reduction features (for example, traffic-calming measures on single streets, or 20 mph zones across wider areas) - changes to the speed limit with signing only (20 mph limits) where current average speeds are low enough, in line with Department for Transport guidelines. - Implement city or town-wide 20 mph limits and zones on appropriate roads. Use factors such as traffic volume, speed and function to determine which roads are appropriate. <p>The benefits of 20mph are many and include reducing casualties, improving mental and physical health, reducing obesity, better air quality, reducing noise, tackling inequality, increasing active travel.</p>

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19	Active Devon	Consultation question 1	<p>In part and good in general.</p> <p>We think the quality statements on physical activity champions could have more around 'level of influence'. We would suggest that the VCSE sector could be more embedded in the standard and statements as they are integral to asset based approaches, for example QS 2 could include 'in partnership with VCSE'. We think QS5 on schools could be more confident. More than just updating and monitoring.</p>
20	Active Partners Trust (CSP)	Consultation question 1	<p>The key areas for quality improvements are identified but sometimes the focus of these seems narrow which may limit the impact.</p> <p>The document would be strengthened if there was reference to the relationship between upper and lower tier authorities and their respective roles.</p> <p>Equality issues could be more explicit across all standards</p> <p>The standards appear to articulate simple solutions to a complex issue, what it is its fine but there is more to it. We would like to see greater link to behaviour change (PH49)</p> <p>Reference to community engagement could be more explicit across all of the standards not just standard 1.</p> <p>Active design could be reference more explicitly, specifically in relation to new housing developments. Local plans are mentioned but only in relation to travel</p>
21	Chartered Institution of Highways and Transportation	Consultation question 1	<p>CIHT agrees that improved footways, footpaths, cycle routes and public transport connectivity will enable active travel and discourage car use. We would encourage that for Statement 2 'Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport' NICE provide signposting to relevant CIHT documents that provides the underpinning technical advice. The documents include: Manual for Streets, Manual for Streets 2, and Planning for Cycling and Walking, Buses in Urban Developments and Creating Better Streets, to improve the built environment.</p> <p>Furthermore, CIHT manages the Secretariat for the UK Roads Liaison Group (UKRLG) which produces a variety of guidance that is used by highway authorities. The UKRLG has published guidance including 'Well Managed Highway Infrastructure' 'Asset management guidance for footways and cycle routes: Pavement design and maintenance'; 'Asset management guidance for footways and cycle routes: An approach to risk-based maintenance management'; and 'Cycle service levels and condition assessment – that NICE should consider referencing in that standards also.</p> <p>Providing for walking and cycling is one of the key issues facing the highways & transportation profession and CIHT. It means not only addressing the issues of footways, cycleways and crossings but also the wider concerns around land use and the quality of our built environment. It is widely established that concerns about the physical environment, especially with regards to safety is a key restrictor in people taking up walking and cycling despite people seeing them as desirable activities. CIHT would add to the quality statement that it is not just the initial building of infrastructure that requires attention, as the management of the asset including, surface repairs, drainage and cleanliness will all affect long term usage. Poorly maintained local authority highways pose a significant danger to cyclists and deter users of the roads. Carriageway defects can directly</p>

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			cause falling or damage to bikes but can also cause cyclists to take unexpected paths for passing drivers and ultimately create more risk. Therefore, the ongoing asset management of these travel routes must be taken into account as well.
22	Children's Play Advisory Service Ltd	Consultation question 1	No. The document does not sufficiently address the environmental changes which strongly appear to be the cause of the increasing physical and mental problems in our children's health. (see my comments below).
23	Guide Dogs	Consultation question 1	As indicated in the comments section of our response, generally we feel that the standard covers the key areas to improve participation in physical activity. We would like to see greater emphasis on inclusion (in relation to people with disabilities).
24	Herts Sports Partnership, University of Hertfordshire	Consultation question 1	Yes
25	Horse Access Campaign UK	Consultation question 1	<p>Not known. I am concerned that you have omitted a population group of 2.7 million horse riders from the draft standard representing a significant population exclusion which is contrary to the equality policy and is not justified.</p> <p>I also think that these statements are highly pertinent in to the brief of encouraging physical activity in the general population 'Horse riding engages a higher proportion than other sports of people with disabilities, women participants and participants over the age of 45. Nearly 40% of those taking part in equestrian activity do not participate in other forms of physical activity' (BHIC 2017).</p> <p>BETA (British Equestrian Trade Association) National Equestrian Survey 2015 said that there is a 'significant growth in the number of riders aged between 16 and 24, rising from 368,000 in 2011 to 403,000 in 2015. There remains a strong gender bias, with females representing 74% of the riding population'.</p> <p>I am sure that NICE will want to encourage and help increase this physical activity amongst young people and women of all ages.</p> <p>How will NICE rectify the exclusion of horse riders and other vulnerable users, including the disabled, in the quality standard?</p>
26	Kent County Council Highways, Transport Innovations team	Consultation question 1	<p>Mostly, yes. However, we would comment that measure 5 should include work place travel plans.</p> <p>There should also be more of a focus on encouraging high level political buy in to active travels incentivisation, otherwise the support for many of these measures will not be there.</p> <p>It is also unclear as to how linked promotion of active travel messages should be dealt with. This promotion needs to cover all, those in power through to the public but in a format that suits the audience.</p>
27	Kirklees Council	Consultation question 1	Yes, to a point. LAs work across a wider , external systems with shared outcomes and commissioning arrangements. The statements and measures need to reflect this in order to achieve wider impacts.
28	Living Streets	Consultation question 1	Yes.

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29	North Tyneside Council	Consultation question 1	The quality standard does reflect the key areas for quality improvement. However the quality standard seems to be pitched at a very high level. Workplaces currently have limited resources and a lack of dedicated personnel who lead on workplace health and wellbeing and would probably struggle to achieve the full quality standard.
30	Nuffield Health	Consultation question 1	<p>Yes, the draft quality standards reflect the key areas for quality improvement, with the exception of the ‘schools and early years settings’ standard. Our specific observations are:</p> <p>For the ‘Physical Activity Champions’ quality standard to be most effective, the least physically active areas and populations should be specifically targeted. For example, focusing on variables of: deprivation, acorn groups, low income families, young people and adults with mental health conditions and/or disabilities. This is not to say, however, that the wealthier communities should be omitted. More should be done to monitor habitual physical activity across all communities in an efficacious way</p> <p>The ‘Workplaces’ quality standard should also consider work designs rather than limiting to commuting. A large number of employees do not have the choice of being more active on their commute and would therefore be excluded.</p> <p>The ‘Schools and Early Year Settings’ quality standard does not accurately reflect areas for improvement. For example, regarding travel plans, some populations will travel to schools which are not accessible through walking and cycling, depending on school location and road networks. Weather conditions can also act as a barrier to an active commute, as can safety concerns, particularly for younger year groups.</p> <p>Physical activity should be incorporated within the National Curriculum as part of the school day, be it through lesson planning or lunch breaks. The quality standard should also consider the role of parents in promoting exercise and reinforcing the importance of physical activity.</p>
31	Oxfordshire County Council	Consultation question 1	<p>The choice of topic areas for each quality statement closely reflects local and national priorities to empower all people to build physical activity into their day-to-day routines. We strongly recommend the remit of Quality Statement 5 is expanded to also include providing opportunities for physical activity during the school day (thereby making it consistent with the aims of Quality Statement 4).</p> <p>Whilst it is very helpful for the health benefits of active travel to be specifically highlighted in Quality Statement 2, it should be recognised that the concept of a hierarchy of road users within new developments and proposed road schemes is not new, for example LTN 01/04 Policy, Planning and Design for Walking and Cycling embeds this within Local Transport Plans. Similarly, Manual for Streets places pedestrians at the top of the user hierarchy and incorporates the principles of inclusive design.</p> <p>Nevertheless, despite having been in place for over ten years and incorporated into relevant policies and strategies, funding is still predominantly used to secure additional motor vehicle capacity. As one transport planning colleague put it “pedestrians and cyclists are only prioritised in documents”. A different approach could be for Quality Statement 2 to require the setting of specific targets for modal shift towards walking and cycling, and reducing vehicle dependence. To be effective, such an approach would benefit from improved modelling tools or real time data for illustrating the wider health impacts of infrastructure projects e.g. WebTAG which is used to make business cases to the DfT currently only focuses mortality not</p>

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			morbidity. Other available tools, such as HEAT and PCT, often do not enable health benefits to children, older people, disabled people and people suffering deprivation to be fully considered.
32	Oxfordshire Liveable Streets	Consultation question 1	Yes.
33	Paths for All	Consultation question 1	Physical activity: encouraging activity in the general population: We consider that the quality statements are a good reflection of what is required in these key areas. Paths for All is a Scottish charity founded in 1996. We champion everyday walking as the way to a happier, healthier Scotland. We want to get Scotland walking: everyone, everyday, everywhere. Walking is the most accessible and practical way to achieve the recommended levels of physical activity. If incorporated into daily routines it brings a host of wider health benefits including preventing obesity. To encourage behaviour change towards everyday walking, we must create places and spaces that encourage physical activity and promote active travel. There is a clear need for increased and sustained effort to support physically active lives – and, in this context, promotion of walking offers the best value investment. There should be better coordination in the delivery of key policy outcomes.
34	Plymouth Cycling Campaign	Consultation question 1	Yes
35	RCN	Consultation question 1	Nothing to submit
36	Royal College of Physicians (RCP)	Consultation question 1	Yes
37	Somerset County Council	Consultation question 1	Yes
38	South Gloucestershire Council	Consultation question 1	Yes
39	The Active Wellbeing Society	Consultation question 1	It is critical to involve the voluntary and community sector as they have knowledge and experience of how to engage the hardest to reach to change behaviour and often are best placed to be the conduit between Statutory organisations and policy/strategy/budget and the implementation and delivery (as well as uptake of services) on the ground
40	ThriveFit	Consultation question 1	We believe that this would be a strong place to start from.
41	Thrombosis UK	Consultation question 1	Yes, however Thrombosis UK would suggest that along with the key areas for QI included in the scope, there should also be provision and recognition of individuals or groups with higher risk factors due to forced inactivity. These groups or individual may be otherwise excluded.

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			<p>We would suggest the listed ‘physical activity champions’ in Table 1, should take into account and interact with hospitals, care homes / nursing centres etc to develop training and awareness on supporting suitable activity for individuals who may have limited mobility or facing extended periods of confinement to bed.</p> <p>Nationally and globally, immobility is one of the top 5 causes of premature death, with thrombosis being responsible for a quarter of all deaths. Along with QS, an education and awareness programme is essential to protect those most at risk and unable to be mobile.</p>
42	Thurrock Council	Consultation question 1	<p>Yes.</p> <p>*Please note views reflect only those of the Public Health team.</p>
43	Transport for Greater Manchester	Consultation question 1	<p>The role of new development in enabling physical activity in future should be recognised. Developers should be required to incorporate active travel and public transport provision within the design of new development, and local planning authorities should apply suitable standards when assessing planning applications. This also applies to monitoring and enforcing travel plans, although the issue of resourcing (discussed further below) is likely to impact on travel plan monitoring.</p> <p>Another key area for quality improvement is travel to high trip generators (hospitals, shopping centres, stadia). There is an opportunity to add in a standard to make these places more active travel friendly. Making these places more active travel friendly (e.g. through incentives, discounts etc.) can encourage physical activity in the general population by encouraging people to travel to them using active modes.</p> <p>With this in mind, we would suggest an additional statement such as “High trip generators (including hospitals, stadia and shopping centres) actively support active travel through incentives and facilities.”</p> <p>The role of local political engagement in being able to encourage activity through the approaches suggested needs to be recognised. Communicating the health and sustainable transport agenda and helping Members to understand its importance is vital to being able to implement the changes suggested and enable bigger picture thinking when it comes to, for example, reallocating road space for active travel, retaining bus priority measures or setting parking charges.</p>
44	West Sussex Cycle Forum	Consultation question 1	Yes
45	Wheels for Wellbeing	Consultation question 1	Yes, we would broadly agree
46	Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group, Durham University	Consultation question 1	<p>Statement #1) There is need for cross-sector leadership and we welcome the proposed introduction of physical activity champions. It is perhaps important to consider that leadership may need to transcend local authorities to connect various parts of the physical activity promotion system and navigate its complexities.</p> <p>Statement #2) We would welcome recognition that public transport needs to be an affordable choice for all, to enable regular use across the population.</p> <p>Statement #3) There appears to be an assumption that individuals and community groups engaged in policy and design for public open spaces will wish to use said spaces for physical activity-related activities and facilities. We would welcome further</p>

			<p>specificity about: i) types of open space, ii) purpose of use e.g. recreation/children’s play/green gyms/dog exercising, and iii) safety considerations.</p> <p>Statement #5) We would welcome greater specificity with regard to who produces physical activity travel plans for schools. If the intention is for this to be school-based staff, how can this be balanced with ongoing workload issues and potential need for up-skilling of staff? Further we would welcome some recognition of how this quality statement intersects with existing efforts to promote physical activity in schools, e.g. physical education or The Daily Mile, or other school-based interventions widely reported in the literature (e.g. Hind et al., 2014). Whilst we agree that active travel to and from schools and early years settings is an obvious route for PA improvement, we would question whether it is necessarily the easiest and most acceptable form of physical activity that can be incorporated into everyday life for all children and young people. In its current format, this QS inevitably will exclude some children who live in very close proximity to their school and therefore travel might simply be a 2 minute walk, and others whose parents/guardians 'drop off' their children via car on their way to work. Certainly, consideration of the latter as a system-level barrier to PA should be acknowledged and suggestions made to overcome this, for example, flexible working hours, working from home, or more regular public transport options, particularly in rural areas. Finally, we suggest clarity (in the QS) on how travel plans being monitored/updated annually would reduce the barriers and increase incentives to active travel.</p>
47	Yorkshire Sport Foundation	Consultation question 1	<p>This measure is welcomed. Yorkshire Sport Foundation (YSF) There are already good examples where this works well. e.g. Doncaster where CEO and Mayor became champions following Tour de Yorkshire,; physical activity is now key element of all local authority & partner plans and Doncaster champions extended to health, voluntary sector & planning department. YSF is developing networks of senior physical activity champions from range of partners in all local authority areas across West & South Yorkshire.</p> <p>Quality statement 2: Travel routes</p> <p>This measure welcomed by YSF. Good example in Sheffield city region recently announced travel plan where cycling key part of plans. Also WYCA city connect cycle route between Bradford and Leeds. In reality though, this not currently embedded in infrastructure planning & few champions within that sector. Would be good to highlight impact of cycling journeys of less than 5 miles & concentrate focus on that, though target for people to travel by cycle 3 days a week is very ambitious.</p> <p>QS3 Public open spaces</p> <p>This measure is welcomed by YSF. Would like to see this statement go further to include new housing development planning applications to include provisional of public spaces including, wherever possible, eradication of 'no ball game' signs which are counter intuitive to encouraging families to be active. Marking out games on community tarmac space and spaces for people to store bikes safely simple ideas to encourage families to think about physical activity</p> <p>Quality statement 4: Workplaces</p> <p>This welcomed by YSF. Businesses can do simple things like offer safe bike storage and showers to encourage active travel to work as well as promoting walking and cycling networks. Physical activity challenges between businesses, fundraising activities that support local charities things that encourage more physical activity and build better team which leads to greater</p>

			<p>productivity. These measures should be targeted.</p> <p>Remember tho that 96% of UK businesses employ 9 or less employees and would find the above difficult. Concentrate this activity on the 35,000 businesses in the UK that employ between 50 and 249 employees</p> <p>Quality statement 5: Schools and early years’ settings</p> <p>YSF support this QS. Well North programmes linking walking to school with better air quality in Bradford which appealing to parents. Very difficult to introduce - Sport England Active Mile a Day could help support this (full time co-ordinator in every county).</p> <p>Greater accountability is required for schools to include travel plans in planning and discussions with governors. Alignment to outcomes for PSHE and PE outcomes should be made clearer with training for school staff.</p> <p>Local authority budget cuts have resulted in a reduction of crossing patrol personnel making active travel harder. Alternatives such as pelican crossings and Park and Stride schemes should be advocated and supported.</p>
48	Cycling Scotland	Consultation question 1	<p>We welcome the quality standard and particularly the recommendation in the guidelines for cycling and walking to be the primary consideration in all new road developments, and that people cycling and pedestrians should be given priority.</p> <p>A recent World Health Organisation report recommends that design standards which specifically meet the needs of vulnerable road users should be used when designing, building and operating new road. We welcome this, and it further endorses the recommendation of this quality standard and guidelines. Historically, roads have been designed to focus on the needs of motorised vehicles, with the needs of vulnerable road users often a secondary consideration. To encourage a sustained shift in travel behaviours towards active travel, this needs to change.</p> <p>Considering these recommendations, there needs to be safe and easily accessible segregated cycling (and active travel) infrastructure to enable anyone anywhere to enjoy all of the benefits of cycling (and active travel). In line with this, improved driver awareness and behaviour change towards how drivers react to and behave around vulnerable road users is also required.</p> <p>Active Travel is an easy way for people to incorporate physical activity into their daily lives, especially when carried out as part of a journey to work or school, for example, and can have a profound impact on physical and mental health and wellbeing.</p> <p>We welcome the quality standard areas of focus – workplaces and schools/early years – as a real impact can be made in these areas. We also welcome focus on travel routes and public open space, as infrastructure and the physical environment have a strong influence on people’s ability to participate in active travel and the likelihood of them choosing to do so.</p>
49	Energise Me	Consultation question 1	<p>Yes. The key is to get support at the leadership level of organisations. This helps to define what is needed to bring about the system change we need.</p>
50	RNIB	Consultation question 2	<p>No. We think that a step change in the quantity and quality of data collected on the needs and requirements of blind and partially sighted people is urgently required.</p> <p>Data is the bottom line to help us as a society understand better what the impacts are of these new walking and cycling schemes and the rapidly changing nature of our public spaces, not just physical but in the new challenge that very low noise</p>

			<p>transport (push bikes, eBikes, electric and hybrid motor vehicles, electric buses, driverless cars and pods etc) have on vulnerable sections of society especially those with sensory impairments.</p> <p>The problem is that the amount of data collection that focuses on blind and partially sighted people with respect to the above, is vanishingly small and inconsistent, compared to the level of resource, expertise and enthusiasm amongst the construction, motor manufacturing and technology industries, national government and local authorities who tend to focus on gathering data on the health and economic impacts of their new products and services, and walking and cycling initiatives on society as a whole.</p> <p>Within society as a whole are many so called vulnerable groups who it could be argued need greater attention not less, in order that they can be enabled and facilitated to maintain good health and therefore reduce their dependence on health and social care. they are meant to be protected against the possible adverse effects of market failures and the eighty twenty rule through legislation such as the Equality Act 2010 and Public Sector Equality Duty, however, we are extremely concerned that the efforts to gather data on the needs of people with impairments and disabilities are very far behind the efforts underway to collect data on non-vulnerable groups particularly those who aren't defined as having a disability under the Equality Act 2010.</p> <p>We hope that many problems can be solved with properly designed new technologies and street designs, but these too depend on high quality data to have been collected.</p>
51	Active Devon	Consultation question 2	<p>Systems are not entirely in place. Schools for example are not in a place to prioritise data collection on active travel unless it is OFSTED linked. VCSE sector is still developing data collection systems There is some good work in progress examples of collaboration on joint data management such as One Devon Data. Sport and Physical Activity partnerships are well placed to support developing systems with their advocacy and capacity building models and remit around increasing PA. Could more reference be made to these organisations (Sport England model) to support? The approach with work places seems more around establishing a PA offer and less about measuring take up. Could quality measure QS 3 be a co-designed strategy covering public open space retention and access?</p>
52	Chartered Institution of Highways and Transportation	Consultation question 2	<p>CIHT notes that it is not currently mandatory for local highways authority to produce annual data on the lengths, condition or type of dedicated footway and cycletrack infrastructure, so assessing these will require further resources that may not be available. Further the level of detail required to assess travel route quality will likely not be included in the suggested data sources, including local plans and joint strategic needs assessments.</p> <p>CIHT also understands that current record keeping around slips, trips and falls on footways is irregular and unreliable due to lack of reporting by those involved and limited recognition of the issue by local councils. This can make it difficult to identify footways in poor condition and in turn can have a major impact on the mobility of vulnerable people including the elderly and disabled.</p>

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			CIHT has queries over three of the defined outcomes “a) Percentage of adults cycling for travel at least three days per week”, “b) Percentage of adults walking for travel at least three days per week and “c) Number of people reported killed or seriously injured casualties”. There is a great deal of variation in these numbers across the country and they are affected by population density, road type and even policing methods of local authority. It may be more relevant to look at direction of travel then the absolute outcomes in terms of improving health.
53	Children's Play Advisory Service Ltd	Consultation question 2	No, the structures are incorrect because obesity is understood to be a malady requiring therapy, drugs, stomach stapling or similar rather than a predictable result of letting cars dominate what was previously public space for walking and talking. I am able to advise on consultation methods for measuring the quality of interventions made to improve children's lifestyle.
54	Energise Me	Consultation question 2	In some case yes, others no. County Sports Partnership are working on the measures. Recent experience tells me that out local health and wellbeing board are also trying to work this out. Work in progress. Depends upon what you want to measure e.g. workplaces will measure sickness and productivity, physical activity can improve sickness levels and productivity. Do we want to measure outputs e.g. number of activities in the workplace or the impact on the workplace?
55	Greater Sport	Consultation question 2	Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place? Statement 3: Yes TFGM etc.
56	Guide Dogs	Consultation question 2	We do not have anything to say on this question.
57	Herts Sports Partnership, University of Hertfordshire	Consultation question 2	Yes for the Active Lives survey. Unsure for Local Authority related outcome measures.
58	Horse Access Campaign UK	Consultation question 2	Not known but assume yes through Government Departments or local Government. Joined up thinking between health, transport, environment is required
59	Kent County Council Highways, Transport Innovations team	Consultation question 2	Gathering the data for measures 1, 2, 3 and 5 should be easier than 4 (although they will still require resource) as there will be local authority employees or our travel plan management system which could provide the information. Collecting data to inform the quality measures for workplaces would be more labour intensive and require dedicated resource. It is always problematic to show the increase in walking and cycling journeys, however. DfT transport and traffic scheme figures do not routinely survey pedestrian and cycle journeys, due to cost and the lack of compatible technology or investment in this. Furthermore, when we have tried to use DfT data to monitor progress for the Kent Active Travel Strategy, we have realised that the majority of the contemporary data available is in fact estimated based on historic data and national trends. This makes that data almost entirely useless for the purpose of monitoring the impact of active travel initiatives. We have 36 cycle counters in Kent. The latest two to be installed can count pedestrians and cyclists. There are also a number of pedestrian counters installed on the PROW network in Kent. Our current counters were all installed at different times and

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			<p>need maintenance and replacements of parts. Newer counters are more expensive to install but require less maintenance due to the use of new technologies, such as solar batteries.</p> <p>There is no central fund to apply for upgrades and maintenance for such counters. Whilst KCC is trying to ensure all improvements to the walking and cycling network include the costs of counter installation and future maintenance funds, this is not always possible within all funding stream regulations. Kent does work directly with walking and cycling user groups who are happy to assist us with use surveys, both before and after improvements. However, there is no funding or training that such groups can apply for to help with administration and insurance costs and so their geographical coverage is limited.</p>
60	Kirklees Council	Consultation question 2	Yes systems and structures are in place /can be in place to collect data for proposed quality measures.
61	Living Streets	Consultation question 2	<p>Local authority systems are in place for monitoring plans and commitments. Performance and implementation measures are more difficult but can be found – see comments on data sources throughout. Physical activity champions should be responsible for collating evidence and reporting on performance and lessons learnt.</p> <p>Local authorities should encourage schools and workplaces to achieve the quality standard and monitor progress.</p>
62	NHS England	Consultation question 2	I note the measures suggested to measure these standards, but I am unsure how easily or reliably these can be collected. I would not think that (for example) asking GP practices to code activity etc would be the right approach, due to the current GP workload and that this would not be core work/ is unfunded. I would have concerns that data collection would not provide an accurate measure of current position or progress. This would make success very difficult to quantify. How would we then measure the impact on health outcomes from this? (GW)
63	North Tyneside Council	Consultation question 2	<p>QS 1 - It would be relatively easy to identify a named champion. Staff organograms tend to only have position and job title on and do not include their work areas. I think to include all areas of 'specialism' is not realistic. Also what would the purpose be? As Staff Organograms are normally limited to specific service areas. The more senior the PA champion is, the less likely they are to be community facing. Therefore should it be the organisation can evidence community engagement approaches? What is the minimum standard of 'community engagement' as this is a rather vague term and the other NICE guidance (community engagement and community engagement: health inequalities) are both really long and lengthy processes to follow end to end and in reality LA's do not have the capacity (community development has been cut) that they previously had in community development and the current NICE guidance does not reflect this. It is good practice to have policies and strategies, however the outcome of interest is how these have been embedded in practice.</p> <p>QS2 - This quality standard refers mainly to nationally collected data measures. Data on road casualties is also collected and published at regional level.</p> <p>Q3 - Parks surveys are completed and we do have community based groups who have made substantial and significant improvements to some Green Spaces. The community groups include: Friends of Parks, management groups for green spaces and sports club. General Parks data is gathered through annual surveys for Green Flag parks, this data is fed into our Green Flag Parks management plans. This data could be used further. The level of consultation required to make large capital</p>

