

LGiU

LOCAL GOVERNMENT
INFORMATION UNIT



WALK THIS WAY

RECOGNISING VALUE IN

ACTIVE HEALTH PREVENTION





FOREWORD

Natural England is charged with promoting the natural environment and access to it. Contact with nature has proven benefits for our health and, at a time when the government's Change4Life Initiative has signalled the biggest public health campaign for a generation, this link should drive greater investment in high quality green space. It is for this reason that we have provided support for the development of the Walking for Health programme, which is getting over 40,000 formerly sedentary people out of their chairs to go walking in the natural environment every week.

The Walking for Health programme enables local groups and organisations to develop and run volunteer-led health walk schemes that meet local needs and helps individuals to take charge of their own health and well being. I know from my own experience of health walks that the scheme is not only improving the quality of people's lives and health, but is appreciated for the safe access it provides to the natural environment.

In 2009 The Department of Health recognised the success of the scheme, and agreed to fund a fourfold expansion of the project over three years as part of the government's strategy to encourage people to become more active to improve their health. To achieve this, there will need to be a significant increase in the number and variety of organisations developing and running led health walks.

Through undertaking this inquiry, Natural England and the LGiU hope to encourage others to set up walk schemes by sharing learning and good practice gained from existing projects. We also want to understand and find ways to overcome the barriers that are hindering health care organisations and local authorities from supporting and running schemes.

We hope that anybody reading this report will find it a powerful incentive to set up their own led health walks programmes, thereby demonstrating the contribution that the natural environment can make to maintaining healthy lives.

Helen Phillips
Chief Executive
Natural England



SUMMARY

Walking is the easiest, most accessible, cost effective, and enjoyable way for most people to increase their physical activity.

Health and wellbeing is a primary concern of local services. But despite ongoing improvements, health inequalities persist and the health gap between the worst off in terms of social inequalities and the average has not narrowed (DH, May 2009). It is clear there will be no universal answer to improving health outcomes, rather there needs to be choice and access that give communities the ability to tailor their own path to a healthy lifestyle.

In this context, Natural England and LGiU formed a partnership to investigate the value of walking as an important part of a package of locally driven preventative measures. As well as its role in championing the natural environment, Natural England has made the practical link between health and the environment through the national Walk for Health programme, funded by the Department of Health (DH). With the expansion of this programme, Natural England was keen to understand how they can better support local organisations to promote walking. The inquiry was initiated to explore the current opportunities and barriers to getting more people walking and this report brings together evidence and recommendations to encourage investment in walking programmes.

There were 35 organisations that responded to the inquiry including local authorities, PCTs, walking partnerships and national bodies. People who responded were experts in the field of walking, from the perspectives of research, commissioning and delivery of walking initiatives. They show that the benefits of walking mean it should be promoted in a joined-up, strategic way both nationally and in every locality across the country.

There is considerable evidence to show that exercise can improve physical and mental health and reduce the risk of a wide range of conditions including some cancers, muscular-skeletal conditions and coronary heart disease. Physical activity is now a major strand of national policy to prevent ill health and tackle health inequalities, with the first national cross-government framework *Be active, be healthy: A plan for getting the nation moving* (DH February 2009).

The inquiry concluded that walking is the easiest, most accessible, cost effective, and enjoyable way for most people to increase their physical activity. Based on research and their experience of promoting walking, respondents were passionate about its benefits.

Not only does walking improve people's health, but as a sustainable way of travelling short journeys it also helps the environment. It is integral to a large range of policies, such as social inclusion, community engagement, sustainable transport, safe routes to school, climate change, biodiversity and tackling obesity.

Some years ago, people walked as a matter of course — to school, to work, to local shops; this meant that they kept fit without the need for special exercise and produced less environmental pollution. Now, for a wide range of reasons, people walk less and are consequently at more risk of obesity and health problems. A variety of interventions are needed to encourage walking, with a particular emphasis on people who face health inequalities — who tend to be less active — to allow them to take responsibility for their own health.

The inquiry provided many excellent examples from across England of how national organisations, local authorities, PCTs and voluntary organisations have improved health through promoting walking. However, it also found that this is far from universal and much more can be done. Areas where walking is not supported are missing an important opportunity to reduce health inequalities.

