

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board
10 December 2015

Director of Environment and
Regeneration

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| Agenda - Part: 1 | Item: 5 |
| Subject: Update on Cycle Enfield | |
| Wards: All | |
| Cabinet Member consulted: | |
| Approved by: | |

1. EXECUTIVE SUMMARY

This paper updates the HWB on progress on the implementation of Cycle Enfield and outlines the potential health benefits of the programme.

2. RECOMMENDATIONS

It is recommended that the Board notes progress to date and the potential health benefits to the borough.

3. BACKGROUND

The Council was one of only three outer London Boroughs awarded £30m 'mini-Holland' funding to help implement the Mayor's Vision for Cycling. The funding will enable Enfield to implement high quality cycling facilities, on a par with what can be found in cities such as Amsterdam and Copenhagen. The aim to increase cycling levels from just 1% at present to 5% at the end of the project.

There are several strands to the project, but the flagship schemes are the introduction of segregated cycles facilities on several of the borough's main roads. These schemes are not like the 'Cycle Super Highways' in Central London, which are primarily aimed at commuter cyclists. Instead, Enfield's schemes are aimed at encouraging local people of all ages and abilities to cycle

to their town centres and to cycle rather than drive the significant number of short distance trips that are currently being made by car.

Consultation on the A105 (Green Lanes) route between Enfield Town and Palmers Green has recently finished, with the majority of people the 1,600+ responses in support of the scheme. All of the consultation comments are currently being carefully assessed to help inform the final design and, subject to final approval early in the New Year, it is anticipated that works will start on site in June 2016.

Consultation is ongoing (until 18 December) for the plans to transform Enfield Town itself, removing traffic (except buses) from Church Street, providing two-way cycle lanes and public realm improvements to make the town centre less car dominated. The plans for segregated cycle lanes on Southbury Road, Nags Head Road and Lea Valley Road are also out to consultation until 18 December.

The final main road scheme is for the A1010 (Hertford Road/Fore Street) corridor, which again provides segregated cycle lanes and town centre improvements along its length. Consultation on the section south of Ponders End will commence later this month, with the northern section planned for May 2016, after the Mayoral election.

4. ALTERNATIVE OPTIONS CONSIDERED

None

5. REASONS FOR RECOMMENDATIONS

Compared to those who are least active sufficient physical activity reduces all-cause mortality and the risk of heart disease, cancer, mental health issues and musculo-skeletal disease by approximately 30%. Guidelines on physical activity have been published by (amongst others) the World Health Organisation (WHO) the US Department of Health and Human Sciences and the Chief Medical Officers of the Four Home Countries.

Both self-report and objective measurements of physical activity indicate that population levels of physical activity are below those necessary to maximise health. Health Survey (HSE) 2012 data indicates that 33% males and 44% of females aged 16+ report not meeting the current Chief Medical Officer (CMO) guidelines of 150 minutes of physical activity per week.

There is strong evidence for a clear inverse relationship between physical activity and all-cause mortality, cardiorespiratory health, metabolic health including Type 2 diabetes, muscle mass and function, breast and colon cancer and poor mental health including depression and cognitive decline. There is limited, moderate or weak evidence for a positive effect of physical activity on weight loss, musculo-

skeletal health including hip and vertebrae fracture and osteoporosis. Precise effects of physical activity are dependent upon the type, intensity and length of the activity as well as the person including their age, gender and ethnicity but risk reduction is approximately 30% for all-cause mortality, 20-35% for cardiovascular disease, 30-40% for metabolic syndrome and type 2 diabetes, 36-68% for hip fracture, 22-83% for osteoarthritis, 30% risk reduction in prevention / delay in decline of physical functional health, 30% risk reduction of falls, 30% of colon cancer, 20% for breast cancer and 20-30% risk reduction of depression and dementia.

Both self-report and objective data indicates that population levels of physical activity are insufficient to maximise population health. Active transport has the potential to integrate physical activity as part of everyday life, increase population levels of physical activity and improve both individual and societal health. Forthcoming evidence (Journal of Public Health, unpublished) shows that those who cycle for utility purposes are 4x more likely to meet physical activity guidelines than those who do not. A modal shift in transport towards walking, cycling and public transport is called for by the World Health Organisation (WHO), the Chief Medical Officer (CMO) and the Faculty of Public Health.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

The financial implications of Cycle Enfield have been outlined in other reports.

6.2 Legal Implications

The financial implications of Cycle Enfield have been outlined in other reports.

7. KEY RISKS

If Cycle Enfield is not implemented in full the potential health benefits outlined above will be missed.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

- 8.1** Ensuring the best start in life
- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

The health impacts of cycling have been summarised by the Transport and Health Study Group:

| Health Promoting | Health Damaging |
|---------------------------|-------------------------------------|
| Enables access to: | Injuries |
| employment | Pollution: |
| education | particulates |
| shops | carbon monoxide |
| recreation | nitrogen oxides |
| social (support) networks | hydrocarbons |
| health and other services | ozone |
| countryside | carbon dioxide |
| recreation | lead |
| physical activity | benzene |
| | Noise and vibration |
| | Odour |
| Active travel | Climate change |
| | Stress and anxiety |
| | Danger |
| | Loss of land and planning blight |
| | Severance of communities by traffic |

9. EQUALITIES IMPACT IMPLICATIONS

The impact of modal shift towards cycling will be overwhelmingly positive; it will improve health, reduce residents travel costs, reduce the external costs of transport (pollution, road traffic injuries), make transport more accessible to all (in Holland women cycle as much, or more than men) and reduce health inequalities.

Background Papers

None