			<p>investment (millions of pounds) improvements to an open space requires cross service coordination. We have achieved this in the past to enable HLF funding applications. Due to efficiencies in the overall organisation, the availability of assistance for surveys / accessibility planning / assessments / funding applications has been greatly reduced. There are many community groups that have assisted the levering in of lower levels of funding to make smaller green infrastructure improvements, they are assisted by the parks team and the Community and Voluntary Sector Liaison Manager</p> <p>QS4 - Workplaces tend to have some monitoring arrangements in place to review workforce physical activity programmes. This could be done on a more systematic basis. Examples of monitoring activity include:</p> <ul style="list-style-type: none"> - As part of the local BHAWA scheme workplaces that are signed up to the scheme are required to monitor and evaluate workplace activities. However this is done on an informal basis and workplaces are not required to formally submit monitoring data on physical activity programmes. - Evaluation of workplace activities tends to be done on an informal and ad hoc basis and consists of self-reported surveys and asks employees if they have increased their physical activity levels as a result of participating in workplace on-site activities - The Council undertakes a health needs assessment survey bi-annually with the whole workforce and asked employees on their physical activity levels and what the organisation could do to help employees to increase their levels of physical activity to inform future programmes. - Workplaces do not tend to collect data on adults who active travel to and from work - The Council Leisure Services offers reduced gym membership rates to employees and monitor the update of staff membership.
64	Nuffield Health	Consultation question 2	<p>Data for workplaces should be available from several existing reporting mechanisms, such as the voluntary Department for Work and Pensions health and wellbeing reporting and the primary care Quality and Outcomes Framework. Utilising existing reporting would be preferable to a new process design, which would also need to consider how the likes of small-medium enterprises would cover the costs of reporting requirements.</p> <p>There are not any consistent measures within schools, and any reporting would be difficult as it would be reliant on schools (outside of data which is not specific to physical activity, like absence). Consideration also needs to be paid to travel plans changing on a sometimes-daily basis, depending on the availability of parents or carers. Additionally, how would the quality standard look to measure outside on term time?</p>
65	Oxfordshire County Council	Consultation question 2	<p>The collection of good quality physical activity data needs commitment from a variety of organisations and actors whose priorities and goals are often disparate and not necessarily health focused e.g. transport. Health and Wellbeing Boards have the ability to bring key actors together around a common theme but with numerous competing priorities and pressures identifying shared goals and links between others' agendas is critical. A commitment by the Oxfordshire Growth Board to incorporate 'healthy place shaping' into all strategies and workstreams owes much to the learning and catalytic effect of Cherwell DC and Oxford City leading successful NHS' Healthy New Town bids. Similarly, within the County Council the decision to pilot a smart traffic detection system that can also monitor the number of pedestrians and cyclists using the highway rather than simply replace the existing vehicle focused Automatic Number Plate Recognition system was facilitated by the inclusion</p>

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			within the Oxfordshire JSNA of a 'data gaps section' that our Innovation and Research Team picked up upon. Going forward, relatively simple and inexpensive procurement changes could significantly improve the quality and quantity of physical activity data available and increase the likelihood of ongoing surveillance e.g. ensuring data platforms and tools have APIs would enable easier collection, processing and open data up to innovation and research communities.
66	Plymouth Cycling Campaign	Consultation question 2	We are concerned that our local authorities do not have appropriately qualified senior physical activity champions who are experienced in walking and especially cycling to bring about change in behaviour both for traffic designers and the public
67	RCN	Consultation question 2	Nothing to submit
68	Richmond Group of Charities	Consultation question 2	<p>Statement 1 – to our knowledge, the highlighted systems, sources and structures are likely to already be in place but we're not clear about the feasibility of reviewing this: e.g. trawling programme documentation, Health and Wellbeing Board meeting minutes, JSNAs etc..</p> <p>Statement 2 – to our knowledge, the highlighted systems, sources and structures are likely to already be in place but data collection could also include more objective measures (perhaps at a small scale using data from apps, RFID tracking or people counters) and capture people who have started to use active travel as opposed to those active three times a week.</p> <p>Statement 3 – to our knowledge, the highlighted data sources are already in place but data should go beyond tracking interaction and consultation. We recommend they also include information related to quality of engagement and the opportunity to access space, e.g. information from Green and Blue Flag quality standards and maps of open spaces which highlight the proportion of space related to the density and location of the local population.</p> <p>Statement 4 – to our knowledge, the highlighted data sources are likely to already be in place. Could the Labour Force Survey also support this data collection? Employees may see some of this work as a 'nice to have' and, therefore, any systems, tools or data requirements must be as efficient and low cost to manage as possible.</p> <p>Statement 5 – to our knowledge, some of the highlighted systems, sources and structures are likely to already be in place but implementation needs consideration, e.g. Modeshift STARS is labour intensive for local authorities and teachers to administer so improving reporting would be necessary to incentivise organisations to use this. Ideally, every school would have a healthy school plan which would help to consolidate and aggregate all the data and evidence into one place (for example including whether schools have introduced new initiatives such as the Daily Mile or Sustrans active travel projects).</p> <p>We'd also make the general point that GDPR may need to be a consideration when gathering and sharing data, in particular when working with schools. It's also worth considering whether there are existing data sources suggested here that can be 'opened up' (see Open Data Institute) to make data more accessible, accurate, easy to maintain and useful.</p>
69	Royal College of Physicians (RCP)	Consultation question 2	It is difficult to currently answer as the onus is very much on local government regarding most of the goals/outcomes involved.
70	Somerset County Council	Consultation question 2	We consider the measure (b) for QS statement 2 to be unsuitable. Most local authorities will be able to point to some minor reallocation of road space within their area, thus meeting the letter of the measure but not the spirit. Without any

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			quantification in relation to the length of the local network it is not meaningful. We also consider that it would be of limited relevance in rural areas.
71	The Active Wellbeing Society	Consultation question 2	As well as those mentioned, should also collect information on Local Government commissioning of the Community and Voluntary sector to deliver activity in parks and green spaces
72	Thrombosis UK	Consultation question 2	We are uncertain if local systems and structures are in place and so unable to respond to this question.
73	Thurrock Council	Consultation question 2	Some of the local systems and structures are already in place or are currently being developed, for example, the Whole Systems Obesity Strategy, local planning through community events, Health Impact Assessment process for new developments, third sector involvement in the Health and Wellbeing Board, South Essex Active Travel programme, and Modeshift STARS and the Daily Mile scheme through schools. Considering the number of departments and partners that would be involved, a considerable amount of buy-in would still be required to ensure the proposed quality measures are fully implemented and measured. Participation from schools may be improved through a dedicated schools physical activity champion supporting from early years through to FE college level.
74	Transport for Greater Manchester	Consultation question 2	We think there is an opportunity to work collaboratively with NICE and other partners to collect the right data/evidence as we build our Bee Network research programme.
75	University of Bath	Consultation question 2	We are unable to answer this question definitively. However, collecting robust data to enable the collection of the proposed quality measures requires careful planning. Evaluating the quality measures for effectiveness is imperative. This should not be a 'bolt on' but should be carefully planned and resourced at the beginning of any initiative; that is, it should form an integral part of the quality measures for each quality statement. Many of the academics within our Department for Health, at the University of Bath, have worked as both Public Health and Health Promotion employees. Their experience was that engaging the skills and expertise of relevant University departments to advise on and evaluate initiatives such as those outlined in this quality statement, would be key to identifying the success of any proposed initiatives, in terms of both process and outcome.
76	Versus Arthritis	Consultation question 2	Statement 1: Physical Activity Champions (data sources for quality measures). Our previous research, based on an analysis of Joint Strategic Needs Assessments (JSNAs), demonstrated that many local authorities in England are failing to adequately assess the needs of people living with a musculoskeletal condition in their local population. In this study: <ul style="list-style-type: none"> • 1 in 4 local authorities haven't included the needs of people with arthritis, musculoskeletal conditions or osteoarthritis in their JSNA; • 64% of local authorities fail to include osteoarthritis in their JSNA, even though at least 15% of over 45s in every area have osteoarthritis; • 62% of local authorities fail to include back pain in their assessment; • only one local authority includes osteoarthritis in their strategy to meet local health needs. <p>These findings highlight the need for inclusion of better local level data to inform service provision. Data collection should include both physical activity participation and levels of physical inactivity among those with</p>

			<p>musculoskeletal conditions. It should be made possible to analyse this data alongside other local variables; for example to understand associations between levels of physical activity and deprivation, availability of accessible travel, or other population characteristics.</p> <p>To promote physical activity local authorities should map their current provision of local physical activity services that are appropriate for people with musculoskeletal conditions, and address gaps to increase uptake using tools such as the Arthritis Research UK physical activity commissioning pyramid.</p> <p>In the case of the ESCAPE-pain programme, which provides community rehabilitation for people with osteoarthritis, evidence has been collected around the effectiveness of the face-to-face programme nationally. However, to establish how the programme could be further embedded at a local level, would involve engaging with the providers of the exercise classes to build evidence on the participants involved.</p> <p>Monitoring methods should be engaging. A range of evaluation data should be used (e.g. beyond the Active Lives Survey). Statement 5: Schools and early years settings: Understanding the uptake/levels of participation in current physical activity programmes - such as the Daily Mile or active travel – is one way of measuring how physically active children are in primary school. Currently there is no national data collection around the Daily Mile or Active Travel. However, local authorities or healthcare commissioners would be able to gather such data relatively easily by asking schools to complete a survey on particular physical activity programmes.</p>
77	West Sussex Cycle Forum	Consultation question 2	Don't know.
78	Wheels for Wellbeing	Consultation question 2	More data and research is needed across the board to collect evidence of the needs and experiences of disabled people as cyclists
79	Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group, Durham University	Consultation question 2	<p>Overarching comments:</p> <p>We propose that including further specificity as suggested above will enable a more accurate assessment of i) whether the proposed measures are most suitable, and ii) whether local systems and structures are in place to collect data against these measures. With regard to outcomes, we encourage the quality standards committee to refer to the draft Chief Medical Officer Physical Activity Guidance currently under review. Embedding this from the outset will help ensure a consistent physical activity message across government and its executive agencies. We encourage outcomes to reflect members of the public meeting guideline recommendations across the life-course, rather than just children and adults, as is currently stated.</p> <p>Overall, the outcome measures indicated represent typical population-level surveys. A number of these tools are employed to measure more than one quality standard. More challenging, however, will be ‘unpacking’ the mechanisms by which change in physical activity behaviour may have occurred. Implementation of policy in terms of how change has occurred (or otherwise) in different local contexts is alluded to, with data against some quality statements to include, for example, implementation plans, council meeting minutes, travel plans and other local authority data. More useful still would be to better understand the complexities of ‘what works’ and how good practice can then be adapted and scaled within other contexts.</p>

			<p>We suggest the addition of recommendations that the context be evaluated (e.g. local context, inequalities etc.) using mixed methods data collection tools, ideally reflecting the experiences of the public alongside those stakeholders designing and implementing strategies and innovations. Naturally, this would present issues of resourcing, however partnering with local universities (in pragmatic terms, fostering collaborations to access student placements, research dissertations, match-funded PhD studentships, or through targeting of existing funding streams such as the NIHR School for Public Health Research) could offer opportunities for high quality evaluation. In this way, the mechanisms of good practice can be understood, shared and implemented further. We suggest that fostering such collaborative projects may be integral to the physical activity champions’ remit.</p> <p>Statement specific comments:</p> <p>Statement #1) A standard definition, or as a minimum examples, of ‘senior’ level may be warranted. This would be particularly important for the public to understand who may be in charge of championing physical activity in their localities.</p> <p>Statement #3) Views accounted for are very different to views being incorporated into local policy and action. We propose this latter distinction is made and included as a measure against this quality statement. Further, there are more reasons for using public and outdoor space that the public will perceive, beyond health and recreation. In particular, for a general population approach to increasing physical activity, it is necessary to consider that members of the public should not need to have any specific reason. We encourage reflection on these points and the wider usage of public space beyond factors cited which would not be captured under measures that are currently written. This may prevent learning about important features of public physical activity engagement.</p>
80	Yorkshire Sport Foundation	Consultation question 2	<p>QS1 In addition to monitoring proposals here, useful for all areas to evidence consideration of annual Sport England Active Lives survey, particularly reduction in inactivity which leads to reduced healthy years of life and increased costs to health & social care system</p> <p>QS2 Please remember that, if more people take up cycling then the number of accidents might also rise. It’s important to look at the proportion of accidents in relation to the number of cyclists rather than raw numbers which may put decision makers and potential cyclists off. So please ask for information in the right way, including asking for stories that demonstrate the gains for people who have taken up cycling.</p> <p>QS 5 not sure if schools have travel plans and/or how in effect this could be measured. Maybe encourage schools to have 1 day a week to walk to school, offer incentives and monitor increase or otherwise in % of children who do that over an academic year. Resource intensive on already stretched sector.</p> <p>It’s also worth thinking about being creative in how we measurement so that actual movement is measured rather than just relying on survey responses e.g. cordon counts on roads (are there pavement equivalents?), digital methods, CCTV use or satellite imagery. Maybe local authorities could be encouraged to be creative.</p>

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81	20's Plenty for Us	Consultation question 3	<p>Local Councillors have powers to set local speed limits. At local level this costs about £2.50-£5 per head and the authorities of 17M people in Britain have already done this. See a list at http://www.20splenty.org/20mph_places</p> <p>However moving to wide area 20mph limits authority by authority is about 8 times more expensive than a change at National level to the national road speed.</p> <p>The Safer Streets Bill in Scotland may achieve that. https://greens.scot/saferstreets It is currently going through the Scottish parliament.</p> <p>Cost saving is partly why the Highways authorities of Edinburgh, Cardiff, Birmingham and Transport for London are all calling for national speed limit change to 20mph.</p> <p>A change to a national default limit of 20mph could be the most significant and cost effective change for encouraging active travel of any public health intervention. Public Health Wales have a position statement supporting it. at http://www.wales.nhs.uk/sitesplus/888/page/44950 you can download it and the supporting paper is at http://www.wales.nhs.uk/sitesplus/documents/888/Position%20Statement%20Background%20Paper%20-%2020mph%200b.pdf</p>
82	Active Devon	Consultation question 3	<p>They are a good first stage guide. There is a resource deficit. PA is only a small or no part of existing resources. For example in schools PA is important but not critical to current inspection approaches. We would encourage initial thinking around influencing leadership and systems approaches and apply resources accordingly (similar to Sport England's new extended workforce approach embedding influencers in localities). Certainly something around helping to reconnect fragmented systems, especially as PA is a positive subject. Perhaps instead of looking at the QS from the perspective of how local strategy, policy and planning can contribute to PA, we could consider how Physical Activity can be a co-contributor to wider social and health outcomes through a co-design approach within multi sector planning, policy and strategy, as it is these wider objectives that drives allocation of resource. Just a thought.</p>
83	Chartered Institution of Highways and Transportation	Consultation question 3	<p>CIHT argues that it is feasible for Planning Authorities and Highways Authorities to implement measures that reallocate road space, reduce through traffic and deliver protected infrastructure however limited resources will prevent large scale change for many authorities. There is also a lack of awareness of how much effective cycling infrastructure can cost, with London's East-West Cycle Superhighways (CS3) costing £2.2 million/km and most local authorities would balk at the cost.</p> <p>CIHT suggests that the benefits will not be realised, and negative trends will not be reversed, without improving the UK's approach to land use planning. Land use planning is fundamental to integrating active travel into daily life, and without a planning system that integrates walking and cycling at every level it will not be possible to achieve the scale of change necessary to improve the nation's health.</p> <p>Furthermore, funding constraints within local authorities mean that highway service functions are often under pressure and developing improvements to support walking and cycling are balanced against maintaining a deteriorating asset (see CIHT response to Transport Select Committee hearing 2018).</p>
84	Children's Play Advisory Service Ltd	Consultation question 3	<p>What is needed is a new designation for side roads. The legislation is available but refers to the potential open space as "Street Playgrounds". This is well-intentioned but gives an impression that all the children from miles around will descend on</p>

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			a particular road. What is needed is the existing legislation to be changed so that the purpose is to create areas with improved physical and social health and that these roads be called "Safe Streets", "Home Roads" or similar. My research on the legislation with a colleague can be found at: http://www.childrensplayadvisoryservice.org.uk/publications/publications_linkpage.html#Traffic
85	Greater Sport	Consultation question 3	Statement 3: Yes Made to Move etc.– consideration needed to ensure co design and wider support/opportunities in place to support behaviour change to back up investment – this is currently receiving investment but the ongoing and long term need for investment into support/opportunities needs to be recognised
86	Guide Dogs	Consultation question 3	One area that should be explored is the benefit of local authorities recruiting and maintaining in-house access officers. We are aware through our contacts with the National Register of Access Consultants that there has been a widespread reduction in the number of access officers employed by local authorities. In-house expertise in relation to disability access when it comes to carrying out Equality Impact Assessments would lead to improved decision making. Failing that, councils should consider commissioning in such expertise from organisations that understand the specific needs of discrete, marginalised groups.
87	Herts Sports Partnership, University of Hertfordshire	Consultation question 3	Unsure as we are not one of these organisations. For Statement 4: There would be resource implications to implement this which is why we have recommended the guidance includes a recommendation to have PA workplace champions at a senior level.
88	Horse Access Campaign UK	Consultation question 3	Not known
89	Kent County Council Highways, Transport Innovations team	Consultation question 3	Funding is a serious issue for all these statements. You cannot attract funding to a new active travel scheme without a detailed initial study of possible improvements and costs, however there is no central government funding ring fenced for such feasibility studies. Engaging the population to increase activity and initiate behaviour change, particularly active travel, requires incentives to be successful. Whatever incentives are used will require resource. Resident and political will, or the lack thereof, is a particular barrier to statement 2. Whenever we consult publicly on revolutionary sustainable transport schemes which might propose something alternative like not allowing central parking or moving bus stops some residents reject the whole plan. There is a lack of public engagement and knowledge about the universal benefits of increasing everyone’s active travel in the UK. (e.g. whilst the UK is not as flat as the Netherlands, Denmark has similar weather and gradients but has been more successful in their active travel increase due to ring fenced central government sustainable travel funds, both revenue and capital, as well as increased public and political buy-in.
90	Kirklees Council	Consultation question 3	There needs to be long term and realistic resource allocation to meet many of the measures included in the statements. requirements for: Workforce/community capacity and capabilities, infrastructure development (transport and land), resources to maintain public open spaces - even if communities lead and managed these spaces, cycling equipment to support

			<p>and increase more people to cycle, mapping data gaps.</p> <p>Smaller workplaces will need greater resources to support PA in their settings. Robust evidence will be required to demonstrate the ROI to encourage businesses to be engaged.</p>
91	Leeds City Council	Consultation question 3	<p>Standard 1: Physical activity champions</p> <p>A small cost resource would be required to collate/maintain a list of physical activity champions and to enable networking. This would be at a national rather than local level. If this responsibility is incorporated into existing leadership roles it is unlikely that further cost implications would apply.</p> <p>Standard 2: Travel routes</p> <p>This is likely to involve a significant cost, but work to develop connected travel routes is already taking place in Leeds (from a Leeds City Council perspective) so the cost would not necessarily be additional.</p> <p>Statement 3: Public spaces</p> <p>A consultation is already taking place within existing resources in Leeds, but to implement consensus ideas arising from the consultation, there may be additional cost requirements.</p> <p>Statement 4: Workplaces</p> <p>The rationale for a physical activity programme in the workplace is clear as to why it would be needed and would therefore be supported. It would appear that some of the quality measures would be at little or no cost to initiate, but may be an ongoing resource requirement to ensure that they are maintained. Local services are tailored for the services they provide, which requires them to be based across a wide/large geographical area, with different workplaces, spaces and job types.</p> <p>Workplaces are standardizing in terms of office spaces, which would make it easier to implement some things as a blanket approach (signage for example), but others would need a tailored approach, which would mean more resource and time spent to ensure it is right. Resourcing may also be required for increased printing, signage, information, training (depending on type of activity or support for the programme) and materials. Cost savings would be identified from reduced absence, more productive and engaged workforce. Disinvestment may be from employees not engaging, keeping a consistent regular approach (rather than reducing funding)</p>
92	Living Streets	Consultation question 3	<p>Public Health England estimates that physical inactivity costs the NHS more than £450 million a year at Clinical Commissioning Group level, equating to £817,274 per 100,000 individuals or £8.17 per person (Public Health England, Physical inactivity: economic costs to NHS clinical commissioning groups. 2016: England, UK). The Lancet has estimated further costs due to lost productivity due to premature mortality.</p> <p>Investments in active travel promote physical activity and health and thereby reduce these costs. Modal shift from cars to active travel or public transport reduces congestion, consequently improving local productivity and amenity values.</p> <p>Thus investments in active travel are typically much higher value for money than investing in infrastructure for private motor vehicles, as well as being much cheaper. In principle, then, both the budget and the net resources are available to deliver this quality standard.</p> <p>To ensure that local authorities have the clear remit and confidence to invest in active travel (quality statements 1, 2 and 3),</p>

			we recommend that Department for Transport ringfence 5% of its budget for active travel. Local authorities should require developers to contribute to active travel infrastructure, and should work with private sector stakeholders such as Business Improvement Districts where there is a common interest and additional budget (as well as community groups) to maintain public spaces. We note that for local authorities to benefit directly from healthcare savings resulting from their active travel investments, there must be a redistributive mechanism within Government.
93	NHS England	Consultation question 3	<p>In relation to resources:</p> <ul style="list-style-type: none"> • This isn't widely implemented at present, and is very much on an ad hoc basis. There are a number of services, both commissioned and third sector, in some areas. These are not always known about, and the whole approach is rather uncoordinated. • Possible barriers relate to the ability to influence the uptake of activity and the change in culture for the public to increase their engagement. There doesn't appear to be a clear incentive for the public to become more active, which is multi-factorial and not all in the influence of health and social care. Measuring the uptake and the improvements/ "success" would appear to be quite difficult, and I think working out the impact of the standards will be very difficult. • Much of this is related to a change in behaviours and attitudes, so no extra funding should be needed (although there may be a drop in work productivity if people are doing more exercise at work, which may impact on employers). (GW)
94	North Tyneside Council	Consultation question 3	<p>QS2 - If the scheme promoters apply best practice design standards (which reflect UK and international best practice for sustainable and active travel), then many of the measures set out in the document could be delivered over time as part of wider transport schemes, within local authorities' and Combined Authorities' Local Transport Plan programmes, and within developer-funded works associated with new developments. However, dedicated programmes, such as Beelines in Greater Manchester, would clearly permit much faster delivery and improved outcomes. It should however be noted that funding which is available for transport measures generally comprises capital funding. However, in order to maximise the benefits of new infrastructure, it is appropriate to provide complementary revenue-based measures, for projects which promote and support the use of active and sustainable transport. Such revenue funding is often either not available, or lacks the medium-term funding certainty of capital funding streams. (Cycle training is one example.) Opportunities exist to align public health funding streams, so as to deliver complementary revenue-based measures which support and encourage the use of new or improved active travel infrastructure – these should be explored further in the document.</p> <p>QS3 - Overall the quality standard seems to be pitched quite high and not necessarily achievable. It would be difficult to achieve some of the quality standards as there are a number of challenges workplace face when trying to implement workplace physical activity interventions including:</p> <ul style="list-style-type: none"> - Lack capacity and resources for physical activity interventions for employees. - No dedicated lead to deliver workplace physical activity initiatives - There is a lack of partnership working between workplaces in order to share good practice and signposting to initiatives - Workplace environment issues - for example unable to highly promote and signpost to staircases to encourage people to use

			<p>the stairs instead of the lifts.</p> <p>QS4 - While recognising such data is very useful and enables change, the service area has limited capacity to collate and evaluate data. Unless the wider organisation has capacity I do not think the service area of LES has sufficient current resourcing to enable this. For new developments there are processes in place to consider the needs of the community through normal planning consultation arrangements.</p>
95	North Tyneside Council	Consultation question 3	<p>Taking each statement in turn:</p> <p>Local Authorities (such as Public Open Space management Team)</p> <p>For existing open space areas and if funding was identified to enable improvements, community engagement would be a requirement. Within Local Environmental Services there is limited capacity for small scale consultation through the Parks team and with the assistance of the Community and Voluntary Sector Liaison Manager.</p> <p>Local community and voluntary groups</p> <p>Community consultation is taken into consideration for management plans of the Green Flag Parks and there are a few examples of open spaces that are actively managed by community groups. For these areas an appropriate management plan is agreed in consultation with the Local Authority. Examples include Red House Ramble and Briardene Local Nature Reserve. Engagement of volunteers to carry out user surveys has been attempted, online surveys have been found to be more effective. The reporting of issues is reported on and where budgets permit the Local Authority responds to address these issues.</p> <p>Local authorities should work together with local community and voluntary groups</p> <p>The Parks and Horticulture team work with Friends of groups and community groups to make improvements. External funding has been levered in to make improvements a recent example is the Benton Quarry improvements to drainage and footpaths to improve access into and around the Park including the use of grassed areas. Obviously if community engagement resources were increased, partnership working could be increased through encouragement / enablement of the community.</p> <p>Disinvestment is difficult as improvements made are normally over and above the core provision of the local authority. A dependence on the community to manage core services has been found to be limited due to the reliance on a few strong community members who move on or there situation / availability changes</p>
96	Nuffield Health	Consultation question 3	<p>The quality standards will be the driver for a number of organisational changes. To influence effective change, a senior individual within the organisation will need to take responsibility for supporting employee wellbeing, ideally with a supportive Chief Executive Officer who will champion embedding wellbeing strategies.</p> <p>Public open spaces:</p> <p>There is a big opportunity to utilise public spaces if we change the social norms of their use, for example with schools. This is a resource which largely sits untouched outside of school times which potentially could encourage family and community engagement, as well as connecting multiple generations.</p> <p>Workplaces:</p> <p>Our 'A Healthier Workplace' white paper, with Sport England, identified that handing out written information is not effective</p>