RECOMMENDATIONS

- **Local commissioners should invest in promoting walking, recognising its strong business case as a cost-effective preventative health measure.**
- **Funding for walking initiatives should be mainstreamed, and not rely on short-term contracts which result in stop/start initiatives.**
- **National organisations should work together, with local partners and national government to produce guidance that gives a consistent message on organised walking and comprehensive evidence about the value of organised walking to inform local and national commissioning.**
- **Recognition needs to be given that improving the ability to walk crosses a number of government departments, including transport, planning, health, culture and leisure.**
- **National indicator 8 should be reviewed to provide a more effective, locally relevant way of measuring physical activity in the adult population.**
- **Every PCT and local authority, together with local strategic partnership (LSP) partners, should review how they support active lifestyles and establish a local strategy to promote walking which covers areas such as transport, built environment, green infrastructure, public information and organised walking for people with low levels of physical activity.**



TOP TIPS FOR LOCAL WALKING STRATEGIES

- Local partners should undertake an audit of the walking needs in their local area involving communities and any walking groups.
- A forum involving representatives from spatial planning, rights of way improvement planning (ROWIP), public health, social care, transport, and sport should be established to develop and oversee the implementation of walking strategies. The forum should report to a senior group within the LSP.
- The public sector should lead by example, supporting their staff to walk more often.
- Walking champions should be identified in organisations and communities to promote walking and embed it in mainstream work.
- Social marketing techniques should be implemented to raise awareness of the benefits of walking and encourage take up.
- There should be comprehensive and accessible information about walking, supported by physical signage in key walking areas.
- A comprehensive approach to led-walks should be developed, targeted at groups and communities with health needs, high levels of obesity and who are likely to face health inequalities or social exclusion.
- Walk organisers should be supported to implement best practice through involvement in regional and national networks, for instance through Natural England.
- Walking interventions should be evaluated to inform future commissioning.



WHY WALK? BENEFITS FOR HEALTH AND THE ENVIRONMENT

While all the forms of physical activity such as sports, gym-type exercise, games, running and dance are beneficial, walking has the greatest chance of making the greatest difference to the greatest number of people.

Research

The benefits of physical activity in combating a range of physical and mental health conditions are well documented. For example, physical activity can reduce the risk of stroke and type 2 diabetes by up to 50 per cent (DH, August 2009), and bowel cancer by 30 per cent (Giovannucci et al 1995). The Chief Medical Officer indicates that it can be as effective as psychotherapy or medication in the treatment of clinical depression (2004).

Although overall levels of physical activity are increasing, the majority of the population is not active and some people, such as those over 65 and women from some ethnic groups, take very little exercise. Crucially, people's perceptions of how much activity they undertake are often misleading. About 75 per cent of men and 67 per cent of women believe they are already sufficiently active, whereas in fact only 40 per cent of men and 28 per cent of women meet the recommended levels of activity — around 27 million adults in England (DH, August 2009).

Activity levels are defined in the following ways:

- **Low 30 minutes of moderate intensity activity (such as brisk walking) on less than one day a week**
- **Medium as above, on one to four days**
- **High as above, on at least five days a week.**

The Chief Medical Officer recommends the high level of activity for good physical health — the '5X30' message that can be seen in health campaigns (2004). These physical activity guidelines are currently being reviewed to bring them up to date in line with new research.

Examples of research into the health benefits of walking include:

- Walking more than four hours a week reduces hospitalisation for heart disease by 30 per cent compared with walking for one hour (LaCroix et al 1996). Heart disease is halved in men who walk over 1.5 miles a day (Hakim et al 1999), and women who walk four hours a week had a 35 per cent reduction in risk of heart disease (Manson et al 1999).
- Changes in diet and daily walking were found to be more effective in treating type 2 diabetes than medication — 58 per cent v. 31 per cent reduction (DPPRG 2002).
- Walking can improve self-esteem and relieve symptoms of depression and anxiety (Mobily et al 1996).
- Older women who walk between 1 and 1.25 hours per week reduce the risk of breast cancer by 18 per cent, rising to 30 per cent for women of normal weight (McTiernan et al).
- People with chronic obstructive pulmonary disease (COPD) who walk more than halve their risk of an emergency admission (Garcia-Aymerich et al 2003).