			<p>when used in isolation, but that employers can make a positive contribution towards physical activity. To build on our earlier point on workplace design, we feel there would be real benefit to not only issuing quality standards but also sharing case studies of good practise or implementation guides of how office and role design can promote movement for workforces. Nuffield Health would welcome the introduction of incentives, such as tax reliefs, for organisations that go ‘above and beyond’ meeting national guidance.</p> <p>Our experience in workplace-based health checks shows that these can be effective, but an initial needs assessment is vital to adding value and identifying preventative measures. We believe that there should be more formal connections between employers and local assets such as signposting to primary care providers and fitness providers to support preventative programmes.</p> <p>Schools and early year settings:</p> <p>We agree and support efforts to promote an active commute, however this must not be the sole focus for young people – more needs to be done to make the many hours spent within school more active and not confined to a PE class. Limiting focus to travelling would mean the quality standard would not target 100% of school children, which should be the ambition. Our Head of Wellbeing paper, sharing the results of placing a full-time Head of Wellbeing role in a secondary school, demonstrated not only the value of physical activity, but the different ways in which wellbeing can be supported. Nuffield Health is actively supporting wellbeing in schools through our School Wellbeing Activity Programme (swap). We would like to see the childhood measurement programme be enhanced into a goal (and possibly reward) setting and peer mentoring programme with active signposting into commute providers.</p>
97	Oxfordshire County Council	Consultation question 3	<p>Ongoing reductions in the range of local authority functions, such as running schools and children centres, and a reduction in the capacity of remaining services means that the scope for easier to implement inhouse interventions has significantly declined. Many third sector organisations face similar financial pressures. Whilst partnership working can and does still secure good results, this tends to be for sectors with a close history of or on-going local authority contact, such as schools and leisure services. Other sectors, such as workplaces, are inherently more difficult to engage and when successfully engaged are more likely to need bespoke and therefore resource intensive interventions. This is particularly at SME level where the level of need is likely to be higher. In Oxfordshire the greatest successes have occurred where partners can coalesce around:</p> <ul style="list-style-type: none"> - a defined initiative e.g. the NHS Healthy New Town Programme, - shared objectives e.g. to reduce sickness absence and improve productivity Oxon CC Public Health facilitated the setting up of the peer led Oxfordshire Workplace Wellbeing Network - inclusive and well targeted national campaigns e.g. This Girl Can
98	Plymouth Cycling Campaign	Consultation question 3	<p>Locally we believe that new appointments as Walking and Cycling Commissioners will be needed, such as Chris Boardman in Manchester and Will Norman in London</p>
99	RCN	Consultation question 3	<p>Nothing to submit</p>

100	Richmond Group of Charities	Consultation question 3	<p>Statement 1 - Physical activity champions would cost very little to implement because they should be existing staff and there are plenty of free resources which can help them to improve knowledge about physical activity. Therefore we believe this statement is very achievable. Promotion will be important to get the message out to local communities but this could be supported through existing local events, local authority publications for residents and healthcare commissioner services and correspondence. Obviously some investment in ongoing and systematic communication would be beneficial.</p> <p>Statement 2 - This statement may be achievable but to get the desired level of infrastructure change that will impact behaviour change some significant investment is likely to be necessary. Improving signage, lighting, seating and promotion of existing travel routes could be a priority where resources are limited, along with improving interconnectivity of routes. Infrastructure improvements such as re-allocating road space, traffic calming and changing rural rights of way can be expensive and challenging to implement so we would query the ability of local authority to make these changes in the current financial climate. However, it may be of benefit to make recommendations about how more of this work could be financed in a different way, through grant-funding or sponsorship by local business. Some work could be carried out through local volunteer and community groups, e.g. TCV's Green Gym.</p> <p>Statement 3 - Engaging community and voluntary groups in designing and managing open spaces is generally already considered good practice, however, to do this properly and engage with communities who are less well represented is not straightforward and can be expensive. So whilst consulting with communities is achievable, investing in delivering quality community outreach may not be feasible. Within our current financial and political climate we need to think differently about how open spaces are funded and maintained to ensure they can meet the needs of the diverse population. This means more consideration of where wider stakeholders and partnerships in communities can help with investment.</p> <p>Statement 4 - This statement is achievable from a resource perspective because improving local information about physical activity and active travel for staff in workplaces is not likely to cost very much, especially if local businesses clubbed together to tackle this. Workplaces could coordinate their activity through existing networks such as Business in the Community or local enterprise partnerships etc.. Equally, providing physical activity programmes and infrastructure does not need to be costly e.g. instructors offering sessions in workplaces could be paid by participants rather than the employer and businesses could explore whether they can achieve savings through economies of scale by bulk buying local gym memberships or bike racks or active travel map printing etc.. Part of the challenge is continuing to make the business case for small investments and the productivity and wellbeing gains for employers.</p> <p>Statement 5 - We feel this statement is achievable because as of 2017, schools are in receipt of some increased investment related to health improvement, such as Healthy Pupil Capital Fund and increased school sport premiums (as a result of the sugar tax). Schools should be strongly encouraged to use that to: upskill all staff about physical activity and active travel; implement sustainable and low cost projects such as improving active travel access to schools, implementing initiatives such as the Daily Mile; and developing more active and creative play spaces. It is also worth schools considering how they open up their facilities to the community and, in so doing, potentially create some revenue that helps maintain facilities and develop new initiatives.</p>
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101	Royal College of Physicians (RCP)	Consultation question 3	Our experts feel that the RCP and Faculty for SEM can have an impact at this level.
102	Somerset County Council	Consultation question 3	We consider the measure (b) for QS statement 2 to be unsuitable. Most local authorities will be able to point to some minor reallocation of road space within their area, thus meeting the letter of the measure but not the spirit. Without any quantification in relation to the length of the local network it is not meaningful. We also consider that it would be of limited relevance in rural areas. In relation to QS statement 5, it is our understanding that there is no longer a statutory duty on schools to prepare a school travel plan. In the absence of such a duty many schools will not produce an annual plan. Furthermore many local authorities no longer have officers to support schools with travel planning. School travel plans may be required for new schools through the planning process.
103	The Active Wellbeing Society	Consultation question 3	As well as dedicated senior champion, there needs to be a specific allocated budget for physical activity (and in parks and green spaces) linked with improving mental and physical wellbeing and tackling loneliness and isolation. Without a specific requirement to deliver PA, many local governments have seen cuts to such programmes/services as pressure on Local Government budgets continues. There is now an increased recognition (and in health) of the need to signpost people into Physical Activity not just for physical wellbeing but for mental wellbeing and to connect communities to each
104	ThriveFit	Consultation question 3	We believe that this is achievable but only by working with non-profit and communities together. The physical and mental health benefits to exercise are worth the investment.
105	Thrombosis UK	Consultation question 3	We think awareness of the danger of immobility is essential to support actions proposed in this quality standard. This interlinks with the World Health Organisation's call for building a 'better, healthier future'.
106	Thurrock Council	Consultation question 3	Leading the way as a role model (applicable particularly to statements 1 and 4) is likely to be a key success factor and statements which can be achieved through collective actions and distributed leadership would be easier to achieve with existing resources. However it would be helpful to have an additional funding stream available. Some additional resource (funding and to a lesser extent some staffing) would be required, particularly for data collection. Collecting data from a community base and small providers can be more demanding. A toolkit to accompany the quality standard would be useful.
107	Transport for Greater Manchester	Consultation question 3	Resourcing is a key issue for achieving these standards, especially Statement 2 (developing, delivering and, importantly, maintaining routes for active travel and public transport) and Statement 1 (physical activity champions). With local authority staffing levels and budgets cut to a minimum, it would be difficult to find the extra resource necessary to achieve the standards (Statement 1 may be achievable through some combining/rebadging of existing roles). As noted above, some of the standards are dependent on political will and support, or the support and buy-in of stakeholders (for example workplaces). Although a key challenge, gaining political support may also offer a means to address some of the resourcing issues around implementing the standards, for example by allocating budget to active travel measures in line with Statement 2 (as per Andy Burnham's use of the Transforming Cities fund for walking and cycling improvements).

108	University of Bath	Consultation question 3	<p>Quality statement 1: Physical activity champions</p> <p>Resourcing the role of physical activity champions could be challenging. The role would work best as a substantive role within the Local authority. Fixed term posts are likely to result in work conducted during the time of the post, being diminished and lost, after the fixed term has ended. There needs to be a full commitment to supporting this post.</p> <p>A clear set of objectives would need to be created for this post in order to monitor outcomes and effectiveness</p> <p>Resources for evaluation of the effectiveness of community champions should be budgeted as part of the creation and funding of such posts. An evaluation should include should comparison across different populations as well as urban and rural environments. Further informing the effectiveness would be the identification of gaps in provision or additional requirements. It may be useful to engage the services of an outside organisation for example an academic institution, to evaluate the effectiveness of local community champions.</p> <p>Quality statement 5: Schools and early years settings</p> <p>School are currently experiencing a crisis in funding. Hence, it will be difficult if not impossible for schools to devolve any of their current funding, to support any of the initiatives suggested in this quality standard. The exception being promoting active travel.</p> <p>Substituting some of the current PE curriculum for other activities such as dance or martial arts, could result in better physical activity habits that track through to later life, as explained above. However, these may have more cost implications.</p>
109	Versus Arthritis	Consultation question 3	<p>Statement 1: Physical Activity Champions: In the case of this statement, achievement would be dependent on whether the role of physical activity champion in a local authority would imply a whole new resource being created and/or the status of the role. If the physical champion role was being carried out by a Cabinet member or existing Council Officer, there would likely be no resource implication apart from time.</p> <p>On a wider scale, at a time when many local authorities have seen reductions in funding from central government, it is crucial that they work with third sector organisations - who often have greater experience of working with individuals with disabilities or health conditions who are likely to be less physically active - to directly deliver services around physical activity. Commissioning more services through the third sector may also help local authorities to deliver more social value to local communities, and potentially deliver cost savings in the process.</p> <p>Procurement is a further area where there is an opportunity to implement quality statements, for example in the contract specification for a new leisure facilities contract. The specification would provide an opportunity to include references to particular physical activity interventions that an operator of leisure centres/facilities would be required to provide in a contract with a local authority.</p> <p>The quality statement describes the need for community engagement. It would be essential for local areas to identify which groups should be the focus when promoting physical activity interventions, and for engagement to reflect this.</p> <p>Any approach to promoting physical activity would need to be conducted across multiple settings, including employment, schools and health services. For example, if the role of physical activity champion was replicated in healthcare settings, it</p>

			<p>would make it more likely that conditions requiring more physical activity interventions (such as arthritis and other musculoskeletal conditions) were included in the Joint Strategic Needs Assessments and other plans that establish priorities for health and social care in local areas.</p> <p>One challenge in implementing the Quality Standard is ensuring that programmes to encourage physical activity are designed by local authorities and healthcare commissioners in a way that is accessible for individuals who are or have been inactive. This could mean reducing the stigma around physical activity by outlining basic steps that individuals can take to become more physically active in their daily routine, whether at home or work.</p>
110	West Sussex Cycle Forum	Consultation question 3	<p>This is the core question. That's because none of the potential reductions in cost to UK plc will flow back to the County Council. Those bodies are responsible for infrastructure and therefore feel only the pain of introducing infrastructure or trying to persuade developers to 'design in' infrastructure. West Sussex County Council has a Walking and Cycling Strategy and there are quarterly Steering Group meetings to monitor progress. What is clear from those meetings (I sit on the Group), is that although the Officers do what they can, the County's planners are up against Govt directives that put the initiative firmly with developers. In addition, while S106 agreements are the mechanism to unlock funding, where there are several developments right next to each other, they are treated as separate - and therefore the benefits, of coordinating and combining the overall plan, are lost. No one has the power to break this deadlock and therefore opportunities to see walking and cycling as the natural choice for short journeys are lost. It is only by embedding healthy lifestyles - within the mainstream of life - will the potential to achieve all the things that you propose. (by that I mean that by walking or cycling to work/school/shops/etc - people will get healthier and happier without having to do anything particularly special or arduous. It just happens!). In answer to the issue of 'resource requirement' and 'cost savings' - that is playing with detail. What is needed is political will from central Govt to create the framework so that development will be approved ONLY if all the Walking and Cycling infrastructure is integral to the plans. To play with it, or bolt it on afterwards is simply not going to do it!</p>
111	Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group, Durham University	Consultation question 3	<p>Generally, we believe that this question is best responded to by local authorities themselves. However, there are three brief points we would like to raise from our academic and practice-based experiences. In general, our outsiders' view is that more investment may be warranted in the short-term, rather than cost savings (see also question 1 – leveraging resource for implementation). Over time, however, if initiatives are successful, population health should improve and reduce the public health burden.</p> <p>We welcome the policy and environmental emphasis within this quality standard. These factors are well known to be key influencers of population physical activity and are important for addressing structural health inequalities. We urge consideration however, as we note this approach is somewhat contradictory to current messages being delivered by central government on public health and the NHS. Specifically, there has been recent emphasis on individual responsibility and further proportional austerity measures to local public health budgets. As such, careful thought will be needed to i) ensure funding is made available and ii) ensure messaging among local authorities helps them recognise the need to invest in policy and environmental changes to facilitate individual choice to engage in more physical activity.</p> <p>It is important that this quality standard is incorporated into long-term local strategies. In particular, the amount of resource</p>

			<p>required to establish working partnerships for physical activity promotion should not be underestimated. While we have proposed that it is important for this to be within the remit of local champions, this could well be full-time work. It may also be that local authorities or health commissioning groups are not best placed to do this work. For example, they may not have the links with certain elements of the system. A period of system mapping, detailing all of the individuals, communities and organisations related to each of the quality statements may be a necessary first step. This will enable local authorities to identify who are the most appropriate individuals and organisations (e.g. physical activity champions) to connect the system, transfer ideas, programmes and learning, for example.</p> <p>Lastly, we also raise queries about the public-facing target of this quality standard. There are long-standing difficulties in how to present physical policy and guidance to the public, for example the 2011 guidelines (Kay, 2016). We encourage wider evaluation of how this can be done and for learning about implementation to be taken from, and shared with, the current CMOs' guidelines review group.</p> <p>Thank you for taking the time to read our comments and we hope that providing our views in this way is helpful. We are passionate about the physical activity of this nation and warmly welcome the introduction of this new quality standard in due course. We are happy to clarify any of our comments further if required.</p>
112	Yorkshire Sport Foundation	Consultation question 3	<p>A significant proportion of proposed statements could be achieved through changes in working practice based on increased understanding across of value of physical activity and, more to the point, cost of physical inactivity. Also increased collaborative working between partners to help minimise unintended consequences. QS 2 travel routes would seem to require most resource as well as shift in approach of transport planners and probably politicians</p>
113	Energise Me	Consultation question 3	<p>It is impossible for me to say across the sectors. Some changes to local priorities might need a re-assignment of investment e.g. through transport plans. Influencing the workforce will need investment or possibly reprioritisation of training and development. Planners, engineers, for example will need to be influenced to think about supporting an environment that makes activity the easy choice. Disinvestment in the issue of drugs in entirely feasible of you can help patients manage their lifestyles to improve their health e.g. Type II diabetes.</p>
114	Active Partners Trust (CSP)	1	<p>We strongly agree with the principle of this quality standard and it's good to have support from NICE. We questioned 'who' and at 'what level' the champion will be as it's important to work cross-sector at all levels of the system. Senior, top level officer and political champions will be crucial to influence across different agendas/parts of the system and it must be recognised that capacity is needed throughout the various levels to enable real change. Champions or champion explicit guidance on how to integrate across health & local authority systems would be helpful.</p> <p>What quality statement means for different audiences – VCS should be explicitly mentioned in terms of partnership Standard would be strengthened if it acknowledge local data capture to show outcomes – resource needed to develop this Data capture could include metrics such as Social Return On Investment measures</p> <p>Additional resource/capacity is needed to capture evidence about community engagement (1c). This could be a role for infrastructure agencies such as County Sports partnerships</p>

115	Chartered Society of Physiotherapy	1	<p>It is important to recruit physical activity champions with a high level of awareness of and experience of promoting the preventative benefits of physical activity.</p> <p>Related points (comments from CSP clinical specialists):</p> <ul style="list-style-type: none"> - Although this resource is not directed at patient populations, people living with disabilities are present within the general population. - Cardiovascular fitness is important but current research is demonstrating how strength may have more bearing on health and ageing with regards to preventing frailty. So physical activity can be enhanced by emphasising all components of fitness including activities that address muscle strengthening. - Increasing access to local authority or other gyms for exercise referral for longer periods of time (not just 6-8 weeks) and increasing the inclusion criteria to include those with long-term conditions would be inclusive, especially if this can be offered preventatively. <p>Relevant documents:</p> <ul style="list-style-type: none"> - Guidelines: Evidence based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Prosthesis (2012) and 2nd Edition- Clinical guidelines for the pre and post operative physiotherapy management of adults with lower limb amputations (2017).- <p>Physiotherapists working with people with limb loss encourage physical activity as part of rehabilitation and long term maintenance. They also advise providing information on health promotion and sporting and leisure activities to encourage ongoing physical activity once physiotherapy intervention is complete.</p> <ul style="list-style-type: none"> - https://www.the-scientist.com/features/how-muscles-age--and-how-exercise-can-slow-it-64708?_ga=2.208564690.1552319192.1547752240-535061752.1547752240 - https://www.csp.org.uk/frontline/article/strength-exercises-and-protein-best-delaying-frailty - https://www.csp.org.uk/system/files/documents/2018-07/csp_public_health_report_presentation.pdf - role of physiotherapists in providing public health information on physical activity.
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<p>116</p>	<p>Children's Play Advisory Service Ltd</p>	<p>1</p>	<p>The thinking behind this is fundamentally flawed and is the same sort of strategy which failed with the "Olympic Legacy". The main cause of the lack of physical activity amongst children is the fact that the environment has changed fundamentally. For previous generations children would play out in the street near to their homes. They would therefore get regular exercise for free and parental supervision was not required (though having a parent nearby to run to is important). The NHS, PHE, APPG on a Fit and Healthy Childhood are all in denial that this fundamental environmental change has happened.</p> <p>My research has found that where the roads are safe children still play out every day. Parents are not risk averse or to be blamed - they make the rational decision to keep their children indoors because the roads are too busy to let them out.</p> <p>The increasing poor physical and mental health of our children was predictable. We know from mammals in zoos that if they can't run around close to their houses then they suffer physical and mental stress. The human mammals are no different in this regard.</p> <p>The failure of the "Olympic Legacy" was predictable. My paper before the Olympics indicated this. http://www.childrensplayadvisoryservice.org.uk/publications/publications_linkpage.html#Olympic</p> <p>Without an underpinning knowledge that the lack of physical activity is an environmental issue then the physical activity champions will treat it as a condition requiring therapy type approach which will be expensive as each one is likely to include only relatively small numbers of children.</p> <p>There is no evidence in this document or elsewhere in the public health sphere that children's health is understood. Those devising strategies tend to think in terms of adult journeys such as to and from work and therefore include journeys to and from school but not the myriad small journeys which children make when they can play out by their own homes.</p> <p>Alison Millward and I carried out research for the Joseph Rowntree Foundation and Chartered Institute of Housing "Child's Play: Facilitating Play on Housing Estates" http://www.childrensplayadvisoryservice.org.uk/publications/publications_linkpage.html#ChildsPlay. In that research we found that (when they are allowed to play outside) children spend approximately 40% of their play time travelling from one place to another. These places may be relatively close to each other (30-100m) and include friends' houses, an interesting bush/tree, the concrete surface by garages, and back home for comfort after a grazed knee. Children may only spend a few minutes at each but cumulatively they amount to a massive amount of healthy, free, non-polluting exercise.</p> <p>We estimated that if you had a population of 100 children and only half of them were allowed to play out, then in total they would make 281,000 journeys per annum.</p> <p>I make these comments based on the research above and smaller contracts for local authorities and housing associations. In all I have carried out non-interactive observations and also interview research at over 70 areas of housing in England and Wales. I have also carried out consultations with children and parents at over 20 parks/open spaces where new equipment was to be installed.</p> <p>I am happy to be consulted by NICE to share the results of this research.</p>
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117	Department for Transport	1	We welcome the proposal to recommend physical activity champions and would encourage these to engage with cycling and walking champions where they exists locally – examples include London, Manchester and Sheffield
118	Greater Sport	1	Re the highlighted section [in italics] – it’s not just departments, it’s whole sectors such as the voluntary sector, business and academia. Moving more and being more active in everyday life is important for the health of the general population. A physical activity champion at a senior level can support <i>cross-sector working with other departments such as transport, planning, leisure and health</i> . They will ensure local strategies, policies and plans are developed by using community engagement approaches to encourage and raise the profile of physical activity, reduce inactivity and address local need.
119	Greater Sport	1	The champions ADD: The champions should lead by example.
120	Greater Sport	1	People in the community The champions should work with the Voluntary, community, faith and social enterprise sectors from the outset and as an equal stakeholder to ensure community engagement principles are effective. Community involvement should be strengthened beyond just consultation to true principles of co-production.

121	Guide Dogs	1	<p>We feel that as with other aspects of the standard, there should be stronger reference to the need for policies, strategies and infrastructure to be inclusive. We suggest adding something to the Rationale for this statement as highlighted in capitals. “Moving more and being more active in everyday life is important for the health of the general population. SOME GROUPS, INCLUDING PEOPLE WITH DISABILITIES, ARE KNOWN TO HAVE LOWER PHYSICAL ACTIVITY PARTICIPATION RATES. A physical activity champion at a senior level can support cross-sector working with other departments such as transport, planning, leisure and health. They will ensure local strategies, policies and plans are developed by using community engagement approaches to encourage and raise the profile of physical activity, reduce inactivity IN ALL POPULATION GROUPS and address local need.”</p> <p>If there is no emphasis on inclusion within the rationale section, we certainly feel it should be encapsulated within the quality measures section. This could possibly be as part of the third example of evidence that would be required to meet the standard set out at c). We suggest adding something along the lines of the addition highlighted in capital letters</p> <p>c) Evidence that physical activity champions ensure INCLUSIVE community engagement approaches have been used to develop and review local strategies, policies and plans WHICH ADDRESS HEALTH INEQUALITIES.</p> <p>We do not think this addition is unwarranted as one of the data sources referred to in the outcomes section of this statement refers to the Sport England Active People Survey As we have outlined in our opening comments, that survey highlights the significant differences in participation rates between disabled and non-disabled citizens and the associated health implications.</p> <p>The sight loss sector has come together in England to develop the England Vision Strategy. Based on extensive research and the priorities identified by people with or at risk of sight loss, its six priorities for the period 2018-2021 includes a specific priority on Inclusion: To promote inclusive environments and equality of opportunity to enable blind and partially sighted people to fully participate, contribute and live independently.</p> <p>Whilst our particular focus and expertise is on the experience of people with sight loss, developments in design, planning and technology can have a major impact on how all of us, sighted or not, participate in society, make use of public services and move safely and enjoyably through public spaces. There are numerous definitions of inclusion around but one that encapsulates our thinking on this is contained within a 2003 government publication. It describes an inclusive environment as “One that can be used by everyone regardless of age, gender or disability. It recognises and accommodates differences in the way people use the built environment and provides solutions that enable all of us to participate in mainstream activity equally independently, with choice and dignity.”</p> <p>Planning and Access for Disabled People: A Good Practice Guide. (ODPM, March 2003).</p> <p>It may be useful for NICE to include a definition or narrative around what is meant by inclusion and we would be happy to contribute to such a definition if that would be helpful.</p>
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122	Herts Sports Partnership, University of Hertfordshire	1	Add an additional outcome to reflect reducing inactivity. There should be ambitions to increase the proportion of people meeting the CMO guidelines and also to reduce the proportion of adults classified as inactive. Moving the population from inactive to fairly active has greatest health gains.
123	Horse Access Campaign UK	1	NICE Statement 1 says ‘Local authorities and healthcare commissioners have physical activity champions to oversee the development and implementation of local strategies, policies and plans’. I consider that horse riders and other vulnerable users are physically active travellers on roads and are equally deserving of a champion to ensure their inclusion in the development and implementation of local strategies, policies and plans, in particular new roads. NICE could request local highway, rights of way and / or countryside departments or Government departments such as Defra or Natural England to champion rights and needs of horse riders and other vulnerable users when physically active on the highway. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services
124	Kent County Council Highways, Transport Innovations team	1	Senior Officer/politician buy in is crucial, particularly when trying to deliver active travel schemes which do not prioritise the car, however they need to be persuaded of the benefits. The benefits of new Highway infrastructure schemes are often reduced due to objections to changes by a minority of users. This then leads to a less beneficial scheme being implemented. Physical activity champions would support this, but it would either require further funding or for the role to be voluntary. If the role was a voluntary one, there is serious risk of the champion being ignored and of the role not being filled again if that individual moves on. Perhaps, if there were a set of standard yet ambitious guidelines LAs were expected to follow, then everyone (no matter if they’re a champion or not) could aim to achieve these in strategies, policies, plans.
125	Kirklees Council	1	Champions need to be in wider setting to LA, other stakeholders and partners working across the system.