Walking has been described as “the nearest activity to perfect exercise” (Morris and Hardman 1997). It is recommended as an intervention in NICE guidance relating to a range of health conditions.

The inquiry suggested that, while all the forms of physical activity such as sports, gym-type exercise, games, running and dance are beneficial, walking has the greatest chance of making a difference to the greatest number of people, for the following reasons.

The notion that getting out of doors is good for you might seem like common sense, however, there is good evidence to show that living close to high quality accessible natural environment can lengthen life irrespective of other factors affecting life expectancy (Coombs et al, 2009). But many people who join health walks are not habitually using their local parks, footpaths, or other green space. They are often unaware of what is available on their doorsteps, so joining a health walk is often a revelation to new participants, who had no idea that the local nature reserve, park or canal tow path they are using existed, much less how beautiful it was, and how much wildlife it contained.

Many participants in Walking for Health cite the changing seasons, the variety of wildlife they have learnt to recognise, or the variety of flowers and trees they now know about as a major encouragement to continue attending the walks, and a spur to further explore the environment both locally and further afield.

There is good evidence to show that living close to good quality green space decreases the likelihood of obesity because it encourages activity (Bell et al, 2008), but for many they need to be introduced to what is on their doorstep before they can gain that benefit.

Easy and accessible

Walking is easy — it requires no special expertise, and no equipment other than a reasonable pair of shoes. It is generally safe for individuals with medical conditions and those who have never exercised because it is possible to start gently and increase capacity over time. Walking needs little preparation; it can happen at any time by stepping out of your front door. It can be fitted into lifestyles, such as using stairs rather than lifts and getting off the train a stop earlier. It is one of the forms of exercise that will be most appealing to women — as well as being social rather than competitive, it fits into a busy day.

Walking is also ideal for targeting the population groups for whom increasing physical activity has the greatest health benefits — people who are very inactive. The DH recommends that helping people move from low to moderate activity will produce the greatest reduction in health risk and the biggest health improvement (August 2009).

Walking is a great way of getting started with physical activity. Many respondents to the inquiry reported that people who started walking in organised groups went on to walk on their own and to do other forms of exercise.

Cost effective

Physical inactivity is said to cost the NHS between £1bn to £1.8bn a year, a conservative estimate that could be doubled by including conditions such as falls or osteoporosis. The cost to the economy from loss of productivity amounts to around £5.5bn in sickness absence and £1bn from the premature death of working age people (DH February 2009).

As a healthy lifestyle intervention, walking has been demonstrated to be highly cost effective. Organised walks are likely to be the best solution for encouraging activity in people who are initially unlikely to take exercise in any other way. Organised walks use high levels of volunteers, with costs mainly required for coordination, supporting groups and communities with high levels of health inequalities to get involved, and promotion.

Natural England's Walking for Health initiative, funded by the DH, is the largest programme in the UK promoting physical activity to sedentary people in urban and rural areas. It provides a framework for the delivery of 537 walking schemes and 6,500 volunteer leaders trained each year, which is expanding with over 600 walks per week and 40,000 people walking a week.

Natural England has made an analysis of the cost effectiveness of Walking for Health interventions based on a National Institute for Health and Clinical Excellence (NICE) model (see box). It is recognised that the cost of health walks varies dependent on the type of programme — walking projects in deprived communities with high levels of health inequality whether in an urban area or rural county

require support and capacity building and will cost more to run than small volunteer-led walks. Even so, the research shows the impact that getting people to be more active has on a range of health problems significantly outweighs the cost of supporting these programmes.

Cost-benefit analysis of walking

- 1. Research indicates that people over 50 who are physically active have between 1.1 and 3.7 more ‘quality life years’ or QALY. NICE calculates that an intervention is cost effective if it falls within the range of £20,000 — £30,000 per QALY. Pilot data indicates that led-health walks through Walking for Health can have a QALY cost below £100 meaning that they are an extremely cost-effective preventative health intervention.**
- 2. The cost of health walks in relation to the cost of a dose of prescribed medicine. The cost to PCTs of even the most expensive programme is likely to be as little as 84p per ‘dose’ or for every walk. This compares very favourably to the cost of prescribing drugs.**
- 3. It is estimated that every £1 spent on a health walk will save a PCT £7 on expenditure such as hospital admissions and medication.**

Further information on the costing models and their research base is available from Natural England.