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126	Leeds City Council	1	<p>Having PA champions who can confidently talk about PA in its broadest setting, more on healthy lives / whole lifestyle, rather than being seen just in terms of physical fitness or activity levels, could be really beneficial.</p> <p>The statement represents an effective way to ensure physical activity remains high on the agenda, but would the champion role be overtly included and named as such on an individual’s job description, or used as a job title? Or would it be more implicitly included as part of an individual’s overall agenda? If the former it would be likely to have more impact, but would require levers and organisational support to embed successfully.</p> <p>Would it add to the quality standard to include - Physical Activity / Health & Well-being Champions should be in place at the highest strategic level, alongside champions in key service areas e.g. planning, regeneration, highways & transport</p> <p>I’m not aware that structures are in place; a national organisation (LGA? Sport England?) would be well placed to collate and maintain a list of physical activity champions. This would also be a way of making sure the role/concept is well embedded, and could encourage effective networking on a national or regional level.</p> <p>Could a quality measure be evidence of a governance structure in place for PA / Health and Well Being? Any physical activity champions link into a wider citywide governance structure / network?</p>
127	Living Streets	1	<p>Champions should also collate evidence and report on performance and lessons.</p>
128	Living Streets	1	<p>b) Evidence that physical activity champions in local authorities and healthcare commissioner are responsible for ensuring local strategies, policies and plans are developed and implemented. Local strategies, policies and plans should be developed and implemented jointly with all relevant local agencies. Champions should be able to demonstrate joint working across local authority and clinical commissioning groups.</p>
129	London Cycling Campaign	1	<p>We support this statement but to achieve its aims it also needs to state that the physical activity champions need to have the powers, resources and targets to deliver more active travel and pro-actively discourage inactivity.</p> <p>Where employers have a financial incentive to increase active travel, such as a reduction in the cost of car parking spaces, they become determined to achieve a switch to active, and space saving, travel modes. GSK, in West London, has run a successful cycling scheme for staff for several years and made financial savings while encouraging good health. The company regularly contributes to London-wide policy making on active travel.</p> <p>Where employers, including the NHS, are using car parking as a tax-free employment benefit there is not only no active travel incentive for staff members who have this benefit, but also an incentive to be inactive by driving to work.</p>
130	NHS England	1	<p>The quality standard states that a Physical Activity champion should be a senior member of staff. There is a lack of clarity regarding the level of seniority and competency that would be deemed sufficient for such a post holder, to ensure the role is able to provide influence within organisations. This detail would be helpful to support services to identify whether they are meeting this standard.</p>

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131	North Tyneside Council	1	<p>What do you mean by ‘senior level’? Political (elected member) and/or Officer Level (CEO, DPH, Consultant in Public Health or other). It would be helpful to describe the seniority of this champion. There are very few examples of posts in LA at a senior level that actually work across other departments such as transport, planning, leisure and health. The exception to this is Public Health, however the ability to work across other sectors is not always consistent in LAs.</p>
132	Ramblers	1	<p>We welcome the recommendation for a physical activity champion at senior level and that this role would support cross sector working. Coordinated and cross-sectional approaches involving health, transport, planning, education, environment, culture, sport and leisure are vital to drive progress on tackling inactivity.</p> <p>It’s also very welcome that this statement recognises the importance of community engagement in developing strategies, policies and plans to increase physical activity. To help ensure that initiatives are impactful they need to be tailored to local needs and embedded within communities.</p> <p>However, this role should also encompass mental health and wellbeing, given the links between physical health and mental health and the benefits that physical activity can have to mental health and wellbeing. Furthermore, many initiatives and activities aimed at improving physical health and getting people active will also have wider ranging benefits to wellbeing such as meeting other people and improving mood. We therefore feel it is important that mental health and wellbeing, including key public health issues such as loneliness and social isolation, are recognised within the remit of the physical activity champion role.</p>

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133	Richmond Group of Charities	1	<p>Physical activity champions. Having senior level officers within local authority and health commissioner structures would be a positive area of quality improvement.</p> <ul style="list-style-type: none"> • We would also argue that within local authorities, there should also be councillors who support officers to champion physical activity across departments (ideally more than simply the councillors on Health and Wellbeing Boards). This statement could also be cross-referenced to statement five and include Head Teachers or Senior Leaders in schools and also statement four to include Senior Managers as workplace champions. Ideally it would also include Senior Leaders within care and housing settings. • The statement highlights champions working across departments to promote physical activity; we believe that physical activity and active travel is a cross-cutting theme, fundamental to all local authority and health commissioner policies and decision making. Working across all departments (e.g. health, transport, environment, adult social care, leisure, planning etc.) is essential to optimise investment, engagement and action. • Regarding outcomes for this statement, rather than only measuring the proportion of children and adults meeting CMO guidelines, we recommend also measuring the reduction in inactivity, where there are potentially the greatest gains. • The statement suggests that people in the community should be aware there is a local physical activity champion; we infer this means high profile communications and we feel is positive. However, this type of communications provides an opportunity to take this statement further and encourage people to become champions within their local communities and workplaces (reference NICE QS 148: Community Engagement: improving health and wellbeing (2017) statement four and NICE QS 147: Healthy workplaces: improving employee mental and physical health and wellbeing (2017) statement one). • Further to the point above about communication, it might be helpful for this statement to suggest more specifically (beyond reviewing policy and plans to ensure relevance, inclusivity and adequate resource etc) that the role of champions is to support education of the public about physical activity. Specifically to demystify for the many who are inactive or less active what it means to be active, and make the narrative around physical activity and active travel more achievable and person centred (reference to recommendations in NICE public health guidance PH49: Behaviour change: individual approaches).
134	Royal College of Physicians (RCP)	1	<p>Our experts are not aware of whether any current SEM consultants are involved with local authorities, but the formation of a local champion would be an important person for SEM consultants to engage with and assist.</p>
135	South Gloucestershire Council	1	<p>There's quite a lot placed on the local authority and with ever diminishing funds coming into the council as a whole: would be is this feasible? Should there be more of a cooperative approach? Develop a partnership physical activity committee (a bit like the strategic group) for example to share the accountability?</p>

136	Sport England	1	<p>In support of the principle that dedicated capacity/ advocacy at local level is required to ensure that all opportunities to increase physical activity levels are maximised.</p> <p>Could we strongly encourage that this person is part of the paid workforce? There is evidence to suggest this would be necessary for it to be sustained and owned by the employer/ organisation and aid in galvanising support and advocating across the organisation/s. We are unsure if 'Champion' reflects what is being recommended. The quality statement might be better reflected with the title of 'Senior Physical Activity Leadership'. We also suggest that as well as needing to identify senior officer leadership this should be coupled with, in the case of LAs, an identified lead at the political level with an elected member having physical activity as part of their portfolio - it is local political leaders set the overall priorities for the LA and decide on resource allocation . Our experience has shown when political and officer leadership are both present in a place progress and impact is significant. Evidence - CCLOA strategic commissioning, sport and physical activity - Sport England</p> <p>Whilst Local authorities and healthcare commissioners are specifically referenced could this recommendation be broadened out to consider the partnerships and leadership, across the whole system that are necessary to make change happen. There is strong evidence for multi-layered approaches for encouraging physical activity and the need to consider all the influences that impact an individual's behaviour and the choices they make. There is also specific reference to 'senior which we think is highly valuable (it is often key to getting traction). It is also worth considering that it is also not always about hierarchies and the roles people are given but a set of behaviours right across the local system that can drive the change we need. Leadership distributed across the system (not just local authorities and healthcare commissioners working across departments WITHIN an organisation) makes change more sustainable. Evidence - https://www.sportengland.org/media/13683/community-of-learning-november-18-slides.pdf</p>
137	ThriveFit	1	<p>Dedicated time and responsibility continues to be challenging for all public bodies so we appreciate and applaud that there will be a senior level physical activity champion to oversee the development and implementation of local strategies, policies and plans.</p> <p>We hope that this will help focus plans at a local level as well as allowing charitable organisations to work with a specified group to facilitate these important plans.</p>
138	Transport for Greater Manchester	1	<p>We would suggest that this statement should also include considering the unintended consequences of other policies which may counteract policies to increase physical activity. For example, if a local authority introduced free car parking or reduced the cost of car parking this could be counteractive to trying to increase physical activity.</p> <p>With this in mind, it might be helpful to change the words to something like "Local authorities and healthcare commissioners have physical activity champions to oversee the development and implementation of local strategies, policies and plans which could influence physical activity."</p>

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139	University of Bath	1	<p>The notion of creating a physical activity champion could be a positive way to coordinate the different forms, opportunities and settings that provide or encourage physical activity in the general population. Many years ago, this role was filled by a combination of Health Promotion Specialists (HPS), (who were associated with Public Health) whose role it was to facilitate the delivery of associated government directives, working alongside relevant, personnel, within the local authority. However, with the changing remit of HPS from activists or operationalists, to strategists, their original role has been diminished if not lost. With Public Health now coming under the remit of local authorities, it seems a good time to reconstruct a role encompassing a physical activity coordinator. It would require local authorities to not work in silos, but be encouraged to work across different departments under its remit.</p>
140	Versus Arthritis	1	<p>We welcome this as an area for quality improvement. Designating ownership around physical activity policy and strategy is crucial for ensuring it is seen as a priority within a local authority’s Work Programme. Through physical activity champions, local authorities would be more likely to build up the evidence base around physical activity in their communities and engage with schools, community groups and third sector organisations who can have greater reach into hard to reach groups. Learning from other projects has indicated that champions must be in senior or influential positions in order to be successful. Senior elected members of a local authority - either a member of a decision-making Executive/Cabinet or a paid “Cabinet Champion” - would be best placed to drive policy-making and implementation around the other statements on physical activity in this quality standard, supported either by a Director of Public Health (upper tier authorities) or a lead officer with a responsibility in this area (some lower tier authorities). This, in turn, would increase the likelihood of getting high quality monitoring data returned.</p>
141	West Midlands Combined Authority (Transport for West Midlands) including comments from local authorities	1	<p>"Transport for West Midlands (TfWM) and the wider West Midlands Combined Authority (WMCA) will incorporate comments from local authorities (The City of Wolverhampton Council; Walsall Metropolitan Borough Council) and submit this as a joint response highlighting any concerns and considerations. Our response reflects the WMCA’s “West Midlands on the Move Physical Activity Strategic Framework” and TfWM “West Midlands Movement for Growth”, Cycling Charter and Health and Transport priorities."</p> <p>Quality statement 1: Physical activity champions Question 1: The Cycling Charter theme of Leadership and Raising the Profile indicates appointing a cycling champion, and therefore TfWM and the wider WMCA welcomes the suggestion for local authorities & health care commissioners to have physical activity champions at senior level working on cross cutting themes. The Combined Authority has appointed Cllr Caan, Coventry CC Cabinet Member for Health and Sport as its Political Physical Activity Champion influencing system change to encourage more people to be active and working closely with our seven local authority partners and stakeholders such as STPs. This supports the development and delivery of our Movement for Growth and West Midlands on the Move priorities. The suggested quality measures would provide TfWM and the WMCA with a good overview of the staff structure should they be made available, and allow us to liaise more directly with each local authority’s physical activity champion, strengthening</p>

			<p>the collaborative leadership needed locally, sub-regionally and West Midlands wide to reduce the chronic levels of physical inactivity and inequalities of those who take part. Examples of the impact of this approach including the common approach to walking and cycling ambitions and the development of a West Midlands Design Charter, which will reinforce the importance of increased physical activity and improving broader wellbeing as an integral part of our ambitions for future Housing growth. Walsall Council Public Health also welcomes the suggestion for physical activity champions at a local level (e.g. Local Authority and Clinical Commissioning groups).</p> <p>Question 2:</p> <p>For the most part, local authorities may already have the relevant governance and senior management structures set up so that physical activity champions can be named amongst existing politicians and or senior staff. Where this is not the case, this could be a shared responsibility such as Cabinet Member for Health and Wellbeing.</p> <p>TfWM and the wider WMCA bring together our constituent authorities and stakeholders to shape, inform and influence delivery of physical activity including the WMCA Wellbeing Board, Cycle Charter Group, Strategic Transport Officers Group and West Midlands on the Move Implementation Group to encourage more people to get active.</p> <p>Within Walsall Council, physical activity is a priority and therefore there are existing structures/ staff in place – however Walsall Council suggests that “senior level” is more clearly defined (e.g. Senior Commissioner or member of corporate management team). Additional engagement with the public and stakeholders would require additional investment.</p> <p>Question 3:</p> <p>For the most part this particular quality statement is easily achievable as WMCA already have relevant structures and champions. We recognise that resources being limited may be difficult for some.</p> <p>Local Authorities – including Walsall Council - have a significant number of local policies/ strategies (e.g. internal HR policy, transport, planning, and housing) and therefore greater investment would be required to support this quality standard.</p>
142	Wheels for Wellbeing	1	We strongly support this proposal and the idea of an 'activity champion' in every local authority
143	Wheels for Wellbeing	1	<p>We particularly welcome the need for greater joined-up working across transport, planning, leisure and health departments. There are huge health benefits to be gained from an increased uptake in cycling (especially so for disabled and older people). Therefore the remit for cycling at a local level should be cross- departmental, with cycling treated as a health issue, and not just a transport issue as is often the case.</p> <p>It is essential that, as part of any community engagement process, DDPOs - including those that represent or work with disabled cyclists - are involved at every stage</p>

144	Energise Me	1	Experience tells us that an organisation needs a commitment to physical activity at the leadership level. Increased impact can be evidenced where there is strong leadership. A physical activity champion will need to support of the leadership team in a local authority or CCG e.g. the Chief Executive and Leader of the Council. Could add "The Leadership of the local authority or healthcare organisation to sponsor a physical activity champion..."
145	RNIB	1	RNIB recommendation 1: Champions have a strategic role to support the realisation of local initiatives based on the recommendations made in the Women and Equalities Select Committee report which relate to the improvement of health outcomes.
146	NFBUK	1	<p>Structure</p> <p>a) Local Authority Level</p> <p>This initiative is to be welcomed. However, it is unlikely to be successful unless a higher priority is given to the re-appointment of accessibility officers where they have been removed. Given the requirements of Local Authorities under the Equality Act 2010, it is axiomatic that these personnel must have a higher level of authority than the physical activity champion.</p> <p>If physical activity champions alone are employed, without full understanding of the detailed accessibility needs for disabled people, then there is a real risk that any policies implemented and infrastructure created to encourage active independent exercise and travel options will result in achieving the opposite for disabled and vulnerable people.</p> <p>The Access Association survey¹ in 2017 report shows a very low level of access officers employed in local authorities. Only 28 of 274 councils responding to the survey stated they had access officers employed. Nearly three-quarters - 73% of councils did not have an access group or panel. The majority of local authorities are unable to technically assess any new schemes for the impact on accessibility for disabled people across the UK. In any event, reliance on an access group to comment on schemes is not sufficient, as there may not be the detailed knowledge and understanding amongst such groups to ensure the schemes are fully checked. For example, schemes require detailed skills of map reading, which the group may not have.</p> <p>The seniority of access officers also needs to be improved. Even when officers have been employed in the past, there has been no guarantee their advice will be acted upon, allowing schemes to be driven through without acknowledging the implications for disabled people's access.</p>

¹ The Access Association – Access Officer and Access Group Survey 2017

			<p>A community participation approach is welcomed. For this to be successful however there needs to be an ability to properly engage with the most vulnerable people in the local authorities boundaries. This engagement has to be supported through guidance and designs that help designers to ensure inclusive independent accessibility: while local expertise can be used to help identify problems it is unfair and unrealistic to expect local disabled and vulnerable people to come up with detailed design solutions to very complex transport issues.</p> <p>b) National Guidance Setting</p> <p>There is urgent need for a joint working party to work on collaboration, engagement and co-production of new guidance for implementation of active and inclusive transport infrastructure solutions. The Department for Transport and the Department for Communities and Local Government should invite disabled peoples organisations and those that represent disabled, frail and vulnerable people to work with infrastructure designers and key stakeholders to work together to develop guidance, that will:</p> <ul style="list-style-type: none"> • Ensure that in future active transport schemes protect the independent accessibility of disabled people on the pavement and their access to and from public transport while providing solutions to ensure cyclists have space to cycle. • Ensure all roads, streets, public spaces and pedestrian areas are accessible for all. <p>The NFBUK has detailed knowledge and understanding of this issue and should play a key part in this process and not be marginalised, which has been the case to date.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Requirement for specific outcome to ensure blind, disabled and vulnerable pedestrian access needs are accounted for in the guidelines to ensure independent accessibility of the built environment. • Dedicated Accessibility Officers are re-appointed in all local authorities
147	RNIB	2	<p>Quality statement 2: Travel routes</p> <p>RE c) Evidence that local authorities implement plans to make it as easy as possible for people with limited mobility to move around their local area.</p> <p>RNIB recommendation 2: We are concerned that the data sources cited (A, B and C) will not provide sufficient evidence to know whether or not local authorities are implementing plans to make it as easy as possible for people with limited mobility to move around their local area. We think new sources of evidence will therefore have to be found and /or developed.</p>
148	20's Plenty for Us	2	<p>A key feature of the definition of a connected travel route that prioritises vulnerable road users is speed limits at, or below 20mph</p>

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149	20's Plenty for Us	2	Safety and perceived safety, which is crucial for encouraging active travel, is affected by the speed and volume of motor traffic. 20's Plenty for Us argue that there is a global consensus that the safe maximum speed limit where vulnerable road users mix with motor traffic is 20mph, as state by WHO, the EU, OECD, Public Health England and Wales and many others
150	20's Plenty for Us	2	It is perfectly possible to reduce the speed limit to 20mph with signs, lines and driver education. Traffic calming usually refers to physical traffic calming. 20's Plenty for Us support wide area 20mph limits. These can be done without extensive, expensive vertical traffic calming, or road narrowing measures.
151	Active Partners Trust (CSP)	2	<p>We liked the aspiration of this quality statement but questioned the quality measures that were detailed.</p> <p>We thought that these statements should include an element of people (users and non-users) being able to influence plans and design and include a measure to ensure local planners engage with people for active travel as this will increase ownership and usage of active travel routes and help LA understand the barriers and motivations and adapt their plans accordingly. (Putting the infrastructure in place doesn't necessarily mean it will be used)</p> <p>We felt the standard would be stronger if it referenced Active Design and the development of whole neighbourhoods including sustainable travel plans</p> <p>We felt that there should be an acknowledgement that political involvement (sway) would be useful in the area of work – perhaps making more of a reference to brave political decisions against mass public opinion for potentially unpopular decisions</p> <p>We felt that the measure for casualties (2c) could be articulated as a percentage rather than a number because if more people are active numbers might increase – the cost/benefit needs to be considered.</p> <p>Other suggested measures included do no of meters of designated walking and cycling</p> <ul style="list-style-type: none"> o maintenance of or quality of connected travel routes o it would be good to fund a way of measuring usage of particular routes and by whom to inform future planning
152	Centre for Transport and Society, UWE, Bristol	2	<p>The views and needs of people with limited mobility who may be adversely affected by connected travel routes must be addressed. People with limited mobility may find it easier to move around their local area if, for example, footways include features such as tactile paving and even surfaces. Non-reflective, anti-glare paving surfaces can make it easier for people with visual impairments to interpret their surroundings.</p> <p>Also consider the provision of adequate seating and public conveniences.</p>
153	Centre for Transport and Society, UWE, Bristol	2	<p>Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport. "use public transport.... over those who use private cars." NB Public transport should be open to all, walking and cycling is open to most, but private cars are only available to the privileged majority. LAs should not maintain any travel routes for private cars that would deter journeys by foot, bike or public transport. Cycle parking and public transport stops should be as close to destinations as possible. The positioning of parking should consider that car journeys can be completed on foot or using public transport.</p>

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154	Centre for Transport and Society, UWE, Bristol	2	Evidence that local authorities reallocate road space to support walking and cycling. This can be done in different ways including timed road closures (see: https://www.cyclist.co.uk/news/5678/southampton-school-implements-no-car-zone-prioritising-children-over-motorists) and 'home zones' for residential roads with higher volumes of foot and cycle traffic than through car traffic.
155	Centre for Transport and Society, UWE, Bristol	2	Evidence that local authorities implement plans to make it as easy as possible for people with limited mobility to move around their local area. Including the provision of frequent and adequate seating
156	Centre for Transport and Society, UWE, Bristol	2	Number of people reported killed or seriously injured casualties. How will these figures be viewed? If you double walking and cycling and also increase KSIs by 25% will that been seen as a success or a failure?
157	Centre for Transport and Society, UWE, Bristol	2	Barrier-free pedestrian environment. Also consider the provision of adequate seating and public conveniences.
158	Centre for Transport and Society, UWE, Bristol	2	Foot and cycle networks should pay particular attention to integrating with public transport networks. These networks should also be complete. 90% routes can be effectively useless for walkers and cyclists. It is critical that the 'missing links' are completed.
159	Children's Play Advisory Service Ltd	2	Where the roads are safe enough for children to be outdoors then the majority of their journeys are much less than 100m but they make lots of these short journeys. They therefore need areas where priority is given to pedestrians rather than specific routes.
160	Department for Transport	2	We would recommend that the quality measures and rationale section highlight the use of Local Cycling and Walking Infrastructure Plans where they exist
161	Department for Transport	2	Suggest add "Local Cycling and Walking Infrastructure Plans" – These plans enable a long-term approach to developing local cycling and walking networks, ideally over a 10 year period, and form a vital part of the Government’s strategy to increase the number of trips made on foot or by cycle. The key outputs of LCWIPs are: <ul style="list-style-type: none"> • a network plan for walking and cycling which identifies preferred routes and core zones for further development • a prioritised programme of infrastructure improvements for future investment • a report which sets out the underlying analysis carried out and provides a narrative which supports the identified improvements and network. The link can be viewed here - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607016/cycling-walking-infrastructure-technical-guidance.pdf

162	Greater Sport	2	<p>Transport planners and public health practitioners work together to ensure that travel route planning supports safe, convenient, inclusive access for pedestrians, cyclists, and people who use public transport, and that it is maximised and prioritised over motorised transport (cars, motorbikes and mopeds, for example). This may include reallocating road space to support walking and cycling, restricting motor vehicle access, introducing road-user charging and traffic-calming schemes and making it as easy as possible for people with limited mobility to move around their local area. Foot and cycle networks should pay particular attention to integrating with public transport networks.</p> <p>Add with communities</p> <p>Add: piloting road closures around key community hubs</p>
163	Guide Dogs	2	<p>Pavement parking is not only an unacceptable barrier to people with sight loss, it also affects people in wheelchairs and parents/carers with prams and pushchairs. Indeed, this is addressed in paragraph 1.2.7 of NICE Guideline NG90. We suggest adding the following line to the end of the local authorities section of “What the quality statement means for different audiences”:</p> <p>“Local authorities should have policies in place to prevent unauthorised pavement parking.”</p> <p>The Equality and Diversity considerations element of the statement already mentions tactile paving and non-reflective paving surfaces but makes no reference to the importance of pedestrian crossings. Whilst we are aware that the examples cited are not meant to be exhaustive, the removal of pedestrian controlled crossings (or their replacement with courtesy crossings) is a major concern for people with sight loss. Only pedestrian controlled crossings where the traffic is required to stop gives people the certainty they need to be able to cross the road safely and independently. Again, NICE guideline NG90 highlights the importance of this type of crossing in paragraph 1.1.3. Whilst we are aware that this standard cannot simply reproduce NG90 in its entirety, we do feel that there is a strong case for including reference to pedestrian controlled crossings here given their importance to blind people.</p> <p>We suggest adding the following after “interpret their surroundings”.</p> <p>“Pedestrian-controlled crossings incorporating accessibility features provide blind people with the reassurance they need to be able to cross busy roads with confidence.”</p>
164	Guide Dogs	2	<p>We recommend a small addition to the quality measures section of this statement, specifically at point c). Our suggested addition appears in capital letters.</p> <p>c) Evidence that local authorities implement plans to make it as easy as possible for people with limited mobility to move around their local area AND ALWAYS CARRY OUT FULL EQUALITY IMPACT ASSESSMENTS WHEN CONSIDERING CHANGES TO THE BUILT ENVIRONMENT.</p>
165	Guide Dogs	2	<p>We welcome the messages around inclusion within this statement and the accompanying text. We feel these messages are very appropriate as people with sight loss are more reliant on inclusive pedestrian routes and public transport than the sighted population.</p>

166	Guide Dogs	2	<p>Again, we acknowledge that Statement 2 on connected travel routes does touch on inclusion, but we have a couple of recommendations as to how this could be strengthened in relation to the needs of the roughly two million people living with sight loss in the UK.</p> <p>https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf</p>
167	Horse Access Campaign UK	2	<p>NICE statement 2 states ‘Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport’</p> <p>Please will NICE either directly amend this statement or obtain authorisation (if that is required) to:-</p> <p>‘Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists, horse riders / carriage drivers, the disabled and people who use public transport’</p> <p>Horse riding which is a physical activity carried out on highways developed or improved by local highway authorities, has been excluded from this consultation. I consider this is contrary to current disability and equality legislation and this needs to be rectified.</p> <p>I would like to draw your attention to the following:-</p> <p>On 05/11/2018 Minister for Transport Jesse Norman MP said “We should be clear that the cycling and walking strategy may have that name but is absolutely targeted at vulnerable road users, including horse-riders”.</p> <p>In the Government Response to Call for Evidence Cycling and Walking Investment Strategy: Safety Review November 2018, Jesse Norman MP also states</p> <p>‘Ask people what they want from their transport system and they will say convenient, clean, effective and safe travel, with less congestion and better air quality. People think about their journeys as a door-to-door experience. Safe journeys that mean all people, including those with reduced mobility or visual impairments, can choose more freely where they go and how they get there.</p> <p>But safety has particular importance for vulnerable road users, such as walkers, cyclists and horse riders. All road users have an equal right to use the road, and safety and the perception of safety are key factors in determining how far people use these modes of transport.</p> <p>The safer they feel, the more they will use these active modes of travel. The more people who use Active Travel, the fitter and healthier they will be, and the more their communities will benefit from lower congestion and better air quality, among a host of other benefits.’</p> <p>Clearly the Department of Transport quite rightly considers that active travel by walkers, cyclists, horse riders and others encourages physical activity and increased health in the general population.</p>

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168	Kent County Council Highways, Transport Innovations team	2	<p>We agree that this is incredibly important, however we would need the resources (ring fenced funding for new walking/cycle/public transport routes, experts in cycle/ped design) to deliver these schemes as well as political and residential will.</p> <p>Maintenance of off-road cycle routes is notoriously poor due to our reduced resources being focussed on main roads, so we need ring fenced maintenance funding for priority for active travel use ped/cycle routes.</p> <p>Resident and political support for developing active travel routes particularly is very difficult to obtain as it is typically viewed as “taking space away from cars”. Similarly, attempts to tackle issues such as pavement parking consistently fail as they are perceived to impede driver freedoms. Pavement parking severely limits pedestrian movement and creates dangerous situations, particularly for the vulnerable. This means that, currently, travel routes prioritise the car only and a huge level of social and political attitude change could change this, for which a clear message from central Government would be vital.</p>
169	Kirklees Council	2	<p>Agree. However the LA need ensure the connected routes are safe and accessible for all abilities. The LA is part of a wider system such as combined authorities, LEPs and Sustainable Transformation Plans who need to work collectively to reduce vehicle volume and increase the confidence and safety of other road users. Kirklees Council had developed a Highway Supplementary Planning Document which has a road user hierarchy that will prioritise pedestrians, cyclists and public transport in local transport and land development. This quality statement can only be supported with the allocation of realistic resources for both physical infrastructure development and behaviour change interventions. Also need to think about physical activity wider than walking and cycling and to include opportunities for sport and physical activities.</p>
170	Leeds City Council	2	<p>This quality statement could be a key lever to encouraging local authorities to develop plans which prioritise pedestrians, cyclists and public transport users, which is currently politically and culturally challenging. It enables an ambitious approach, but possibly would result in a mismatch between ambition and current reality.</p> <p>From a Leeds City Council perspective, connected travel routes must also consider the effects of air pollution where they are located directly alongside main roads. The effects on air quality and steps required to mitigate against this must be taken into account. There should ideally be a planted barrier between vehicles and pedestrians/cyclists. The DESIGN of connected travel routes is essential before discussions take place about DEVELOPING and MAINTAINING them. Efforts are made to ensure that all existing greenspaces and woodlands are connected to create green corridors in the first instance.</p> <p>Could the quality statement include some wording around supporting active travel and creating a place that makes it easier for people to move around in?</p> <p>There are effective structures to collect data, including outcomes a, b, and c. However, outcome c (number of people reported killed or seriously injured) may not be indicative of success in this area (eg in Leeds fatalities have risen, despite attempts to develop more well connected transport routes).</p> <p>Is a quality measure evidence of cross service / city level strategy and policy on for example cycling and walking?</p>

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171	Living Streets	2	a) Percentage of adults cycling for travel at least three days per week. Data source: National data on adult sport and physical activity is available from Sport England's Active Lives Survey and Public Health England's Physical Activity tool.b) Percentage of adults walking for travel at least three days per week.Data source: National data on adult sport and physical activity is available from Sport England's Active Lives Survey and Public Health England's Physical Activity tool. Local authority-level data is available from both these sources and should be used.
172	Living Streets	2	c) Evidence that local authorities implement plans to make it as easy as possible for people with limited mobility to move around their local area. Suggest amending "people with limited mobility" to "people with limited mobility, people with visual impairments, older people and children".
173	Living Streets	2	including older people and people with limited mobility. Highlighting these two groups raises the question of why the statement does not also mention people with visual impairments, and children. We suggest removing all specific groups here and ending with "accessible to everyone". Highlight the specific groups in Quality measure (c) below, to indicate the "relevant third sector groups".
174	Living Streets	2	Note that the DfT consistently finds that investment in active travel infrastructure shows very high value for money.
175	Living Streets	2	Include Local Cycling and Walking Investment Plans and Highway Asset Management Plans (for maintenance plans).
176	Living Streets	2	Include Traffic Regulation Orders (to demonstrate implementation of relevant planned activities e.g. prevention of parking on footways or in cycle lanes).
177	Living Streets	2	Refer specifically to pedestrians and cyclists killed or seriously injured.
178	London Cycling Campaign	2	We support this statement but suggest adding the word 'fund' to it ('fund and develop') and also recommending that local authorities set ambitious targets for increased walking, cycling and public transport use. Cycling and walking routes require funding and the current lack of safe and convenient routes means that millions of people will experience worse health which, as NICE documents, carries a significant cost. Investing in cycling and walking routes now will save cost to the NHS later. We note that progressive authorities, such as London, set targets for a fall in car use and an increase in walking, cycling and public transport use (from 63% in 2018 to 80% by 2041) which can help drive an authority's business plan and infrastructure planning. London also has a specific target of increasing physical activity by Londoners to 20 minutes per day by 2041.

179	NHS England	2	<p>These standards all have equality & diversity considerations within them detailing that the needs of people with additional barriers/needs must be met. The quality standard does not include detail of how this will be implemented/monitored or what a suitable data source would be used to provide this information.</p> <p>These are the people who are most likely to have the lowest levels of physical activity, face the greatest barriers to becoming more active and have the most to gain. This will help to make sure that any action taken by organisations does not lead to getting active people more active and is actually targeted to where need is greatest.</p> <p>Greater detail in these sections will enable clarification for organisations of the process for implementing/assuring this. The Office of the Chief Allied Health Professions Officer recognises the importance and welcomes the encouragement of organisations to focus on people with equality and diversity considerations.</p>
180	North Tyneside Council	2	<p>It is useful that the draft quality standard clearly mentions the reallocation of road space to active modes of travel. It would be helpful if it could be clearer on the point that cycling and walking are separate modes of transport, and that protected provision for cycling should generally be provided, distinct from walking routes – references in the document to “Foot and cycle networks” and “bus and cycle routes” should be rephrased to reflect this. Reference could be made to “Making space for cycling” (Cambridge Cycling Campaign, 2014) and the London Cycling Design Standards, LCDS (Transport for London, 2014). The reference to “footpaths” should refer to “public paths” as these can include both cycling and horse-riding. It would be helpful if references to “pedestrians and cyclists” were changed to “people walking and cycling”, to reflect the fact that dedicated infrastructure caters primarily for everyday cycling travel rather than sport cycling.</p> <p>Outcomes</p> <p>In terms of the outcome which measures road collisions: instead of the proposed measure (“Number of people reported killed or seriously injured [KSI] casualties”), it could be more appropriate to use a measure of all casualties (of any level of severity) which involved a pedestrian or cyclist. This would exclude those collisions which solely involve motor vehicle driver(s)/passenger(s), while reflecting the fact that casualties whose severity is classified as “Slight” rather than “KSI” may still substantially impair an individual’s ability to participate in active travel.</p> <p>In the “Local authorities” paragraph, cycling should also be mentioned in the sentence on people with limited mobility, e.g. “...with accessible public transport, a barrier-free pedestrian environment and protected cycle routes usable by adapted cycles.”</p>
181	Oxfordshire Liveable Streets	2	<p>Traffic-calming schemes - These should not be included in this list of possible measures. They are associated with increases in air pollution (https://www.sciencedirect.com/science/article/pii/S1361920914001771) and have been already widely implemented, with insufficient impact on through-traffic. More radical steps such as no-through-routes are needed.</p>

182	Ramblers	2	<p>Pedestrians should have the sense of being in an accessible, safe, pleasant and attractive urban environment. Therefore, we welcome that the quality standard includes developing and maintaining routes that prioritise pedestrians. Furthermore, it is encouraging that the statement recognises that the quality of a route will affect the use for active travel.</p> <p>Although public open spaces are detailed in quality statement 3, the importance of greening active travel routes and connecting them with parks and green spaces should be detailed within this quality statement. In 2018 the Ramblers conducted research which found that only 7% of respondents walk through green spaces on their way to work. [1] This suggests that local authorities could be doing more to encourage the use of green spaces for active travel and making use of an area’s great assets such as public parks. Linking up active travel networks with leisure walking routes and green spaces will help encourage more people to walk more for recreation. This is especially important given the well-known benefits of green spaces and engagement with the natural environment to health and wellbeing.</p>
183	Richmond Group of Charities	2	<p>Prioritising active travel over motorised transport and improving opportunities to walk and cycle in communities is a positive quality improvement.</p> <ul style="list-style-type: none"> • In this statement, we feel that the suggestion that people who don’t currently walk or cycle are proactively engaged in consultation about improvement access and plans is important, as well as taking into consideration the needs of children, older people, people with limited mobility, sensory impairment or learning disabilities. This should be through public engagement and by liaising with the third sector, businesses etc.. • Encouraging small changes in everyday activity is an approach that we would endorse. Focussing on active travel is sensible but for those who are new to it, requires convenience/purpose, safety and ease of use: connected travel routes, taking people where they want to go by linking key community hubs, open spaces, residential areas and industrial areas, whilst also linking with adequate public transport. In this vein, to add to the 3 days of active travel as an outcome, it’s worth considering whether also to capture where people are just starting to use active travel. • We do not feel that the quality statement adequately addresses the challenges of rural access in travel planning because it appears to mainly focus on urban populations. Therefore, we recommend that it should also make reference to rural rights of way improvement plans and not just road reallocation of space but off-road/segregated reallocation of space for active travel routes. Planning for more urban and rural routes that are off –road could also help to respond to some concerns over encouraging regular activity in busy, highly polluted urban areas and road safety respectively (reference to NICE guidelines NG70: Air pollution: outdoor air quality and health). To also reiterate the point above, for these routes to be utilised they need to connect into adequate public transport routes, be well lit and fully accessible.
184	South Gloucestershire Council	2	<p>Perhaps more can be done through combined authorities such as WECA.</p>

185	Sport England	2	<p>Sport England are in support of this recommendation. We recently commissioned a review on how, and how best, active travel can contribute to increasing and sustaining physical activity. The review was conducted by a highly credible and authoritative research team led by Sustrans (Dr Andy Cope and David Corner) and leading academics Dr Nick Cavill and Prof. Adrian Davis. The research reviewed high quality published and grey literature (i.e. included a control mechanism) that evaluated the effectiveness of active travel interventions on increasing walking, cycling and/or overall physical activity levels. 84 studies were included. This highlighted a clear consensus that there is considerable potential for active travel to make a greater contribution to overall levels of physical activity, through both amount and intensity. It recommends prioritisation of town/ city-wide active travel interventions, encouraging local agencies to promote active travel alongside their physical activity offer and long-term and consistent funding streams supporting active travel and highlights the need for robust evaluation.</p>
186	Transport for Greater Manchester	2	<p>We would suggest that this statement should mention route quality in addition to connectivity. This links back to making the environment more attractive to encourage behaviour change. We also think the role of community and voluntary groups in developing routes should be noted.</p> <p>With this in mind, it might be helpful to change the words to something like “Local authorities, in collaboration with community and voluntary groups, develop and maintain safe, attractive and connected travel routes that prioritise pedestrians, cyclists and people who use public transport.”</p>

187	West Midlands Combined Authority (Transport for West Midlands) including comments from local authorities	2	<p>Quality statement 2: Travel routes</p> <p>Question 1:</p> <p>It is positive that there are travel routes which prioritise pedestrians, cyclists and people using public transport. This needs to be part of an overall approach that considers the link and plan function of different streets in an urban highway network. This consideration will result in preferred strategies for different corridors using a range of interventions as appropriate.</p> <p>The WMCA and constituent partners have produced a Local Cycling and Walking Investment Plan (LCWIP) setting out strategic priorities for improvement to the region’s walking and cycling infrastructure and now needs to find the resources to deliver it. Our Local Cycling and Walking Infrastructure Plans (LCWIPs) are fundamental to encouraging citizens to utilise cycling and walking routes in their everyday lives. In the West Midlands the LCWIPs will allow us to prioritise routes most in need of intervention. Equally TfWM’s Cycling Design Guidance will be key to making cycling and walking infrastructure fit for purpose so that safer routes can be developed.</p> <p>Travel routes should also be integrated with public transport for people who want to make longer journeys and can travel to the station by pedal or foot.</p> <p>Walsall Council already considers such routes with high importance, and where corridor studies are undertaken a multi-modal approach is implemented. Agree that strengthening of link and place function needs to be considered, especially with new developments.</p> <p>Questions 2 and 3</p> <p>Greater investment in sustainable urban transport is required to support this quality standard. This is in accord with the recommendations of the National Infrastructure Commission’s National Infrastructure Assessment 2018.</p> <p>Collection of the data proposed should be relatively easy.</p> <p>Public Health Outcomes Framework (PHOF) data is collated at a national level and metrics/ targets could be built into local plans (e.g. Health and Wellbeing Strategy/ Walsall Plan).</p>
188	Wheels for Wellbeing	2	<p>Providing an attractive, whole-journey experience is crucial to encouraging more disabled people to cycle, who often rely on multiple modes of transport to get around (disabled people are more likely to be adversely affected by a lack of integrated transport modes as they already have to go to considerable lengths to plan a journey). However, accessing public transport is all but impossible for many disabled cyclists who use their cycle as a mobility aid, be it taking a tricycle on a bus or storing a tandem on a train. In order for disabled cyclists to feel confident in completing a journey by cycle it is essential that all forms of transport are integrated and made accessible. Where rules exist permitting the storage of wheelchairs and mobility scooters onboard public transport, for instance, the same rules should apply (where physically possible) to disabled cyclists who use their cycle as a mobility aid.</p>

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189	Wheels for Wellbeing	2	<p>As part of ensuring that disabled people are able to undertake journeys in full, considerations must be made for the provision of inclusive cycle hire facilities at train stations, including e-cycles and non-standard cycles.</p> <p>E-cycles, in particular, offer tremendous benefits to disabled and older people, with electric assistance affording disabled people the ability to cycle longer distances (by reducing the amount of physical effort required) and to stay physically active in life for longer. According to our research, nearly 1 in 5 disabled cyclists own a cycle that uses e-assist. With this in mind, we recommend that the Government increase investment in e-cycles as a way of dramatically broadening the demographic of people who can access cycling.</p>
190	Wheels for Wellbeing	2	<p>We strongly support the proposal for prioritising walking and cycling over motorised transport, and recommend that all local authorities and transport bodies be required to adopt this modal hierarchy</p>
191	Wheels for Wellbeing	2	<p>On a local level, we would like to see a greater use of social prescription in relation to cycling, which amongst other things should involve:</p> <ul style="list-style-type: none"> • Better signposting to the fact that disabled people can cycle, as well as information about inclusive cycling for GPs, to help inform referrals; • Local authorities and their health partners teaming up to ensure disabled people have access to cycling opportunities in their area, by supporting the sustainable growth of inclusive cycling hubs; • The development of stronger partnerships between Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards, SEND schools and inclusive cycling hubs.
192	Wheels for Wellbeing	2	<p>Cycle networks and cycling infrastructure have been designed around the two-wheeled bicycle and able-bodied cyclist. This excludes many other types of cyclists. However, a cycle network that meets the needs of disabled cyclists - by being step-free, barrier-free and spacious - is, by default, accessible to everyone: two-wheeled bicycle users, as well as individuals, families and businesses who use tricycles, tandems, trailers and cargobikes (the latter of which are increasingly used to transport children and freight). Equally, any measures enabling cycling by disabled people are likely to support a growth in cycling by novice cyclists, including children and young people, as well as older people. It will also improve conditions for those using mobility scooters.</p> <p>A good indicator of a well-designed inclusive cycle network is the variety of users from under-represented groups using it (inc. disabled people, women, children and older people). We believe that the potential for growth in this area is significant and could yield substantial social, health and financial benefits, which as yet remain untapped.</p>