Social and community benefits

Another compelling reason for promoting walking is its impact on the wellbeing of individuals and communities. A strong message from the inquiry was that walking in organised groups was greatly enjoyed as a social activity and helped combat loneliness and isolation. Walking groups are therefore extremely useful for people who are vulnerable and may be accessing other services, such as those with mental health problems. Councils in the north west have recognised the benefits of walking as part of the ‘Five steps to well-being’ initiated by Liverpool PCT. Walking in green environments appears to be particularly effective and Wirral Council have taken this message on board, setting up walking schemes through their mental health services.

Feedback from walking group members and leaders

“Being new to the area the group has helped me find new friends and places to walk. It has also helped me continue to lose weight and it keeps me fit.”

“Makes me walk more than I would on my own. I have found out more about Hasland and met new people and it is good for me.”

“A good chance to meet new people while improving mobility. It was my first step to joining another walking group.”

Chesterfield walkers

“Walking is also an effective way to get people talking and discussing elements that affect their lives – it is astounding how it leads to people opening up. Additionally, whilst these individuals are talking they often do not realise how much activity they have completed.”

Carlisle Sport Development Officer

“I’m so glad the health walks were started, after such a long time in hospital, just being outside surrounded by nature was the best therapy I could get.”

West Country walk participant

“I started out doing the long walks and thoroughly enjoyed it discovering the various beauty spots in and around the Romsey area which I had no idea existed. A year or so later I started to get pains in my hips and ended up having a new hip and so walking was out for a couple of months.

“I got back into the routine of walking with the Romsey group, albeit doing the shorter and therefore slower walks. A year later my other hip needed replacing. The surgeon commented as to how strong my legs were and even though I was 80 years of age, very fit, he congratulated me on how much walking I had been doing and that it would be of great benefit to the restoration of my hips.”

Test Valley walker, 85 years

Moreover, walking is fun for all ages. The majority of walkers on organised walks are over 50, but when people of other ages try it they often find it enjoyable. Children might claim that walking is boring, but if they walk in the right space, particularly green environments which can be explored, they thoroughly enjoy the experience.

As the quotes from walkers suggest, the inquiry found that organised walking can also create a greater bond between people and their communities. Respondents pointed to walkers becoming more interested in improving their local areas, for example by removing litter and improvements to facilities. Parks where groups walk regularly attract more individual walkers and thus create a feeling of social activity and safety. Thus, walking is an excellent way of generating community cohesion.

These benefits demonstrate how walking can help local areas meet a number of indicators in the national indicator set. These include health indicators relating to mortality rates and life expectancy (NI 120, 121/122, 137); physical activity and obesity indicators (NI 8, 110, 55/56); self reported measures of health and wellbeing (NI 119); participation in volunteering (NI 6); satisfaction with the local area (NI 5, 138) and environmental sustainability (NI 167, 175, 186, 198).



WHAT STOPS US WALKING?

The inquiry identified three main barriers that prevent people from walking:

- problems in the quality of the physical environment
- lack of information about opportunities to walk
- psycho-social barriers — for a variety of reasons many people are not keen to walk.

Physical environment

Different issues about the physical environment were identified in urban and rural areas. The main urban problems were poor maintenance of the physical environment, safety issues such as poor lighting and isolated paths, barriers such as ring-roads, housing developments without walking routes, and unattractive environments such as litter. The main rural problems were accessing areas to walk because of lack of buses, the quality of walking route surfaces and barriers such as stiles.

The inquiry concluded that many local authority planning departments and transport officers were not sufficiently engaged in initiatives to support walking. It also found that involving the community and walking groups in developing areas for walking was essential.

Lack of information on walking opportunities

A number of respondents felt that the facilities and amenities in their areas were already good — the problem was that people were not aware of them. Many walkers were pleasantly surprised when they went on an organised walk and found what was available close to home. The inquiry identified awareness raising, information, encouragement and promoting the benefits of walking as major themes.

For example, some people do not walk because they over-estimate how long it takes to get to their destination. Others do not realise that walking is a valid way of getting fit. Information and awareness-raising may be enough to encourage some people to start walking independently without involvement in organised walking groups.

Psycho-social barriers

Respondents identified the problem of sedentary lifestyles as a major barrier to walking. Overall, walking was not part of people's routines — they did not see it as an obvious way of travelling short journeys. Parents did not view it as a way of helping children to keep fit. People at risk of facing health inequalities — such as people with learning disabilities, mental health problems, those living in low-income areas, people over 65, and women from some Asian communities — were less likely to walk. It is these groups who are seen as most requiring specific help through organised walks. The Women's Sport and Fitness Foundation (WSFF) has been awarded funding from the Big Lottery Fund to conduct research into the psycho-social barriers young women face in relation to exercise.



PROMOTING WALKING AS PART OF AN ACTIVE LIFESTYLE

Areas where walking is not promoted are missing an important opportunity to reduce health inequalities.

While the organisations in the inquiry were involved in promoting vibrant and valued walking initiatives, there was a marked difference in the number and range of programmes in different areas.

In a few areas, walking was a priority within the overall physical activity strategy and was well supported by local partners at a senior, strategic level. Walking had a well funded support infrastructure that allowed a comprehensive range of initiatives to take place.

In Middlesbrough for instance the elected mayor created a new portfolio to give an executive focus to improving health, including participation in physical activity. The lead executive member chairs the Active Middlesbrough Forum and also promotes walking through undertaking 10K and fun runs at walking pace, encouraging others to get involved. Other respondents have provided examples of how they have engaged with a range of different services from GPs to housing associations to allotment groups to spread the message about walking.

While at the other extreme some walking initiatives were not given strategic or resource priority and operated below potential. Problems identified include:

- Lack of prioritisation at a senior, strategic level meaning initiatives do not receive support and recognition.
- Lack of joined-up approach across organisations leading to, for instance, a focus on lifestyle interventions without considering the role of the built environment.
- Short-term investment leading to co-ordinators leaving, organisations losing their accumulated experience, skills and contacts, and communities losing faith when popular initiatives fizzled out.
- Insufficient funding to allow expansion of organised walking despite the clear potential for this.

A city-wide approach

Active Leeds is part of the Healthy Leeds Partnership and aims to increase the number of trips made by walking and cycling as part of everyday life. The BTCV Hollybush currently host the Citywide Walking Project as part of this initiative.

A Walking Forum meets bi-monthly to coordinate walking around Leeds. The Forum involves NHS Leeds, Leeds City Council, voluntary and community organisations, volunteer walk leaders and Natural England. Developments include an annual Active Leeds Walk and increasing the number of walks created within identified super output areas delivered by volunteers. So far 75 walk leaders have been trained, half paid workers and half volunteers. Recent investment has been put into neighbourhood parks with information on walking routes on signs as a permanent resource. Leeds City Council has trained four members of staff as volunteer walk leaders and will be piloting a lunchtime walking group for city centre employees in January 2010.

Respondents recognised that in recent years the Department of Health had become increasingly committed to the preventative health agenda and to increasing physical activity as a major strand of tackling health inequalities. However, there was also a view that more could be done and it was queried whether the DH had the right balance of prioritisation and investment in the physical activity agenda, and in walking in particular, in relation to its other health promotion initiatives.

In terms of national support for local areas, there was a concern that there were insufficient incentives for PCTs to prioritise physical activity; basically they did not see this as a must do. Specific issues raised were whether the national indicator 'adult participation in sport and active recreation' was working effectively, and whether there was more that could be done to monitor levels of expenditure in PCTs.

Guidance for promoting walking from a cross-government perspective, and involving input from specialist organisations, was seen as highly useful. National organisations such as Natural England, the Ramblers Association and Walk England have amassed considerable expertise in the policy and practice of organised walking and have a key role in promoting good practice and consistent messages. Evaluation of the healthy town initiative relating to walking will also provide useful information. The role of Natural England in providing a national voice for Walking for Health schemes was welcomed in the inquiry.

The inquiry considered research into walking. It was recognised that, while there was significant epidemiological evidence about health benefits, there were gaps in information, such as how best to promote walking. The inquiry pointed to a systematic review of different approaches to walking which found that a variety of tailored interventions can increase walking by between 30 to 60 minutes a week, at least in the short term; this review recommended further research (Ogilvy et al 2009).

The inquiry suggested that priorities for future studies should include identifying the best ways of encouraging walking to achieve long-term behavioural change; measuring the financial impact of walking on the NHS and the wider economy; and investigating the social and environmental impact of walking.