193	Wheels for Wellbeing	2	<p>According to our research, 2/3rds of disabled cyclists find cycling easier than walking, with many using their cycle as a mobility aid. Often this is because cycling is non-weight bearing, reduces pressure on the joints, aids balance and relieves breathing difficulties.</p> <p>However, given the lack of awareness around inclusive cycling, disabled cyclists frequently encounter problems when using their cycle as a mobility aid. For instance, we have found that many disabled cyclists have been asked to dismount and walk their cycle, even though they were using it as a mobility aid. This is particularly common in ‘cyclists dismount’ zones, on footways and in pedestrianised areas – places where wheelchairs and mobility scooters are permitted (and accepted by the public), but cycles and cycling are not. The problem also extends to public transport, such as trains, where the storage of non-standard cycles is almost universally prohibited.</p> <p>Local authorities should consider the option of designing and piloting a disabled cyclists’ Blue Badge scheme in their area. The purpose of such a scheme would be to give disabled cyclists a valuable form of identification, which could be used to:</p> <ul style="list-style-type: none"> (a) Permit disabled cyclists to cycle considerately in non-cycling areas (such as ‘cyclists dismount’ zones) when using their cycle as a mobility aid (b) Reserve allocated cycle parking spaces that have been designed for use by non-standard cycles.
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194	Cycling Scotland	2	<p>We welcome inclusion of this in the quality standards, especially the recognition of the importance of giving the highest priority to active travel over motorised transport. It is important that this is supported by safe and easily accessible active travel infrastructure – such as shared use paths, and segregated cycle lanes/routes – to ensure it can become a reality. Cycling Scotland’s Annual Cycling Monitoring Report identified traffic travelling too fast and too many cars on the road as some of the main barriers to people cycling in Scotland. Such barriers need to be overcome if sustained modal shift to active travel is to be achieved. Improving cycling and walking travel routes, and provision of safe and easily accessible infrastructure, positively impacts on the health of individuals, and the economic and environmental characteristics of the place in question, as well as helping to overcome some the main barriers to participating in cycling (and active travel).</p>
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195	Cycling Scotland	2	<p>Outcome a) and b) - with regards to these, it would be useful to have some indication of the purpose of the journey undertaken i.e. whether for work or school (this can be captured under the workplace and school/early years quality standards respectively), for leisure, or for shopping and other day-to-day tasks, for example.</p> <p>Outcome c) - An area that we feel is missing from this quality standard is speed, and the impact of reducing speed, such as to 20mph, on both casualties and rates of participation in active travel. Evidence shows that casualty rates are significantly higher in areas with a default 30mph speed limit, compared to those where traffic travels at 20mph. Over a four-year period, between 2012 and 2016, data shows that there were over 21 times more casualties of all severities in areas with a 30mph speed limit compared to those with a 20mph limit. Several studies have demonstrated a link between 20mph speed restrictions and a reduction in casualties. The risk of serious injury or death for people cycling (and for pedestrians) increases disproportionately as speed increases. A pedestrian hit at 40mph has a 31% chance of dying; if they are hit at 30mph, this falls to 7%; and at 20%, the risk is negligible. Further, in areas where speeds have been reduced to 20mph, a positive impact on rates of cycling and walking can be seen. Evidence from Edinburgh’s pilot 20mph scheme shows a significant increase in rates of cycling. Following the introduction of the scheme, three times as many children cycled to school than did before 20mph speed restrictions were introduced (from 4% to 12%). As a result, consideration of speed should be included in the quality standards, given the significant positive impact that reducing speed can have on modal shift to cycling (and active travel), and on casualty rates.</p> <p>The Scottish Parliament is currently consulting on a Bill to change the default speed limit on restricted roads in Scotland from 30mph to 20mph. If passed, 20mph will become the default speed limit on these roads in Scotland, with 30mph being the exception.</p>
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196	Energise Me	2	Would absolutely support this statement. Crucial to make activity the easy choice for the community. Again, leadership is crucial to bring about this change. Influencing the workforce e.g. planners, engineers, urban designers etc is going to be critical as this country is very focused on the car.
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<p>197</p>	<p>NFBUK</p>	<p>2</p>	<p>Quality statement 2: Travel Routes</p> <p>This statement that Local authorities should develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport is welcomed. However, it is clear that there is currently very limited capacity or willingness within local authorities and consultancies to design infrastructure that meets this policy aspiration. This has resulted in the needs of blind, deaf-blind and partially sighted people, disabled and vulnerable pedestrians not being taken into account within new active travel schemes or public realm schemes.</p> <p>There has been to heavy reliance on using design solutions from other countries, without fully understanding the safety, accessibility or legislative settings of these design solutions. For example In Holland, disabled people are not protected by any Equality Law in the external built environment, the opposite of that in the UK, where all built environment designs have been required to comply with Equality Law since October 2004. New designs should accommodate the full range of people with disabilities: designs are otherwise categorised as unlawful under Section 21 of the Equality Act 2010 by excluding disabled people from use of streets, crossings and public spaces or by putting disabled people at an actual disadvantage in comparison to people who are not disabled</p> <p>In addition, data from Denmark has revealed that some of the design elements imported from such safe schemes are in fact unsafe for pedestrians; worse, this has been known and reported for many years, but not taken into account in UK street design.</p> <p>Three of the problematic designs are:</p> <ul style="list-style-type: none"> • Bus stop by passes (cycle lane goes behind the bus stop) and Copenhagen bus stops / Bus Stop Boarders (where the cycle track goes in front of the bus stop) in Denmark and Holland • Shared space road design in Holland • Copenhagen crossings on side roads in Denmark and Holland <p>Bus Stop By Passes and Copenhagen Bus Stops / Bus Stop Boarders</p> <p>Both ‘bus stop bypasses’ and ‘bus stop boarders’ (Copenhagen or ‘shared use’ bus stops) have been introduced into the UK, imported from designs used in Denmark and Holland. However, evidence has been reported from Denmark for many years that illustrate how unsafe these bus stop designs are:</p> <ul style="list-style-type: none"> • Research in Denmark between 2007 revealed that bus stop boarders present a particular hazard for all pedestrians: their introduction led to an increase in collisions with passengers from 5 to 73 - a 1,725% increase in collision rates on what had been expected. In a later report, in 2010, the authors report an increase in collisions at bus stop bypasses of 1951% resulting in a 1762% increase in injuries. • In 2014, a report by Arriva the bus company stated that 40% of drivers had witnessed passengers being hit by cyclists and 88% had witnessed passengers having near misses with cyclists. • A further report in December 2015 stated that 12% of people had witnessed near misses and 7% of people had witnessed someone being hit by a cyclist.
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	<p>Denmark has a long-standing culture of cycling and these crash figures are indicative of the problems created when two vulnerable road users are forced to share space.</p> <p>These types of bus stop arrangements have been used in the UK and problems of the designs include the following:</p> <ul style="list-style-type: none">• Independent trials in London in 2018 on bus stop bypasses which had zebra crossings installed into them did not arrest cyclist speed or result in cyclists giving way to bus passengers.• Filming of a blind person trying to cross a bus stop bypass on Oxford Road in Manchester on 15 August 2018 recorded 27 cyclists passing with just 2 stopping for the blind pedestrian in 14 minutes.• Evidence from Enfield on the problems experienced by bus passengers using bus boarders (Copenhagen Style bus stops) illustrates how frightening and dangerous this type of bus stop is for bus passengers. These are just two experiences from people using the bus stop borders:<ul style="list-style-type: none">○ Green Dragon Lane bus stop towards Palmers Green. Approximately midday on Thursday 7 December, a woman was trying to board a bus, but was knocked down by a cyclist who just rode off leaving her lying there badly shaken and bleeding. Not the only incident I have seen.○ “I recently had a bad experience getting off the bus. I move very slowly since my stroke. As I was getting off the bus a cyclist came by at speed, nearly hitting me. As I tried to pull myself back towards the bus to avoid the cyclist, the bus door was shutting on my arm as I was still holding the rail. Fortunately, the bus driver realised what was happening and opened the door. The cyclist very nearly hit me. He was wearing headphones – I shouted ‘You’re going to kill someone’ but he didn’t even look back at me, let alone say sorry. I am not sure if he even heard me.” Six days after this, the gentleman had another incident: “The same thing happened to me again on the 27 May, with a cyclist speeding by, and my arm getting trapped in the bus door as I tried to keep myself steady, and pull myself out of the cyclist's way. These incidents were very frightening and have made me very nervous when using bus boarders with cycle lanes.” <p>Both designs create unsafe conditions for both pedestrians and cyclists and distress for pedestrians and passengers. The threat of injury to all bus passengers is real and the inaccessibility of these designs to blind, disabled and vulnerable people is not acceptable.</p> <p>Legal action being taken in Canada by the National Federation of the Blind of Canada on the use of bus stop by passes due to the inaccessibility of these designs for blind and partially sighted people.</p> <p>These two bus stop designs are now being included in designs for new walking and cycling schemes, such as the one proposed for Greater Manchester. If they are introduced, any policy aspiration for increased access for pedestrians to public transport will not be achieved for blind, disabled and vulnerable pedestrians – quite the opposite.</p> <p>Shared Space</p> <p>Shared space road design presents a particular danger for blind and vulnerable people. This reduces their access to streets and transport and hence is against the Equality Act 2010. For this reason the Under-Secretary of State for Transport called for</p>
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	<p>a pause on use of level surface shared space and withdrew the shared space guidance Local transport Note 1/11 underpinning the design on 25 July 2018. This design should therefore not be used in any further road or community layouts promoted or agreed by local authorities or consultants employed to create new urban travel routes or urban landscapes.</p> <p>We are pleased to note that in the final paragraph reported under Section 2, Travel Routes, you say: “Also, the views of people who do not walk or cycle because of the current infrastructure and people with limited mobility need to be considered. This is because there may be conflict when space is shared by people using different types of travel.”</p> <p>The problems of shared space are too important to be consigned to the last sentence in a paragraph on ‘People in the Community’ Section. Shared space is a real problem for blind, disabled and vulnerable pedestrians and this includes space shared with cyclists.</p> <p>Shared space was imported as a concept from the Netherlands, a country that has no legal protection for disabled people in the external built urban environment.</p> <p>In July 2018, the UK government instructed all local authorities in England to pause all new shared space schemes, which incorporate a level surface at the design stage. The Government issued further clarifications to all local authorities regarding where the pause was applicable on 28 September 2018. However the advice given in this letter on where the pause is applicable to and what design features could be potentially used in new schemes, means that the local authorities would have great difficulty meeting their legal requirements under the Equality Act 2010, as also instructed for them to meet in the same letter.</p> <p>It was clear from a meeting held with the Minister for Housing and Planning on 10 January 2019 with the NFBUK that the clarification made on the 28 September 2018 was due to concerns raised by developers, practitioners and planning authorities due to the potential impact this may have on housing developments. It was not made on the basis of any new evidence. This leaves any developers, practitioners and planning authorities that proceeds with such proposals, open to legal litigation under the Equality Act 2010.</p> <p>The pause to shared space level surfaces was based on recommendations and requests set out in Ministerial letters, parliamentary reports and inquires, position statements and government consultations, which include:</p> <ul style="list-style-type: none">• Kit Malthouse MP, Minister for Housing, letter to Maria Miller MP, Chair of the Women and Equalities Select Committee, 4 September 2018 which stated that while the shared space “pause” directive applies to new schemes, authorities may wish to consider how schemes under construction or where a contract has been let for construction can be adapted to enhance accessibility².
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	<ul style="list-style-type: none">• Nusrat Ghani MP, Parliamentary Under Secretary of State, Department for Transport (DfT) letter on 25 July 2018 to all Local Authorities requesting a pause to all level surface shared space and alerting them to the withdrawal of guidance on shared space Local Transport Note 1/11.• The DfT's Disabled Persons Transport Advisory Committee stated shared space discriminates unlawfully and is contrary to Section 21 of the Equality Act 2010, published in its position statement on 13 June 2018 (4). This report highlighted that shared space affects not only blind people but has negative effects on many other people including people with neuro-diverse or mental health conditions or those with learning difficulties.• Sarah Newton MP, Minister of State for Disabled People, Health and Work, raised serious concerns that shared space is contrary to the Equality Act 2010 and on the specific issues of bus drop off points being located in dangerous locations such as in cycle lanes, in letters sent to the Secretary of State James Brokenshire MP for Housing, Communities and Local Government and to Nusrat Ghani MP Parliamentary Under Secretary of State, DfT 15 May 2018³.• The House of Commons, Women and Equality: Disability and the Built Environment Report, published 19 April 2017 called for shared space to be halted and all existing schemes to be reviewed and modified.• Lord Holmes Report July 2015 called for shared space to be halted and all schemes audited. <p>It was thought important to highlight problem of shared space road schemes installing low invisible kerbs, which have caused many people, including elderly people to trip resulting in very serious bone fractures. Example of schemes that are causing problems include Cirencester and Widemarsh Street in Herford. This design flaw should be halted immediately.</p> <p>It was also thought important to high light that following the introduction of a shared space scheme in Lisburn and Castlereagh City Council in Northern Ireland, the council was taken to court as it did not consider the needs of blind people in the scheme. The council lost and it has now been independently advised it will cost £1.3 million to put back in kerbs at least 60mm high. The height of 60mm is the lowest recommended by research by UCL to ensure detectable heights for blind people using mobility aid of white canes and Guide Dog. Standard height kerbs are recommended by the NFBUK and further advise can be given on the reasons behind this recommendation. Further evidence can be provided on schemes that have undertaken some form of remedial works if required.</p>
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	<p>Copenhagen Crossings Copenhagen pavement crossings are designed to give priority to the pedestrian, as they are areas of continuous, raised pavement and road that cross side roads. However, they take away the features that a blind person and/or their guide dog uses to stop them walking directly into the path of oncoming vehicles.</p> <p>Case Example Waltham Forest is another of the 'mini-Holland' boroughs. Copenhagen crossings have been used extensively in the borough. A blind woman, who was an Equalities Officer before retiring, has reported that without a kerb to mark where the pavement ends, she can easily walk into the path of oncoming traffic. She said:</p> <p>“Before Mini Holland it was much easier for me. I could always tell where the road began. Now it scares me to think I could just walk into the road without even realising it and I cannot prepare for it. I want to walk in the middle of the pavement but I can't because I won't know when the road begins. I have to walk close to the shop fronts so I know when the wall ends there is a road. In the last two years the council has done a lot of things that are making it difficult for disabled people to get around.”</p> <p>Quality Measures Regarding the Quality measures for Structure and Outcomes we have the following comments:</p> <p>Structure</p> <ul style="list-style-type: none">• It is critical that guidance and recommendations are urgently updated and amended, and any changes are based on research and evidence that include the experiences of blind, disabled and vulnerable people, rather than solely on design fashions• Recommendations relating to the accessibility of groups protected under the Equality Act 2010 must have the force of law to ensure that they are acted upon. This may require the details of the Equality Act to be improved to make professional assessments of impact on groups protected by the Act a requirement, along with the legal requirement that any recommendations proposed are implemented. <p>In addition, there is an urgent need to:</p> <ul style="list-style-type: none">• Halt all designs that include bus stop by passes and bus stop boarders. These should not be used until and unless a design solution can be identified which ensures that pedestrians and cyclists are not brought into conflict with each other.• Make the halt on all shared space road designs permanent.• Ensure accessibility audits are undertaken and modification plans acted upon for all existing shared spaces to ensure access for all in these schemes.
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			<ul style="list-style-type: none">• No introduction of adapted Dutch roundabout infrastructure which is detrimental to blind, disabled and vulnerable pedestrians trying to cross these junctions.• Undertake accessibility audits on streets, roads and in public spaces to establish key accessibility features which are missing, need urgent repair or installation, for example - lack of dropped kerbs, lack of tactile, broken tactile, cobbles uses on pavements or across side roads, lack of controlled crossing points, or lack of accessibility features like rotating cone or beep on controlled crossings.• Investigate and remediate any new public realm developments, which have used 'invisible' or low kerbs as design features as these have resulted in many trip incidents and serious injuries.• All master plans, planning applications and on going construction schemes including shared space infrastructure to be assessed and modified to ensure they are safe and accessible for disabled people. <p>Outcomes</p> <p>We recommend the following outcome measures are added to those suggested:</p> <ul style="list-style-type: none">• Number of pavements that are accessible for all• Number of road that provide controlled pedestrian crossings• Number of blind, disabled and vulnerable people that are able to independently access their local environment• Number of blind, disabled and vulnerable people that are able to independently access public transport• Number of shared spaces remediated
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198	NFBUK	3	<p>As outlined above there is a critical need to address accessibility issues with underpinning guidance. There are significant problems being designed into new public areas and there exists serious access problems in pedestrianised areas for blind people. Local community groups have a significant part to play in this. However, local engagement has to be underpinned and supported with professional access officers and other key stakeholders, plus guidance to help inform decision-making process. It is critical that concerns raised by blind, disabled and vulnerable people are listened to and acted upon (in contrast to the example cited in Waltham Forest), as it is clear their voices have been ignored and marginalised for too long. The following outcome measure should be added:</p> <ul style="list-style-type: none">• Number of urban squares and pedestrian areas that have undergone an accessibility audit and improvements made to ensure access for all
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199	RNIB	3	<p>Quality statement 3: Public open spaces</p> <p>RE: Local authorities involve community and voluntary groups in designing and managing public open spaces.</p> <p>RNIB recommendation 3: a standard similar to the NHS Accessible Information Standard (AIS) is we think required to address the fundamental breakdowns and failures in accessible communication with local disabled people. Local authority communication in relation to public space consultation, regeneration and management is fundamentally inaccessible to sections of the public. We at RNIB are told by blind and partially sighted people that they find it difficult or impossible to interact with public space consultations and even more seriously have often not been told, in an accessible format, about the proposed changes or how to submit views until it is too late. What compounds the problem is the large amount of graphical and map-based information that goes with public space consultations, which local authorities are often unaware is a problem for their disabled residents. Local Access Groups are often criticised as always having the same people on them and not properly representing the views of people who are worried about planned schemes. We've also been asked to intervene in planned schemes because people feel the Access Groups views have not been taken into account by the council. A step change in accessible communication is needed in all these contexts to achieve genuine progress on Quality Statement 3.</p>
200	Active Partners Trust (CSP)	3	<p>We strongly support the idea of communities being involved in designing open spaces. However we question the implications in this statement around managing open spaces - implies an underlying principle of block asset transfer of community spaces to communities. Whilst this can be really effective in some cases it is not always so and issues relating to sustainability and future liability should be addressed. There are models where these arrangements can be co-produced in partnership with the community and it would be good to be encouraging this within the statement. Some voluntary groups/organisation may need resource/capacity to undertake this role.</p> <p>We felt this statement would benefit from a measure to address the disconnect between planners and communities. Something to recognise the empathy gap</p> <p>In addition to the community voice, the principles of Active Design should be considered in the planning, development and design of any new open space.</p>
201	Centre for Transport and Society, UWE, Bristol	3	<p>People who don't have the use of a car may find green and blue spaces more difficult to access, particularly if there are no regular public transport services. Hence the use of local parklets, pocket parks and gaining public space at junctions can have an important function.</p>

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202	Centre for Transport and Society, UWE, Bristol	3	Local authorities involve community and voluntary groups in designing and managing public open spaces. "designing, creating and managing" - opportunities to create new public space should be considered, such as pocket parks, parklets (https://www.hackney.gov.uk/parklets) and redesigning junctions (from small radii at priority junctions to much redevelopments: https://www.islingtongazette.co.uk/news/revealed-transport-for-london-s-confirmed-plans-to-overhaul-highbury-corner-1-5433324 and http://www.leparisien.fr/paris-75/paris-c-est-parti-pour-la-reinvention-de-la-place-gambetta-27-01-2019-7997922.php#xtor=AD-1481423553)
203	Children's Play Advisory Service Ltd	3	<p>The 3 most important factors which determine where children play (includes the general environment rather than just POSs) are: Location, location, location.</p> <p>Location - can they get there safely? This almost always determined by motorized traffic.</p> <p>Location - where they can see and be seen by a trusted adult (usually parent). Contrary to common perceptions, children do not play in special hidden-away places; they prefer to play where they can feel secure in the knowledge that if they feel threatened or have hurt themselves they can scamper straight home. Again human mammals no different to others.</p> <p>Location - where it's at. Children prefer to be where they can interact with other members of the community and see what's happening. It's one of the reasons they often hang out in front of the local shop.</p> <p>My research has shown that places which do not fulfil these 3 criteria are less likely to be used and more likely to be vandalised than places which do fulfil these 3 criteria.</p> <p>POS with exciting playground equipment or ball games areas which appear high quality are often not used because they do not fulfil the 3 criteria. An area such as a grass verge or concrete patch by the garages may be only 50 yards from the former area but may be well used because they do fulfil the 3 criteria.</p> <p>There has been an immense waste of public funds by the failure of local authorities and housing associations to understand the issues of location.</p> <p>Planners tend to use radial distances when calculating the catchment for POSs which is misleading. Travel distances are much more critical for children and, together with the 3 criteria above, have a significant effect on whether an area is used or not.</p> <p>In determining whether POS is useful for every-day activity a distinction has to be drawn between destination opportunities and every-day opportunities. It is true that prestigious high quality play areas do get high usage but for the children it is probably only once a week, if it's not raining and if the parent has not got some other commitment. Every-day activity is what is needed to tackle obesity and POS can only make a difference to this if it fulfils the criteria mentioned above.</p>

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204	Greater Sport	3	<p>Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport. And involve these users/potential users in the development.</p> <p>Transport systems and the wider built environment can influence people's ability to be active. When developing and maintaining travel routes, pedestrians, cyclists and users of other modes of transport including public transport that involve physical activity should be given the highest priority over motorised transport (cars, motorbikes and mopeds, for example). And should be consulted</p> <p>The attractiveness of active travel is affected by distance, the nature and quality of a route and its access and safety (and cost). Improved travel route design that is maintained to a high standard will provide the greatest opportunity for people to move more in their day-to-day lives. It is important to encourage safe, convenient active travel that is accessible for everyone, including older people and people with limited mobility.</p>
205	Guide Dogs	3	<p>This standard is clearly linked to national and local health and wellbeing agendas. Given the limited progress in tackling health inequalities in society, which remains a priority area, we would like to see greater emphasis on this in the standard. We acknowledge that there is reference to this issue in Statement 3 on public open space, but arguably it should be a thread that runs through the whole standard.</p>
206	Horse Access Campaign UK	3	<p>Quality statement 3: Public open spaces</p> <p>Local authorities involve community and voluntary groups in designing and managing public open spaces.</p> <p>Rationale</p> <p>Local authorities play a vital role in protecting, maintaining and improving local spaces</p> <p>Public open space is defined as:-</p> <ul style="list-style-type: none"> •Blue spaces – such as sea, rivers, lakes and canals. •Green spaces – such as urban parks, open green areas, woods and forests, coastland and countryside, and paths and routes connecting them. •Grey spaces – areas of developed land such as urban squares and pedestrian areas. <p>Clearly green spaces are extremely important areas where travellers by horse can be both physically active and safe. These, along with roads form the network upon which horse and rider and depend for sport, recreation, active travel.</p> <p>Please will you ensure that the needs of active travellers by horse and included in any recommendations?</p>
207	Kent County Council Highways, Transport Innovations team	3	<p>This would be a very positive move, in theory. It could be an excellent way to gain a better understanding of the issues in an area from local knowledge, encourage support from the public through granting a sense of ownership over schemes and to better communicate the benefit of active travel infrastructure. However, the nature of how funding is allocated for active travel infrastructure projects makes this very difficult to achieve. As funding is largely obtained through bids and these require the funds to be spent in a short time frame, they tend to be tightly time limited. This makes anything above the standard level of public consultation difficult to achieve.</p>

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208	Kirklees Council	3	<p>Agree. Co-production will ensure that right approaches and interventions are applied to reduced inactivity, increase PA. However austerity measures, and demand for new houses continue to risk the current provision of public open spaces. Resources will be required to develop this engagement work and create capacity. Kirklees LA has a number of cross cutting policies, strategies and plans which support the economic, environmental and health outcomes associated with ensuring there is good quality, fit for purpose, safe and accessible public open space .</p>
209	Leeds City Council	3	<p>When designing spaces we often carry out planning for real exercises with relevant groups to understand their needs, develop ideas and provide facilities that are appropriate for the groups who will use them – this could also include businesses, particularly in the city centre.</p> <p>This is an important way of ensuring local people will use public spaces, so that safety features, practical links to public transport/walking routes, and aesthetic considerations will be managed upfront. A way of ensuring active use of public spaces might be to encourage specific public health input during the design phase too.</p> <p>From a Leeds City Council perspective, the main concern of Urban Design and Landscape Design professionals is that it is all very well local authorities having these aspirations but if we are unable to impose this on developers and house builders there will be very little difference ‘on the ground’. Sadly there is still no legal requirement to make developers take on board these important strategies to increase physical activity and incorporate greenspaces and green streets within their developments. For this reason Leeds City Council’s Planning and Design for Health and Wellbeing’ group was set up in 2017. It is made up of planning, design and health colleagues, working together to help implement our Leeds Health and Wellbeing Strategy, Best Council Plan and Core Strategy.</p> <p>The Our Spaces consultation is an example of good practice in Leeds. Leeds has good examples of community engagement / consultation in the design of local spaces e.g. redevelopment in parks, health and well-being centres.</p>
210	Living Streets	3	<p>Community and voluntary groups can inform decisions about design and management but local authorities and other statutory bodies (such as highways agencies) remain responsible for management and maintenance of public open spaces. Pressure on local government funding can lead to reliance on voluntary/civic support. Opportunities for contributions from private sector stakeholders such as Business Improvement Districts (with budget for public realm improvements) should be maximised.</p>
211	Living Streets	3	<p>b) Evidence that local authorities encourage local community and voluntary groups to help to maintain public open spaces by reporting any problems affecting accessibility and use. Include platforms for reporting problems such as council websites or national sites such as https://www.fixmystreet.com/</p>

212	London Cycling Campaign	3	<p>This statement, while welcome, is surprisingly circumscribed. Road works, traffic schemes, shopping centres and transport hubs, among others, can all benefit from community and voluntary input yet often don't. They could also benefit from following readily available local authority guidance on cycling and walking design.</p> <p>Involvement of community groups in open space design must not detract from public access to public spaces.</p> <p>An obvious improvement to the limited number of urban open spaces in the UK would be to increase opening hours, where these are currently imposed. The largest park in East London (Victoria Park), for example, closes at 4pm in the winter preventing parents with push chairs and cyclists from using it after schools and nurseries shut. This forces people to drive or use circuitous busy roads when walking or cycling. While extending park opening hours may include a security cost this would be off-set by more active travel. We note that already many public parks raise significant funds by holding music, and other events, that restrict park access – such funds could be used to extend park opening hours.</p>
213	NHS England	3	<p>These standards all have equality & diversity considerations within them detailing that the needs of people with additional barriers/needs must be met. The quality standard does not include detail of how this will be implemented/monitored or what a suitable data source would be used to provide this information.</p> <p>These are the people who are most likely to have the lowest levels of physical activity, face the greatest barriers to becoming more active and have the most to gain. This will help to make sure that any action taken by organisations does not lead to getting active people more active and is actually targeted to where need is greatest.</p> <p>Greater detail in these sections will enable clarification for organisations of the process for implementing/assuring this. The Office of the Chief Allied Health Professions Officer recognises the importance and welcomes the encouragement of organisations to focus on people with equality and diversity considerations.</p>
214	North Tyneside Council	3	<p>Involving the community and voluntary groups is an important part of providing quality public open spaces, however it is a small aspect and there are many other pieces of the jigsaw to be put in place to enable a quality space. The Green Flag National Quality standards for Parks and Green Spaces reflect the overall requirements to create a quality space. Included within the standards is "Section 6 Community Involvement".</p> <p>In my opinion the scope should be widened</p>

215	Ramblers	3	<p>It's very welcome that this quality statement makes reference to the mental health benefits of public open spaces and the benefits of enhancing the accessibility in these spaces to support more people to be active. Our research indicated a number of areas of concern which dissuade people from using green spaces. We found that 67% of people would walk more often if green spaces were better maintained and that 35% of people over 75 would walk more often if there were benches. [1] Younger people are more likely to be discouraged from walking in green spaces because of safety concerns. [1] Improving accessibility and maintenance of spaces would help address people's concerns about public spaces and encourage them to use these spaces more often.</p> <p>We support the ambition for local authorities to involve community and voluntary groups in managing and designing public open spaces. These groups are often embedded within local communities and can provide valuable insight into both the needs of the community and specific barriers local people may face to increasing their physical activity. Volunteers can also play a vital role in maintaining their local area, for example at the Ramblers we have many volunteers who undertake practical path maintenance, in collaboration with the local authority, to help keep walking routes accessible and pleasant. Therefore, it's welcome that the quality statement includes this and sets out the value of different groups working together.</p> <p>[1] TCPA, for the Ramblers (2018) Walking in Urban Parks and Green Spaces, https://www.ramblers.org.uk/get-involved/campaign-with-us/paving-the-way/new-parks-and-green-spaces-report.aspx</p>
216	Richmond Group of Charities	3	<p>Involving community and voluntary groups in designing and managing public open spaces is a positive quality improvement.</p> <ul style="list-style-type: none"> • We feel that the needs of the least active communities need to be given proper consideration and proactively engaged alongside regular open space users. To this end, the statement would benefit from more explicitly referencing making open spaces attractive to different age groups and types of users, through the types of facilities available from accessibility and safety elements such as toilets, seating and lighting to play facilities and features of interest (reference NICE guideline NG90: physical activity and environment). • The statement would benefit from going beyond purely engagement of communities in design and management and speak more about creative promotion of open space assets and also development of good quality new spaces. The latter may help reduce health inequalities by contributing to reducing the distance people live from open spaces. • The statement outcomes could be measured through data collected through Natural England's Monitor the Engagement of Natural Environment Survey and through more objective methods, such as people counters. • Open spaces are not the sole responsibility of local authorities and more could be said in this statement to highlight that a partnership approach is vital. This statement should not only focus on engaging the community and voluntary sector but generally working in partnership with a broad range of stakeholders including the private sector, private landowners, local enterprise partnerships, and government and NHS estates. Regardless of who oversees open spaces, it should be a core priority of any open space management plan to facilitate physical activity, an action that physical activity champions in local authority could promote.

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217	Sport England	3	<p>We are supportive of this. Parks and public spaces offer attractive places for people to play traditional and non-traditional sport. It can host a variety of diverse activities in familiar settings at low cost, breaking down some of the barriers that people face when they want to get active.</p> <p>We suggest the quality statement makes explicit reference to the end goal i.e. in designing and managing public open spaces that support physical activity.</p> <p>We believe the recommendation should be more explicit about the importance of understanding audiences and designing spaces or improving the quality of spaces with the audience in mind.</p> <p>Where there is reference to the community managing public spaces, we assume this is referring to when decisions are being made relating to managing, as opposed to a recommendation that they should manage them (which may not always be the best/ most effective approach to ensure spaces are conducive to physical activity). Sport England wants to see successful models that have get more people active in public space to continue to thrive. Models of delivery should consider sustainable approaches which minimise the risk of creating a barrier to sport and physical activity.</p>
218	Transport for Greater Manchester	3	<p>We would suggest clarifying this statement to include temporary uses of public spaces (such as street closures for play streets or open streets events) and new and existing open spaces. We would also suggest that the opportunity public open spaces provide for providing safe and attractive active travel routes should be noted and encouraged.</p> <p>With this in mind, it might be helpful to change the words to something like “Local authorities involve community and voluntary groups in designing and managing new and existing public open spaces, for both temporary and permanent uses. The opportunity to use public open spaces to support active travel (e.g. by providing safe and attractive walking and cycling routes) should be maximised.</p>

<p>219</p>	<p>West Midlands Combined Authority (Transport for West Midlands) including comments from local authorities</p>	<p>3</p>	<p>Quality statement 3: Public open spaces</p> <p>Neither WMCA nor TfWM have a direct role in designing public open spaces – we have responsibility for ensuring that there is good access to these spaces by public transport and active travel modes and we are developing priorities on how access to public open space is built into future Housing growth. This includes good, reliable and integrated public transport routes and services that are easily accessible by cyclists and vulnerable pedestrians – with the necessary facilities available.</p> <p>It is also important that when ensuring good cycling and walking access to open spaces, it considers the wider area and that pathway through open spaces are also fully integrated with the wider area, to deliver a consistent standard.</p> <p>Adopting a more inclusive approach to consulting with the public is an important way to ensure that the entire community can benefit from open spaces, and that both health inequality and social exclusion are reduced. We will continue to work closely with the key stakeholders to deliver access to new and existing public spaces.</p> <p>Walsall Metropolitan Borough Council response:</p> <p>Question 1:</p> <p>Walsall Public Health support the quality statement. Volunteering and development of 3rd sector is a key priority for Walsall and driven through the local Health and Wellbeing Board.</p> <p>Active corridors are also integral to open spaces ensuring connectivity for community groups and residents.</p> <p>Question 2</p> <p>Consultation: can be evidenced through friends groups forum minutes, consultation e.g. Green Space Strategy.</p> <p>Outcomes: need for robust systems around volunteering in parks and green spaces e.g. numbers, hours and health impact.</p> <p>PHOF data (utilisation of green spaces) is collated at a national level and metrics/ targets could be built into local action plans.</p> <p>A PHOF indicator measuring volunteering for health improvement should be considered.</p> <p>Question 3</p> <p>Volunteering is often viewed as a cheaper option but to be used effectively requires investment e.g. training and management. Locally, expansion of volunteering within local parks is being achieved through funding external grant funding (Rethinking Parks).</p> <p>As local authority funding continues to reduce, resources to maintain green spaces and manage will not be achieved just by community groups alone. A substantial resource for LA's is still required however it is unknown how national policy will affect and impact on this e.g. transfer to business rate based funding.</p> <p>City of Wolverhampton Council response</p> <p>Local Authorities clearly have a role in delivering infrastructure that enables access to open spaces by active means. The provision of this is often defined by local issues such as development and safety issues. As for Travel Routes, availability of resources is key to success.</p>
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220	Wheels for Wellbeing	3	<p>We support this statement, and would add that DDPOs should be involved in the co-design and management of public open spaces, which will in turn help to ensure that these spaces are accessible and cater for the needs of disabled users, including disabled cyclists.</p> <p>Further, we would also highlight the fact that according to our research 2/3rds of disabled cyclists use their cycle as a mobility aid, with most finding cycling easier than walking. We would like to see greater recognition of this, in order that more disabled people feel comfortable and able to cycle in public open spaces, including parks, and not have the anxiety of being asked by enforcement officers to dismount and walk/wheel their cycle (even though they might be physically unable to do so).</p>
221	Cycling Scotland	3	<p>The characteristics of a place/public space has a profound impact on how people interact with and use the space. Car dominated environments discourage active travel and have poorer health, economic and environmental outcomes than those which encourage and promote active travel. Giving more space in cities to active modes of transport and less to individual motorised transport will improve urban design as a whole by making cities more accessible to everyone, connecting neighbourhoods and creating meeting places. This in turn leads to multiple other benefits such as better social cohesion or more revenues for shop owners. For example, research has shown that bike lanes can increase retail sales by as much as a quarter. Further, people cycling are among the most satisfied transport users, indicating that they derive a higher utility of the time spent cycling than for example car drivers since the trip has value other than arriving at a destination. Cycling can also help to promote connectivity between people. By bringing people together and connecting neighbourhoods, it provides the potential for improved social interactions and more exchange between them. It can connect people from different backgrounds and social classes, thus improving the cohesion of society.</p>
222	Cycling Scotland	3	<p>In Scotland, there exists a place evaluation mechanism called the Place Standard Tool which provides a structured tool to think about and assess a place. It provides a tool to think about both the physical and social aspects of a place, and can be used by communities to identify priorities and areas for action within a place. Cycling and active travel are included as part of the 'moving around' category. Although not providing statistical data, the tool is nevertheless an important mechanism to engage communities (including community and voluntary groups) in decision making and management of their local places and spaces. Similar tools, if they exist in England/rest of the UK, should be considered for inclusion in the quality measures/standards.</p>
223	Energise Me	3	<p>There is evidence to support this statement. Where the community is involved in the design and management of public open spaces, engagement is better and behaviour change more likely. There are wider benefits too e.g. better connection to your community. Community based asset building approach.</p>

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224	Active Partners Trust (CSP)	4	<p>Agree with ambition but question the statements and measures. Are they realistic? Potentially for larger agencies and public sector bodies who are office based within corporate environments but felt the quality standard did not lend itself to SME's and workers within different settings and sectors e.g. carers for example.</p> <p>We don't think that the data to support this standard could be collected at scale locally without significant additional investment</p> <p>We thought the outcomes were sound and questioned whether there needs to be reference to behaviour change approaches, alongside programmes? It's not necessarily lack of opportunity/available programmes that stop people being active at work or in life - more programmes without the associated tools and techniques to enable people to change their behaviour and engage won't automatically lead to a change in behaviour and the uptake of physical activity.</p>
225	Centre for Transport and Society, UWE, Bristol	4	<p>"physically active", accompanied by a plan to reduce car journeys to work by reducing and charging the real cost for parking.</p>
226	Centre for Transport and Society, UWE, Bristol	4	<p>Outcomes. Add outcomes about reducing work-based parking, removing hidden subsidies for car drivers by charging the real value of parking spaces to the business to workers that use them.</p>
227	Cycle to Work Alliance	4	<p>24. In order to fulfil government's active travel and increased physical activity ambitions, this Quality Statement should prioritise cycle schemes, in particular the Cycle to Work Scheme, as the main way in which employers can encourage employees to be more physically active.</p> <p>25. Information on promoting active travel should also prioritise the Cycle to Work Scheme for the reasons outlined above</p> <p>26. More broadly, it is essential there is greater cross-departmental discussion between DfT, HMT, HMRC and DHSC to ensure this Quality Statement is properly implemented. Making sure the Cycle to Work Scheme is at the heart of these discussions will be the quickest way to realising this Quality Statement's success.</p>

228	Cycle to Work Alliance	4	<ol style="list-style-type: none"> 1. The Cycle to Work Alliance, a coalition of the four largest providers of the Cycle to Work Scheme (Cycle Scheme, Cycle Solutions, Evans Cycles and Halfords), represents around 80 per cent of the market. Established in 2007, the Alliance has worked closely with government to maximise and promote the Scheme’s public health benefits. 2. The Cycle to Work Scheme is a tax-exempt, salary sacrifice employee benefit through which employers can encourage their employees to take up cycling. 3. To date, it is estimated the Scheme has encouraged over 600,000 commuters to cycle to work by bicycle, involving over 40,000 employers. In 2016, it was exempted from wider reforms to salary sacrifice schemes, alongside the pensions scheme and childcare vouchers, as the government recognised the benefit of retaining the scheme. 4. The Cycle to Work Alliance fully supports Quality Statement 4 and what it subsequently means for employers and HR professionals in encouraging greater physical activity amongst employees and, in turn, improving their overall health and wellbeing and the productivity of their businesses. 5. The workplace is becoming an increasingly essential part of improving the health and wellbeing of the population. As set out in the Department of Health and Social Care’s Prevention is Better than Cure Green Paper in 2018, businesses have an important role to play in improving the nation’s health. While any physical activity that can take place throughout the working day has its benefits, active travel, and in particular cycling to work, has other unique impacts and benefits for employers and individuals, including to health, transport systems and the environment. 6. The Cycle to Work Alliance welcomes the focus on improving active travel within Quality Statement 4 and in particular the explicit mention of the Cycle to Work Scheme as a preferred method of increasing physical activity.
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229	Cycle to Work Alliance	4	<p>7. The Cycle to Work Scheme should be viewed as central to realising the ambitions of Quality Statement 4 and supporting employees to be more active. The Office of Tax Simplification’s recent review of the Scheme concluded that: “the (tax) relief continues to achieve the rationale; a recent survey found that 76 per cent of users would not have purchased a bike without a cycle to work scheme and 87 per cent of participants had noticed improvements in their health since joining the scheme.”</p> <p>8. The wider health benefits of the Scheme are also significant. For example, University of Glasgow research has shown that active travel, specifically cycling, reduces the incidence of cancer by 45 per cent and heart disease by 46 per cent. Walking was also shown to lower cardiovascular disease but had no impact on cancer. The research also showed that cycling to work reduced the overall risk of premature death by 41 per cent.</p> <p>9. Similarly, a University of Denmark report showed the risk of developing type 2 diabetes was cut by 20 per cent for those that began cycling when middle-aged compared to those that did not. The Alliance’s own survey results showed the average age of scheme participants was 42, with 25 per cent of Scheme users being over 50. This suggests the Cycle to Work Scheme directly reduces the occurrence of type 2 diabetes.</p> <p>10. The Cycle to Work Scheme also has several key points of difference compared to other physical activity programmes or incentive schemes, such as discounted gym memberships or access to a swimming pool, in that it encourages active travel. This is often easier for employers and employees to embed into the working day in that it does not require any additional flexibility on the part of the employer, while also giving employees a significant health and productivity boost to and from work.</p> <p>11. The Scheme is also unique in that it cuts across the government’s main policy agendas. Whether it’s helping to reduce emissions or congestion as part of the Department for Transport’s Road to Zero Strategy, helping to ensure a healthier, happier and more productive workforce as part of the Industrial Strategy, or boosting the vitality of town centres as part of the government’s high street plans, the Cycle to Work Scheme acts as a key catalyst for achieving these departmental objectives quickly and effectively.</p> <p>12. As well as the clear health and wellbeing benefits of physical activity programmes, the economic savings to the Treasury and the NHS are equally significant. For example, the Cycle to Work Scheme alone generates at least £72m a year in economic benefits for the UK economy and employers through improved physical fitness and associated health benefits.</p> <p>13. Evidence also suggests savings for the NHS through participation in the Scheme could be as much as £17 billion over a 20-year period. The largest cost savings would come through reductions in the expected number of cases of type 2 diabetes, with the annual cost to NHS from this type of diabetes being £9 billion.</p>
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230	Cycle to Work Alliance	4	<p>14. Point A/B - we believe that requiring workplaces to provide evidence of a physical activity programme, thus encouraging employees to be more physically active, is critical. Accountability and measurement is crucial in ensuring that value of workplace schemes, such as the Cycle to Work Scheme, are evidenced and therefore taken up by as many employers as possible. Companies who collect evidence on the Scheme's impact have found that staff happiness and productivity is increased as a result of the Scheme and therefore encouraging companies to take a measurement of the impact is a positive step.</p> <p>15. Point C - the responsibility on the employer to encourage physical activity amongst its employees is welcome, but it is essential central government provides the necessary information and incentives to local authorities that allow them to encourage businesses to adopt the Scheme in a way that is quick and easy to do. Evidence that workplaces coordinate with local businesses to improve and promote accessible walking and cycling routes is a necessary step forward. There should also be a focus on local authorities working with employers too, embedding cycling into local care pathways as a key way to improve physical activity.</p> <p>16. Point D – we agree employees should receive enough information about their cycling and walking options whilst at work. However, this should extend beyond just routes and safety information, to include the Cycle to Work Scheme specifically as the main way to increase physical activity.</p>
231	Cycle to Work Alliance	4	<p>17. Outcomes are an important part of measuring the nation's physical activity. We have proved through our own Scheme user survey that the Cycle to Work Scheme has had very positive outcomes for employees' physical activity, and in turn the happiness and productivity of staff.</p> <p>18. Our data shows the Scheme has a positive impact on promoting active travel, increasing travel by bike, and improving workplace health and wellbeing. Our data also found the Scheme to be equally popular amongst non-cyclists and novice-cyclists, as it was amongst cycling enthusiasts. 64 per cent of scheme users described themselves as non, novice or occasional cyclists. Further, 67 per cent of scheme users also claimed to be cycling more since participating in the Scheme, with 70 per cent noting they had reduced the number of journeys by car.</p> <p>19. We therefore welcome Points A, B, and C as ways to measure employees' physical activity outcomes.</p>

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232	Cycle to Work Alliance	4	<p>20. The Cycle to Work Scheme has proven popular across the UK as a whole. While the scheme is popular in London and the South East, accounting for 14.8 per cent and 15.2 per cent of scheme users respectively, there are also high rates of participation in the South West (10.4 per cent) and the North West (11.7 per cent).</p> <p>21. With travel costs rising across the UK, the Cycle to Work Scheme offers employees a cost-effective mode of transport, where they can spread the cost of purchasing a bicycle and save money on travel. This helps to promote cycling to work to a more diverse range of audiences.</p> <p>22. The affordability of the Scheme is a significant reason as to why employees join the scheme. 60 per cent of Scheme users join in order to spread the cost of purchasing a bike, and 44 per cent are attracted to the Scheme because of the savings it offers.</p> <p>23. On average, Scheme users save £776 per year on their commute. Spread across the 500,000 people who participate in the Scheme this totals cost savings of nearly £400 million for commuters per year.</p>
233	Department for Transport	4	<p>Would suggest adding – opportunities to undertake Bikeability training and employer support for cycle to work schemes to enable employees to access cycles</p>
234	Greater Sport	4	<p>Workplaces</p> <p>Add: Consider incentives for active travel as part of employee benefits package and develop a flexible working policy that supports active travel to work (and for those with children to enable active travel to school). Also consider use of standing desks, walking meetings as part of working day.</p>
235	Greater Sport	4	<p>Making Health and Wellbeing an Organisational Priority:</p> <p>Making active workplaces the norm across Greater Manchester by engaging with employers offering exemplar leadership in active workplaces.</p> <p>Occupational health professionals, human resource professionals and workplace health promoters</p> <p>Signpost to local provision, such as parkrun, walking groups or local greenspaces. Ensure staff aware of cycle to work schemes or other workplace physical activity packages.</p> <p>Employees: Develop Workplace champions to support and create a culture where it is normal to be active as part of the working day.</p>
236	Herts Sports Partnership, University of Hertfordshire	4	<p>We recommend including a recommendation to have physical activity champions at a senior level within workplaces. From our experience running workplace health programmes, they are more effective if there is buy-in at senior management level.</p>

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237	Kent County Council Highways, Transport Innovations team	4	<p>This will require a local authority resource to go out and engage with businesses (which can be very difficult without an incentive). Will also require management by the LA to monitor outcomes etc.</p> <p>Ultimately, based on the public consultation from the Kent Active Travel Strategy and general feedback, the most effective way to encourage more activity is to make it feel safer. This means that, while encouraging physical activity programmes will benefit activity levels, the resource required would perhaps be better spent on infrastructure.</p> <p>Maybe something about capital and revenue grants for LAs to apply for to install active travel infrastructure and run campaigns such as adult bike training, or walking health groups.</p>
238	Kirklees Council	4	<p>Agree. This statement is cross cutting with other guidance and policies. Workplace PA is not always a priority or possible in smaller businesses. PA interventions need to include a range of activities in addition to walking and cycling and encourage sport.</p> <p>For example, some work places offer gyms/fitness corporate discounts for staff, and take part in work place challenges or sports events/charity fundraisers/team sports. Kirklees Everybody Active Board is a partnership approach wider than the LA to increase PA across the district and has prioritised workplaces. The Kirklees Strategic Walking and Cycling Framework has prioritise workplace as setting to increase PA via active travel opportunities. Staff travel surveys inform activities and appropriate interventions.</p>

239	Leeds City Council	4	<p>There are a number of ‘mechanisms to support employees’. However, the text does not refer to Workplace Travel Plans as part of this support. Travel Plans should be referenced here as they are key to promoting active travel in Leeds, and are part of the revised National Planning Policy Framework 2018</p> <p>Workplaces are highly influential, but the outcomes focus specifically on active travel, even though the measures refer to workplace wellbeing programmes etc. A reference to the physical environment (encouraging people to use stairs when possible, encouraging standing or walking meetings, fitting adjustable sit-to-stand desks, providing a space for recreational physical activity during lunchtimes) and to the procedural environment (encouraging active breaks, supporting staff to provide physical activity sessions or set up walking groups on site) would be a useful addition.</p> <p>The standard being reviewed would reflect the types of considerations Leeds City Council has already made, or is considering, to increase physical activity within the workplace and support our Employee Health and Wellbeing strategy. The standard reflects considerations from an inclusion perspective, which is important with any policy or programme that would be implemented.</p> <p>This is challenging to achieve in overview as it’s not clear who would be responsible for overseeing or monitoring the collection of data for workplaces as a collective – for what given area? Is this a local authority responsibility? This is definitely not in place for workplaces as a collective, as far as I am aware.</p> <p>For some aspects, it would appear relatively straightforward for each organisation to collect data, for example in relation to a physical activity programme, you would expect to source the appropriate policy, or find within the organisations Employee Health and wellbeing strategy.</p> <p>Other areas would need to have more in place to ensure the standard could be evidenced - for example, employers evidencing they monitor their physical activity of employees and/or received tailored information. Leeds City Council does not currently have a workplace health survey, or keep a record of all documentation employees receive throughout their employment. Substantial information is held on our internal website for example, which is fully accessible to most staff and we use this to monitor what information has been accessed, but not by who. We also have a significant number of employees that are not accessing information digitally, so would need to put measures in place if it was required to evidence that employees had received information, other than just had access to it.</p> <p>In Leeds City Council The size, complexity and diversity of the organisation provides site-specific challenges which preclude a meaningful blanket response. We are currently undertaking a baselining exercise of corporate policy and practice for a workshop with other large employing organisations in the city who are also doing the same. We have formed a network to look at collaborating in this and other areas and it is called The Anchors Programme. Desired outcomes, measures and opportunities will be agreed once baseline information is assembled. The aim is to ensure that outcomes are compatible with the PHE guidance to be released spring 2019.</p>
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240	Living Streets	4	b) Percentage of adults cycling for travel at least three days per week. Data source: National data on adult sport and physical activity is available from Sport England's Active Lives Survey and Public Health England's Physical Activity tool.c) Percentage of adults walking for travel at least three days per week.Data source: National data on adult sport and physical activity is available from Sport England's Active Lives Survey and Public Health England's Physical Activity tool. Local authority-level data is available from both these sources and should be used. Workplace staff travel survey data should also be used.
241	Living Streets	4	Local data collection, for example, a review of the organisation's planning application forms in terms of accessible walking and cycling routes and accessible links to other sites. Include examples of street infrastructure requests made to local authorities
242	Living Streets	4	This quality standard should include, and refer throughout, not just to physical activity programmes, but also : <ul style="list-style-type: none"> • Policies, such as more flexible working hours that allow employees to fit active travel around school drop-offs and bus timetables, or car parking restraints; • Facilities, such as free umbrellas, space to dry wet clothes.
243	Living Streets	4	Other potential benefits include greater staff satisfaction and loyalty.
244	Living Streets	4	Data source: National data on workplace modes is available from Department for Transport's National Travel Survey. Include workplace staff travel surveys.
245	Living Streets	4	Data source: Local data collection, for example, workplace health staff surveys. Include workplace staff travel surveys.
246	London Cycling Campaign	4	While we agree with this statement, NICE research suggests that workplaces can also play an active role in facilitating active travel to and from work. Where companies are building new premises in particular, as for example in the QE Olympic Park, they should be ensuring that travel to and from their building by cycle is safe and pleasant and they must interact with local authorities, and provide S106 funding if required, to improve cycling walking conditions and thereby ensure the health of their staff through active travel. Provision of convenient cycle storage space at workplaces is required in new developments by some authorities (e.g. London) but retro-fitting to existing buildings is also necessary. The statement should make reference to active travel provision as well as physical activity programmes
247	NHS England	4	These standards all have equality & diversity considerations within them detailing that the needs of people with additional barriers/needs must be met. The quality standard does not include detail of how this will be implemented/monitored or what a suitable data source would be used to provide this information. These are the people who are most likely to have the lowest levels of physical activity, face the greatest barriers to becoming more active and have the most to gain. This will help to make sure that any action taken by organisations does not lead to getting active people more active and is actually targeted to where need is greatest. Greater detail in these sections will enable clarification for organisations of the process for implementing/assuring this. The Office of the Chief Allied Health Professions Officer recognises the importance and welcomes the encouragement of organisations to focus on people with equality and diversity considerations.
248	NHS England	4	Physical Activity programme. Term could be open to misinterpretation, greater clarification regarding the expectation to increase physical activity in workplaces would be beneficial.

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249	NHS England	4	This all makes sense as a plan to increase physical activity, although there is a wider question as to how this can be done eg involvement of local large employers (can they be involved in non-workplace based schemes?), central govt etc. Pleased to see third sector are included in the standards, as well as PHE and transport planners. (GW) Primary Care professionals and specifically social prescribers may have a role to play in encouraging activity. (GW)
250	NHS England	4	Increasing the activity during work is important, although how this can be measured and encouraged/incentivised is unclear. As above, it would be useful to consider how employers can reach out and contribute to activity outside work (eg sports) (GW)
251	North Tyneside Council	4	No comment
252	Plymouth Cycling Campaign	4	Workplaces to consider providing secure undercover cycle parking and changing facilities with showers
253	Ramblers	4	Fitting walking into people’s daily routine can provide a low-cost way to increase individual activity levels and break up sedentary periods. We therefore support this quality standard. Programmes to increase activity can also help bring employees together and facilitate relationship building which can bring other benefits to workplaces such as a collaborative environment.
254	Richmond Group of Charities	4	Encouraging employers to invest in workplace physical activity programmes is a positive quality standard. <ul style="list-style-type: none"> • The specific suggestions within the statement are helpful examples for workplaces to consider. This could also include a reference to statement one and recommend senior management physical activity champions. Workplace champions could be responsible for ensuring PA is prioritised within employee wellbeing plans and help set positive examples such as taking lunchtime walks, conducting walking meetings, instigating breaks throughout the day to encourage people to break up their time spent sitting. This role is achievable, whether it’s a large business with thousands of employees or an SME with 10 but the support for workplaces needs to be tailored and relevant and also take into consideration the needs of home workers. • We recommend that it’s beneficial to include employees in planning for increasing activity. As well as factoring people that the statement suggests (disabled people and who work shifts or in manual jobs), other employees who may have significant barriers should be proactively engaged, such as staff with health conditions, on lower incomes, with families or caring responsibilities or who travel long distances to work. (reference statement four in NICE Quality Standard 147: Healthy workplaces: improving employee mental and physical health and wellbeing). • As well as considering providing physical activity programmes or incentive schemes, workplaces could create inter-departmental/campus competitions using apps and digital tools to gather and compare data, very much like the ceased CSPN Workplace challenge. • Regarding the suggestions of workplaces using various professionals to help support employees, this could be extended to recommending human resources and other colleagues undertaking training to provide very basic advice and coaching to help employees set realistic goals and weather setbacks. • We’d recommend that all cycle to work schemes should include adapted bikes within their criteria to ensure inclusivity.

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255	Royal College of Physicians (RCP)	4	Our experts believe that 'Moving Medicine' http://movingmedicine.ac.uk would be an ideal tool to incorporate to this particular strategy.
256	South Gloucestershire Council	4	That may be the case in statutory orgs but not in many the VCSE sector.
257	Sport England	4	Supportive of the introduction of this quality standard. We are supportive of the introduction of this quality standard. Effective workplace health promotion programs can improve lifestyle and consequently improve health, work ability, and work productivity benefitting both the individual and the employer. We therefore suggest that in the rationale section, it might be valuable to draw on both employer and employee benefits.
258	Transport for Greater Manchester	4	We think the role of travel plans in encouraging and promoting the use of active transport for employees and visitors should also be noted in this statement. Active travel provides a way to integrate physical activity into daily routine (making people more likely to engage in it in the long term) and addresses the perceived barrier of not having enough time for physical activity. With this in mind, it might be helpful to change the words to something like "Workplaces have a physical activity programme to encourage employees to move more and be more physically active, including the promotion and support of active transport through a travel plan and supporting measures."
259	Versus Arthritis	4	Physical activity programmes within workplaces. We welcome this as an area for quality improvement. In the UK, almost three-quarters of working age adults are in work and spend on average a third of the waking hours in the workplace. This means that, as well as ensuring workplaces are inclusive of people with existing health conditions and disabilities, workplaces are one of the most important settings for actively promoting well-being and health, including musculoskeletal health. Employers therefore have a key role in promoting and assessing how physical activity is supported as part of the working day. Physical activity programmes at work have also been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days. In supporting employees to be physically active, it is essential that employers first engage employees to ensure that strategies and interventions are based on their needs and preferences. Employers should assess how physical activity is supported throughout the working day as well as during travel within, to and from work (e.g. audio equipment offered to facilitate walking meetings). Growing evidence indicates that avoiding sedentary behaviour (such as sitting for prolonged periods) is important for health improvement, so creating opportunities for frequent movement (sit-stand desks, standing meetings, stretching areas) is vital. (see case study below).