The funding of local initiatives was a particular concern. There was a contrasting picture of the role of the local NHS. Some respondents reported that their PCT provided significant investment and leadership for walking schemes. Others indicated that funding largely came from local authorities, while the PCT was more engaged in targeting support at people with health conditions through initiatives such as GP exercise referral schemes and Let's Get Moving. However, this should also provide an opportunity to engage with GP practices on the benefits of walking. Funding from councils, particularly from non statutory functions such as leisure, was often seen as vulnerable to cuts.

The inquiry was clear that all local areas should consider the financial, health and environmental benefits of walking and see if they are giving it sufficient focus in their local strategies. In the longer term, the clearest financial beneficiaries of increasing walking would be the NHS. It is imperative that local authorities and PCTs look beyond funding silos to the bigger picture. For instance, while PCTs are not responsible for spatial planning they could fund activity such as improved rights of way frequently used by walkers; local authorities are not responsible for healthcare, but could resource health walks.

Rights of Way Improvement Planning

As part of ROWIP implementation, Lincolnshire County Council is engaged in a variety of activities to encourage people to become more active on the rights of way network. As part of this the PCT has a budget to improve infrastructure on the health walking network. This has resulted in numerous improvements including:

- **2,500m of surface improvements undertaken**
- **55 stiles replaced with gates**
- **1 flight of steps installed**
- **5 bridges installed**
- **2 boardwalks installed.**

An annual Voice of the Walker questionnaire has resulted in 97 per cent satisfaction from walkers, plus many suggestions for actions.



FRAMEWORK FOR A LOCAL WALKING STRATEGY

The benefits of walking mean that it should be promoted in a joined-up, strategic way both nationally and in every local area across the country.

Engaging with communities to develop suitable places to walk

Walking requires safe, attractive corridors, pathways or networks connecting green spaces, transport hubs and other public facilities such as shopping centres. In the countryside it requires better access by public transport and where possible using kissing gates rather than stiles.

In recent years there has been an increase in guidance aimed at improving the built environment to encourage physical activity. For example, the National Institute for Health and Clinical Excellence (NICE) sets out recommendations to improve spatial planning and transport in its guide *Promoting and creating built or natural environments that encourage and support physical activity* (2008).

Further guidance from NICE on spatial planning for health is due in 2010. The Marmot Review interim report on health inequalities post-2010 includes information from two task groups — on the built environment and sustainable development (UCL 2009). The final report was published in February 2010. The Royal Town Planning Institute has produced guidance for spatial planners to utilise their existing powers and work more closely with health partners to make communities healthier and more sustainable (2009).

Studies have shown the health benefits of access to green space and conversely the link between obesity, poor health and the absence of green space. Research by the Universities of Bristol and East Anglia found that, even taking socioeconomic factors into account, people living more than a mile and a quarter away from a park were less likely to be physically active and 27 per cent more likely to be overweight or obese (Natural England 2009).

The Commission for Architecture and the Built Environment (CABE) is calling for a revolution in urban design with a shift from 'grey' to 'green' infrastructure and better networking of existing facilities (2009). Natural England has produced planning guidance for local authorities on green infrastructure (2009).

However, the inquiry was clear that improvements to the physical environment should never be imposed, and only be carried out in consultation with communities, and walking groups. For example, improving lighting on a route could result in gangs congregating making the route feel less safe.

In terms of transport planning, there was a feeling in the inquiry that, while cycling was automatically considered, walking was less well developed and should be given greater attention. Overall, there was a message that it was important not to wait for the perfect walking route to be formed. Walking had to get started with what was available — improvements may follow through demonstrating the popularity of a route.

Walking and regeneration

Walking for Health in Wolverhampton received three years' funding from New Deal for Communities, enabling a focus on two deprived wards in the city with 60 per cent of residents from black and minority ethnic groups. In the first year the number of walks increased by 69 per cent, with a 24 per cent increase in the second year — nearly 2000 walks in 2008-09. This was aided by renovation to three open fields that had no paths and which were used for fly tipping, drug dealing and prostitution.

The fields were made into parks with paths, landscaping and a trim fit trail. The area has improved and won a community safety award. Many Asian women now walk regularly in organised groups, and there has been a constant increase in people walking independently in the local parks. The project also runs special events, such as a fancy dress Halloween walk in an area where people would not normally go out after dark; over 200 people took part.

Walking and the countryside

Walking for Life! Shropshire was a three year project, 2006-2009, aimed at increasing physical activity levels and access to the countryside for sedentary people. The project aimed to increase participation in Walking for Health schemes across the county and to provide progression activities to enable people to move on to other walking activities and active outdoor recreation volunteering.

Through the Parish Paths Partnership (P3), local volunteers and communities were encouraged to get involved in running Walking for Health schemes, providing short guided walk programmes or developing short easy access routes on the ground. This increased opportunities for sedentary people to improve their health, meet new people and gain new skills. Demand for becoming involved in the partnership was high.

Information and awareness-raising

The inquiry found that people needed a variety of information and messages to get them to understand the benefits of walking and to walk more. There are lots of opportunities to promote walking alongside existing services that local agencies provide.

It was also thought that a market segmentation approach, such as that provided through Sport England, would be helpful. People also pointed to the excitement that will be generated by the 2012 Olympic Games as an opportunity to engage with people about physical activity. The economic downturn could also mean that people are more receptive to using walking as a way of saving money.

Active Bristol

Active Bristol is a five year (2008-2013) programme that aims to reverse the decline in physical activity of Bristol people and bring about a significant and sustainable increase. In order to meet these aims the programme focuses on everyday activity such as walking.

A Citizens Panel found that those who wanted to be more physically active wanted to “do more outside” (42 per cent) and “incorporate walking as part of the daily routine” (39 per cent). To do this they wanted “more flexible working hours” (52 per cent), “encouragement to walk or cycle” (51 per cent), “pedometers” (44 per cent) and “organised and community activities” (42 per cent).

Active Bristol includes a range of initiatives including the Active Travel Passbook. This social marketing initiative to promote active travel in areas of high health needs involved workshops with residents to identify barriers and opportunities; they were then asked to explore the area and worked on maps and resources to encourage sustainable travel. It is currently being evaluated to determine impact on levels of physical activity.

An independent evaluation of Bristol Walking for Health scheme by Bristol University found that the most significant benefits for participants include an increase in social contact and inclusion, particularly after bereavement, leading to an improved sense of well-being, confidence and energy and mitigation of stress and depression.

Information about local opportunities to walk is needed to underpin awareness-raising. This includes accessible, written information such as maps and guides, web-based information such as route planners and signage in local areas showing the walking-times and distances on key routes, such as town centres or routes to facilities such as GP practices.

Organised walking initiatives

There are many walking schemes organised on a voluntary basis across the country providing the opportunity for people to walk together as a group. Walking for Health and the schemes run by PCTs or local authorities, or commissioned by them from third sector organisations, tend to be targeted at people who would not otherwise be physically active — people likely to face social exclusion or health inequalities. They provide health walks specifically designed to be led at a pace which is brisk for the individual, taking into account their health needs and physical ability.

Most of these schemes aim to become self-sustaining by recruiting volunteer walk leaders, often coming from people involved in the walks. However, the inquiry was clear that paid, dedicated, long-term coordination is required for groups to run effectively. This allows schemes to be promoted, volunteers to be supported, links to be made with relevant organisations and groups to run consistently.

Schemes face a number of operational problems such as recruiting and training sufficient walk leaders, ensuring that groups welcome new members, and getting referrals from health professionals. Establishing walks does not happen overnight — in difficult areas, such as estates where people do not wish to be seen walking in a group, it can take up to two years of repeated encouragement. A paid co-ordination role is required to address such issues.

Some areas utilise generic posts such as physical activity coordinators. It is important that where such roles are used to cover walking interventions they should have a specific remit and dedicated time.

Research: People in Public Health

Early findings from a study into how public services could support people who contribute to health improvement in their communities were submitted to the inquiry by the Centre for Health Promotion Research at Leeds Metropolitan University. One element of this involved examining a local Walking for Health Scheme that used volunteers as walk leaders and promoters.

Findings from the case study were in line with those from the overall study which will conclude that organisations need to be able to help members of the public become health champions, and investment is needed to support these roles. If recruitment, training and support processes achieve the right balance, the potential for health gain is enormous.