260	Versus Arthritis	4	<p>Case study for statement 4: Physical activity programmes within workplaces</p> <p>NB: A variant of this case study was included in 'Promising practices for health and wellbeing at work'. A similar case study is included on the GOV.UK website. Versus Arthritis: promoting musculoskeletal health and well-being at work. Versus Arthritis is committed to supporting health and wellbeing of all its employees. In particular, it is working to develop and promote good practice in supporting musculoskeletal health at work. The charity is developing both its working practices and physical work spaces so that they support overall health and wellbeing, with an emphasis on promoting musculoskeletal health and supporting people with existing musculoskeletal conditions. This includes promoting movement within work places as well as active travel to and from them.</p> <ul style="list-style-type: none"> • Flex ways of working: Musculoskeletal conditions often have fluctuating symptoms and can limit people’s mobility. An approach to flexible working has been developed to enable people to work at times and locations that suit them best. Central to this is the development of a culture, including manager training, which supports health and wellbeing through flexibility and inclusion. Flex working includes the choice of varied working locations and the introduction of core hours to enable people to work and travel at times that meet their needs as well as the needs of the Charity. Technology is essential to support flex working, with the introduction of IT and communications systems and equipment that facilitate remote working and collaboration across multiple sites. • Working spaces: The design of physical workspaces is essential in promoting musculoskeletal health. Office space has been ergonomically designed to be accessible and inclusive to people with musculoskeletal and other physical and mental health conditions and to promote movement. A variety of spaces and a range of furniture meet needs and support musculoskeletal health. Dedicated wellness and wellbeing spaces encourage activity and support both physical and mental health. • Promoting positive behaviours: A range of policies, procedures and communications are used to raise awareness of musculoskeletal health and wider well being in the workplace and to promote positive behaviours, including: <ul style="list-style-type: none"> o ‘My healthspan’, an offer of a personalised health assessment and coaching programme for employees with a significant component; o Promotion of movement in office spaces, standing meetings, presentations and active travel, stretching sessions in many training events; o Health promotion posters, with a focus on prevention of musculoskeletal conditions and long-term investment in later life health; o Benefits that promote physical activity including the cycle to work scheme and discounted gym membership. • Involving employees: An essential aspect of the charity’s approach is to involve employees in the development and design of work practices and to use their feedback to refine them. A fifth of staff contributed through the stakeholder group, with wider engagement through surveys, focus groups and individual discussions. Versus Arthritis is continuing to use feedback from employees to refine its approach.
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<p>261</p>	<p>West Midlands Combined Authority (Transport for West Midlands) including comments from local authorities</p>	<p>4</p>	<p>Quality statement 4: Workplaces</p> <p>Question 1</p> <p>Working with employers to incentivise active travel & physical activity amongst employees is an important priority for our organisation. This is reflective in the WMCA’s Thrive at Work Wellbeing Commitment, which has been adopted by over 200 employers and just under 100,000 employees, setting the progressive commitment to improving wellbeing. This includes a Government SME financial trial to encourage behaviour and system change in over 100 small medium enterprises. When employment locations are hard to access by sustainable transport modes – effort should be made to improve connectivity to these sites – to make this quality statement more deliverable for employers.</p> <p>In principal, this quality statement is supported by Public Health. There are a variety of frameworks for improving workplace health (e.g. Workplace Wellbeing Charter, Thrive at Work) however a more consistent/ national framework may be more helpful. PHE are currently developing guidance for developing local programmes and this may help with tailoring support to local need.</p> <p>This can only work in conjunction with delivery of quality statement 2 (travel routes).</p> <p>Question 2</p> <p>Thrive at Work is providing the WMCA with a wealth of data on policy and practice and how employers are striving to improve physical, mental and musculoskeletal health and wellbeing, including barriers to improving their offer to employees. This has now been adopted by many of our local authorities, NHS partners and schools as well as private sector partners leading to a change in practice and encouraging active lifestyles.</p> <p>Currently there is a limited resource within Walsall to support this but for it to be achieved on a larger scale would require additional investment.</p> <p>Question 3</p> <p>This quality statement would require buy in from local employers who will likely only invest (e.g. .cost of bike storage, development and monitoring of travel plans) if they can see the benefit. Support is required to change this mind set, particularly for small and medium sized businesses.</p> <p>Question 4</p> <p>TfWM has a ‘Workwise offer’ for jobseekers. Jobseekers are entitles to 3 months 50% discount on a range of travel tickets for those previously unemployed who start a new job – an active incentive in encouraging joint sustainable and travel journeys to the workplace.</p> <p>TfWM is delivering the Nextbike Bikeshare scheme, and this will be a key opportunity to encourage active journeys by bike in the West Midlands. 5,000 bikes will be available for hire in cities and towns across the region.</p>
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262	Wheels for Wellbeing	4	Employers must also take into account - and provide for - the needs of disabled cyclists, which includes but is not limited to: - ensuring lifts, changing rooms and other work-based facilities are fully accessible and step-free - supporting those employees who wish to make use of a Cycle to Work scheme but require a more expensive, non-standard cycle that may exceed the £1,000 loan limit - providing inclusive and accessible cycle parking and storage facilities that can cater for the dimensions of non-standard cycles
263	Wheels for Wellbeing	4	We strongly welcome this proposal, which should have a particular emphasis on disabled employees who are more likely to be physically inactive
264	Cycling Scotland	4	Travelling actively to work is an effective way to increase levels of physical activity and improve health and wellbeing. Evidence shows that people who cycle for commuting have a much lower risk of cancer (45% lower), heart disease (46% lower), and all-cause mortality (41% lower) compared to all other modes of travel, including walking. This was found independently of age, gender, and socioeconomic status. People who commute in an active way have a significantly lower BMI than their counterparts who use public transport. There is also a positive mental health impact. People who commute actively have been shown to have higher levels of satisfaction, lower stress, are more relaxed, and have a heightened sense of freedom compared to people who commute by car. Travelling to a workplace is something that most people do on a daily or near daily basis, and so getting people to commute actively can have a profound impact on health and wellbeing outcomes. Cycling Scotland operates the Cycle Friendly Employer Scheme which offers grants of capital funding to workplaces to help them become more cycle friendly and to promote cycling to their employers/workforce. A key part of this is providing facilities to enable employees to travel actively to work and useful facilities for them to access once they have arrived.
265	Cycling Scotland	4	Outcomes a) - c) These outcomes are welcome and would help deliver data on workplace contribution to levels of participation in physical activity. In Scotland, this detail is captured through the Scottish Household Survey.
266	Energise Me	4	There are other actions a workplace can take to increase physical activity e.g. nudges like take the stairs, not the lift. Workplaces are important places to help with behaviour change and needs to take a more holistic view of activity. Perhaps this statement needs to be similar to statement 1, workplaces to have physical activity champions to bring about policy change e.g. flexible working to allow for physical activity, nudges, equipment to facilitate activity as well as a programme of activity and events.
267	Active Partners Trust (CSP)	5	We like the ambition but question whether the statement could be more ambitious and go beyond active travel? It feels quite narrow in focus given the potential to engage young people in activity whilst in school and early years settings. Active travel, whilst well intentioned, is not an option for all children and young people for a variety of reasons. Could it be part of a holistic plan/approach/culture to embed physical activity throughout the school day? We were not clear who would be evaluating and collating measurement for the impact of the plans overall and checking the alignment with other plans – is it realistic for LA's?

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268	Centre for Transport and Society, UWE, Bristol	5	"active travel... and take affirmative action to deter journeys by private car." In many schools in the UK the majority of students arrive using active travel, however many schools enable the minority who drive to intimidate or inconvenience this majority. Such behaviour should be eradicated by introducing measures such as closing roads in front of schools to motorised traffic at the beginning and end of school days, banning all car movements in and out of schools for 30 minutes around these periods and not providing parking places for 6th form students.
269	Centre for Transport and Society, UWE, Bristol	5	Active travel to and from schools. Active travel to and from schools. The on-going development of safe, convenient walking and cycling routes to school should also feature and be a key component of all LCWIPs. Given that most LAs consider two mile walking distance for under 8s and 3 miles for over 8s (eg https://www.bristol.gov.uk/schools-learning-early-years/school-travel) routes within these radii should be prioritised.
270	Children's Play Advisory Service Ltd	5	<p>Too much emphasis is placed on the school journeys. Whilst they are important they only account for 2 journeys per day on only just over half the days in the year. The emphasis needs to be on children's independent mobility. This will only be achieved if pedestrians are given priority on residential side roads. If the journey to school is only made with an accompanying parent then this will indicate that children are still not free to play out in the street as an every-day activity. Travel plans that do not recognise the importance of independent mobility infer that the parents are at fault and blame them for not walking with their children to school.</p> <p>It should be remembered that up until the 1960s /1970s the vast majority of 5 year old children walked to school unaccompanied. A parent would have taken them for the first few days but this supervision would have stopped quite quickly. It is therefore a reasonable assumption that if 5 year old children were allowed to walk to school unaccompanied then they would equally have been allowed to play out in the street by their homes, undertake small errands to shops and similar short journeys. As part of my research I have stood outside primary schools and watched the children coming out. They are virtually all accompanied by parents.</p> <p>There is another implication of this now necessary supervision and that is that opening school playgrounds/fields for children's play will only have a limited effect. If parents don't allow the children to go to school on their own they won't allow them to go to the school playground on their own either in the evenings, on weekends and during the holidays.</p> <p>If school playgrounds are to be used they will need to fulfil the criteria mentioned in "Public Open Spaces" above. The catchment for children freely coming and going is generally much smaller than people realise.</p>
271	Department for Transport	5	Make reference to cycle training for children through Bikeability – this is the national training scheme supported by the DfT
272	Greater Sport	5	Should add role of schools and early year's settings in meeting CMO guidance and national obesity policy of 30 moderate intensity minutes activity per day as part of the school day and the incorporation into OFSTED inspections.

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273	Greater Sport	5	<p>Add:</p> <p>Working with parents and local residents, pilot approaches to restrict parking near school</p> <p>Working with parents and pupils understand attitudes, motivations and behaviours around active travel to school and develop solutions that have parental support.</p>
274	Greater Sport	5	<p>Add:</p> <p>Working with parents and local residents, pilot approaches to restrict parking near school – utilising clean air day initiatives. Best practice example: Russell Scott Primary in Tameside.</p> <p>Working with parents and pupils understand attitudes, motivations and behaviours around active travel to school and develop solutions that have parental support.</p>
275	Greater Sport	5	<p>High schools: work with young people to address local issues for walking to school i.e. anti-social behaviour, street lighting, Look at opportunities to refresh uniform policy to address shoes to improve ability to walk to/from school</p>
276	Kent County Council Highways, Transport Innovations team	5	<p>Schools need incentives to do this as it is just not a priority with funding and resource pressures. Previously, KCC have offered the opportunity to bid for capital and revenue grant funding however this is becoming increasingly difficult to get allocated as funding pressures grow. It also requires a Travel Plan Monitoring system to make it as easy as possible for schools (cost of around £10k per year), and a dedicated resource to assist them.</p> <p>While travel plans can be a good tool to encourage assessment of the way that children are travelling to school, parents are ultimately the ones responsible for how children travel and will not want their children to travel in a way that feels unsafe. A school travel plan does not affect the quality of the pedestrian / cycle routes that lead to schools so focusing on infrastructure would likely be a better use of resources.</p>
277	Kirklees Council	5	<p>Agree. However, physical activity needs to be considered wider than active travel and again look at ways to increase sport and active play. Resources and capacity will be required develop, implement and monitor travel plans. Need dedicated officers to ensure the insight is translated into measures and delivered. Annual updates are excessive and will impact on other pressing priorities. Three to five reviews would be more realistic for both capacity and impact. Kirklees Council is drafting a Sustainable Travel To School Strategy which is being about in the context of wider benefits than PA. Such as air quality, road safety, planning and transport development. Kirklees also signed up to Modeshift STARS to support active travel which contributes to PA.</p>

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278	Leeds City Council	5	<p>This is a valuable statement. However, there is no reference to promoting activity within the setting. This could be covered by another NICE quality standard but I couldn't see a reference to this in the draft. If no such quality standard exists, should this be an opportunity to include guidance about promoting active learning, maintaining PE, promoting active break times etc? Is there the potential opportunity to look at widening the quality standard to "creating an "active school and early years setting" which includes physical activity, physical education, moving more in the day and also updated travel plans? Measures then could widen to include Active Lives, wider well-being and happiness and local data such as the healthy school data that Children's Services in Leeds collates.</p> <p>If the statement was widened to 'create active schools and early years environments', measures could widen to include Active Lives, wider well-being and happiness and local data such as the healthy school data that Children's Services in Leeds collates.</p>
279	Living Streets	5	Percentage of children's active travel to and from schools and early years settings. Suggest that the Outcome measure is rephrased: Percentage of children's journeys to and from schools and EY settings that are made actively.
280	Living Streets	5	Not all schools have a travel plan. The statement should reflect that by requiring schools to "prepare, monitor and update travel plans..."
281	Living Streets	5	a) Evidence that schools and early years settings have travel plans that include performance targets to increase active travel. Ensure that travel plans include not only performance targets but also interventions to achieve them.
282	Living Streets	5	Local authorities may also need to provide schools with support to prepare travel plans.
283	Living Streets	5	<p>For schools and EY settings:</p> <p>Interventions such as Living Streets' WOW – the year-round walk to school challenge, Healthy Schools, Modeshift STARS / TfL STARS, Eco Schools and the Daily Mile create networks of schools working to improve active travel. Some provide centralised support for creating School Travel Plans and conducting active travel activities. These initiatives also provide a way for schools to track their progress on improving active travel to school. Living Streets' research with headteachers suggests that signing up to best practice and accreditation schemes is a good way to mobilise the whole school community towards embedding the walk to school within the school's culture.</p>
284	London Cycling Campaign	5	<p>While we support this statement as one element of schools' policy it is far too limited in the light of the impending problems with child inactivity and ill health. Driving children to school contributes to congestion, pollution and ill health from inactivity. A significant increase in active travel to school is required to achieve active travel. Comparing UK, where 2% of trips to school are by bike, with the Netherlands, where half of trips to school are by bike, is telling.</p> <p>The statement needs to be modified to direct schools to work with local authorities to provide safe access to school premises on foot and by bike in order to significantly boost levels of active travel. A determination to achieve this has led schools in Hackney, Camden and Southwark to create 'school streets' where motor traffic is restricted at school opening and closing times. Only if safe access to schools is provided can measures such as travel plans and behaviour change schemes deliver more active travel. We note that the both schools and local authorities need to recognise that, in the short term, until comprehensive cycle networks are established, the only way to reduce road danger is to restrict motor traffic.</p>

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285	NHS England	5	<p>These standards all have equality & diversity considerations within them detailing that the needs of people with additional barriers/needs must be met. The quality standard does not include detail of how this will be implemented/monitored or what a suitable data source would be used to provide this information.</p> <p>These are the people who are most likely to have the lowest levels of physical activity, face the greatest barriers to becoming more active and have the most to gain. This will help to make sure that any action taken by organisations does not lead to getting active people more active and is actually targeted to where need is greatest.</p> <p>Greater detail in these sections will enable clarification for organisations of the process for implementing/assuring this. The Office of the Chief Allied Health Professions Officer recognises the importance and welcomes the encouragement of organisations to focus on people with equality and diversity considerations.</p>
286	NHS England	5	<p>Again, it makes sense to increase healthier behaviours in transport for school. Reasons for reduction in children cycling/walking to school are multifactorial and need wider education. From experience with our children, there appears to be a reduction in availability of PE due to the options system, such that children do not continue to have a regular physical activity session at school and potentially have no structured exercise during the school week. This all contributes to the physical activity in children, which will no doubt help form healthy habits for their ongoing lives. (GW)</p>
287	North Tyneside Council	5	No comment
288	Plymouth Cycling Campaign	5	This should include providing secure undercover cycle parking
289	Ramblers	5	<p>Childhood obesity and inactivity is a key health issue and we support measures to tackle this. Schools promoting active travel can help embed a culture of active travel within whole families. Furthermore, schools and early years providers can have a unique knowledge of their local area and needs of communities which active travel plans can be adapted with to ensure they meet local needs.</p>

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290	Richmond Group of Charities	5	<p>Schools and early years settings monitoring and updating active travel plans annually to increase active travel is a positive quality improvement.</p> <ul style="list-style-type: none"> • We believe that all schools, colleges and early years settings should have active travel plans and generally make physical activity a part of the school day. The suggestions in the statement about how to achieve this, such as the Daily Mile, are helpful and could also include ideas such as Forest Schools, which would make a tangible link with statement three relating to access to open spaces. Whilst NICE guidance PH17: physical activity for children and young people suggests not making national curriculum recommendations, at a time when Ofsted is developing a new framework for education, we believe it would be a missed opportunity not to strive to embed physical activity and active travel into part of the personal development, behaviour and welfare judgement and support a cultural shift for education providers. To this end, stronger promotion by local authorities and the Department for Education would also be of benefit. • The statement suggests children should be encouraged to grow independent through active travel but to reiterate the points made regarding quality statement two, this statement also does not adequately address the need for improved urban and rural travel routes that are off-road and that would reduce some safety concerns for parents and schools. This is a significant barrier for schools and parents. • The statement would benefit from making further recommendations about how schools can open up their physical activity assets to the community and encourage family activities.
291	Royal College of Physicians (RCP)	5	<p>Our experts' note that this is more about the commute, but again 'Moving medicine' could play a role in assisting the Activity in Young people guidelines.</p>
292	Sport England	5	<p>We are supportive of the introduction of this quality standard. The recent Sport England commissioned review by Sustrans (above) found there is overwhelmingly positive evidence of the impact of active travel interventions in school settings and that walking to and from school makes a meaningful contribution to individual school day MVPA. As well as their immediate benefits, school based active travel interventions also have the potential to develop active travel habits that may be continued into adult life.</p> <p>We would recommend that the standard also acknowledge the physical activity benefit to accompanying adults. This often gets overlooked, but certainly up to the age of 9/10 most children will be accompanied, which represents daily routine physical activity for the adults too. It also promotes the idea of being active together / as a family.</p>

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293	ThriveFit	5	<p>We believe that increasing active travel for children is a great initiative but would like to give some consideration to ensuring that this is not their only form of exercise and of course that this is only promoted where it is safe to do so.</p> <p>Through the programmes we provide we have personally witnessed the benefits that additional physical exercise can provide children in areas of economic need. Not just at a physical level but also at a mental well-being, bringing them confidence and the ability to escape their worries in a healthy way.</p> <p>Additional consideration should be made in the quality standard around safety getting to and from after school activities also. Not all children and young people thrive in a school setting so we would suggest that something regarding activity in the community ensuring they strive to lead active lives outside of the school setting would be a way of ensuring these individuals are not left out.</p>
294	Transport for Greater Manchester	5	<p>We think this could also say something about providing the tools and resources to encourage and enable active travel, e.g. lessons, school streets, school street audits, incentives.</p> <p>With this in mind, it might be helpful to change the words to something like “Schools and early years settings monitor and update travel plans annually to increase active travel and provide the tools and resources to encourage and enable active travel.”</p>
295	University of Bath	5	<p>There is an emphasis on active travel to school. Whilst this is an important aspect, there are situations that should be considered</p> <ul style="list-style-type: none"> - Those living in rural environments be required to travel more than the average 1.6 miles to a primary school. - One of the barriers against cycling is road safety. Recommendations are for cycle lanes to be a minimum width of 2m (http://www.sustrans.org.uk/sites/default/files/images/files/Route-Design-Resources/Sustrans_handbook_for_cycle-friendly_design_11_04_14.pdf). However, many in the UK, particularly in urban environments are only 1.2M wide. <p>Further recommendations for increasing physical activity in school aged children and young people could include:</p> <ul style="list-style-type: none"> - Encouraging and supporting schools to use of playground markings, to encourage active play. Further extending the markings to other outdoor spaces where children and young people play, outside of the school environment.. - Including other forms of sport / activity in place of the traditional choices currently offered as part of the physical education curriculum (PE). For example, activities such as martial arts and different dance forms are more easily accessible once children and young people have left full-time education, compared to the more traditional forms of PE currently offered in school. <p>There has also been an increase media attention for dance, for example, which can further encourage young people to remain active once they have left full-time education. Activities such as dance and martial arts, both easily accessible in the community, can promote good habits for life-long physical activity participation.</p>
296	West Midlands Combined Authority	5	<p>Quality statement 5: Schools and early years settings Question 1</p>

	<p>(Transport for West Midlands) including comments from local authorities</p>	<p>TfWM and the wider WMCA is supportive of monitoring and updating school travel plans to increase active travel and activity. This is imperative positive way to encourage active travel habits amongst children. This is especially relevant given the rise in childhood obesity.</p> <p>Whilst these measures are important, they are undermined without the necessary traffic enforcements and road planning. Influencing children and parents to take active travel modes can only work well if the roads are safe to travel on as a cyclist or pedestrian. 20mph zones around school sites have proven successful in many parts of the region. (City of Wolverhampton Council: However this conflicts with a recent study into the overall effectiveness of 20mph regions by the DfT for actual safety. Although ones perception of safety can also be an important way to encourage confidence cycling and walking.)</p> <p>Walsall Council provides the A*STARS programme to schools within the borough to encourage children to walk, cycle, use public transport or car share to school. The programme is highly successful and along with Bikeability Training has seen 54.1% of primary school pupils walking to school (2015) a 10.1% above the 2015 national level and for cycling in 2015 the level was 1.5% above the national average of 2.5%.</p> <p>Question 2</p> <p>Whilst the importance of increasing active travel to schools is a useful way to encourage future generations to live healthier lifestyles – this quality statement may be difficult to implement where there are pressures on school funding and resources. Understanding this data in the context of other relevant health and activity intelligence, provides an opportunity to inform policy and practice.</p> <p>Walsall’s A*STARS programme is cited as best practice within the ‘West Midlands On the Move’, Physical Activity Strategy. The programme assists schools in accessing Council services which result in providing a safer, cleaner environment in the vicinity of schools to benefit everyone and enable schools to take ownership of the programme and promote its key messages to parents and the wider community.</p> <p>Question 4</p> <p>In the West Midlands several approaches have been taken to improve travel safety around schools. As mentioned previously 20mph zones have been adopted in many areas. Other measures in the West Midlands include:</p> <ul style="list-style-type: none"> • School Zones in Solihull: where there is a total ban on car access. This has also proven extremely successful in Edinburgh. • ‘Kids Court’ in Birmingham: whereby drivers stopped for speeding or other offences in areas near schools have had to answer to the children themselves as a method of raising road safety awareness. • Living Streets? • A*STARS programme (Walsall) • Living Streets ‘Walk to School’ programme. Officers from Living Streets are based within TfWM offices and are deployed to recruit schools onto the programme. Delivering assemblies and incentives to participating schools to encourage primary school children to walk with their families to school at least once a week. • Living Streets – ‘Little Feet’ programme – a pilot project engaging with nurseries/preschool settings to encourage families to walk to nursery. The early intervention to install active travel behaviours from an early age as parents return to work.
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297	Wheels for Wellbeing	5	SEND schools, together with local authorities, should be encouraged and supported to signpost disabled children to local inclusive cycle hubs (which, ideally, all local authorities should have). We also recommend that greater investment is put into the purchase and provision of non-standard cycles for SEND schools, to ensure that cycling is an option for all students .
298	Wheels for Wellbeing	5	The 'Daily Mile' is a great scheme and we would suggest that this be extended to include inclusive cycling for disabled children wherever possible
299	Cycling Scotland	5	<p>As acknowledged above with the workplace, travelling actively to and from school and early years settings is an easy and convenient way to incorporate physical activity into the daily lives of children.</p> <p>There are a range of benefits to children and young people from participating in cycling and active travel. As well as the obvious health benefits, the social interaction skills of children improve. Further, children who travel actively to school are better and more confident learners, and are likely to be more active later in life. Embedding cycling and active travel as part of everyday life is crucially important and can increase physical activity levels amongst children and young people, helping to improve their mental health and wellbeing. It reduces car congestion in local communities, improves air quality and makes the journey to school a pleasant part of the day-to-day routine.</p> <p>Concerns over safety are one of the main barriers to children walking and cycling to school. This concern needs to be overcome if there is to be an increase in rates of active travel to school. Provision of on-road cycle training for children can help to address this, such as Bikeability and Bikeability Scotland, administered by Cycling Scotland. Such training helps equip children with the skills and confidence they need to cycle safely on the road, and also helps to address the safety concerns of parents in relation to their children travelling actively. This is an area missing from the recommendations and quality statement, and something we believe should be included. Participation rates can be easily measured and tracked overtime, and targets for delivery set. This information is also usually recorded at local authority level, so is useful in relation to the local authority-level focus of the quality standard(s).</p>
300	Cycling Scotland	5	<p>Structure a) - c)</p> <p>As mentioned above, it would be useful to include a measure around improving safety, i.e. such as a measure of participation rates in cycle training schemes like Bikeability, as concerns over safety is one of the biggest barriers to children's participation in cycling and active travel.</p> <p>Outcome</p> <p>This outcome is welcome. It would also be beneficial to include details of socioeconomic characteristics with regards to addressing inequality, i.e. to see if pupils across the population from different socioeconomic groups, participate in active travel, and to understand the reason for their mode choice (whether or not active travel).</p> <p>As discussed, safety is one of the main reasons why children do not walk or cycle to school. It would be useful to have some reference to safety in measurement of the outcome, and if these concerns over safety are being addressed through Bikeability (Scotland) (and other on-road cycle training schemes). Details of both participation and reach should be captured and analysed at different time points to track change, where it exists, over time.</p>

Registered stakeholders who submitted comments at consultation

- 20's Plenty for Us
- Active Devon
- Centre for Transport and Society, UWE, Bristol
- Chartered Institution of Highways and Transportation
- Chartered Society of Physiotherapy
- Cycle to Work Alliance
- Cycling Scotland
- Department for Transport
- Energise Me
- Greater Sport
- Guide Dogs
- Herts Sports Partnership, University of Hertfordshire
- Horse Access Campaign UK
- Kent County Council Highways, Transport Innovations team
- Kirklees Council
- Leeds City Council
- Living Streets
- London Cycling Campaign

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- National Federation of the Blind of the UK (NFBUK)
- NHS England
- North Tyneside Council
- Nuffield Health
- Oxfordshire County Council
- Paths for All
- Plymouth Cycling Campaign
- Ramblers
- RCN
- Richmond Group of Charities
- Royal College of Paediatrics and Child Health
- Royal College of Physicians (RCP)
- Somerset County Council
- South Gloucestershire Council
- Sport England
- The Active Wellbeing Society
- ThriveFit
- Thrombosis UK
- Thurrock Council

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- Transport for Greater Manchester
- University of Bath
- Versus Arthritis
- Royal National Institute of the Blind (RNIB)
- Wheels for Wellbeing
- Wolfson Research Institute for Health and Wellbeing Physical Activity Special Interest Group, Durham University