This independent study was funded through the National Institute for Health Research Service Delivery and Organisation Programme and is due to report early in 2010.

Natural England's Walking for Health programme was seen by many respondents as an important element of their local provision. Walking for Health provides a range of facilities – accreditation, training packages, risk-assessment guidance, networking for practitioners, and evaluation methods such as the Outdoor Health Questionnaire (OHQ) – which help local areas to set up, run and evaluate walking schemes.

Evidence to the inquiry showed that walk organisers were extremely committed and enthusiastic about their role because, although there were challenges, the positive response of walkers and the results achieved gave considerable satisfaction.



FEATURES OF A SUCCESSFUL WALKING SCHEME

Links with a wide range of organisations

Successful schemes work with as many organisations as possible. Some, such as GPs are ideally placed to make referrals to groups; others, such as mental health trusts and community organisations may have personnel who can become involved in setting up and running groups.

Initially people may act as champions, but the aim is to go beyond this to embed walking in mainstream work. The following are key contacts.

- GP practices, including links with GP Exercise Referral and Let's Get Moving schemes which promote physical activity for people with healthcare needs for instance through vascular checks.
- Adult social care services and mental health trusts.
- Community and acute health organisations e.g. community nurses, cardio-vascular nurses, midwives — new mothers are often receptive to health messages.
- Voluntary and community organisations.
- Community centres and libraries — community cafes can also be good places to start and end groups.
- Children's centres — a good place to involve mums and young children in walking. Consistent messages about the safety of public places can be helpful to combat the perception that they are unsafe.
- Schools, particularly in relation to travel plans and walk once a week (WoW) schemes.

- Public health — it is important for walking schemes to link with other health initiatives such as promoting healthy food and reducing alcohol intake; health trainers have been trained as walk leaders in some areas.
- Leisure centres, gyms, the Ramblers — particularly for people who want to take up longer walks or other types of exercise.
- Youth centres and groups such as the Scouts, Guides and the Woodcraft Folk.
- Environmental and countryside organisations, such as the Forestry Commission, National Parks and park rangers.
- The workplace — employed people may take insufficient exercise and can benefit from activity such as organised lunchtime walks.
- Universities — research students may be able to conduct evaluations, and students may wish to train as walk leaders.

Encouragement and support

Groups can be mixed or cater for specific needs — perhaps where people with similar interests enjoy walking together. Some people may need to develop confidence in the walking group before joining in, so personal contact and encouragement over time may be needed.

Approaching people through existing, trusted organisations such as community centres, churches and religious centres can be helpful for this. For some, one to one support may be necessary; individual budgets in social care and eventually health could be used to provide this support.

Some of the people involved in walking groups identified in the inquiry include: adults with learning disabilities, wheelchair users, people with mental health problems, people with dementia, carers, families, people from BME communities, parents and toddlers on buggy walks, expectant mothers in pre-natal walks, older people, and people recovering from illness.

A varied menu of groups and activities

As well as providing a range of walks in different locations, organisers found a variety of ways of stimulating interest. Most important was to ensure groups were a social experience and involved refreshments.

Types of groups mentioned include: doorstep walks, basic walks, progressive groups, linking with other activities such as tai chi or Wii, race walking, fun walks, heritage walks, themed walks (e.g. nature or Christmas) vehicle-sharing to access new areas, taster sessions, and using pedometers. Small grant schemes and private sponsors may often support this type of low-cost activity e.g. providing safety equipment.

A few of the many examples of good or innovative practice submitted to the inquiry

The Calderdale Walk It project encourages people to walk in to town. The leaflet and map shows walking times from five minutes to 30 minutes in the town centre. There are also Walk It mats on pavements stating how long it takes to walk from that point.

In Western Cheshire and Chester, walks range from basic walks for Alzheimer's and stroke patients with carers to a Nordic Walking course in Delamere forest taught by an instructor.

South Gloucestershire's Walking to Health scheme works with the Bristol scheme to provide volunteer walk leader training for adults with learning disabilities.

In the Age Concern Hampshire's Spring in your Step scheme, older people who need confidence to join a walking group or lunch club or go to the shops alone are teamed up with a volunteer for a regular short walk. Volunteers include students from a local school providing intergenerational support.

Mallercise — the Trafford Centre Health Walk has been widely publicised as an English example of the American pursuit of walking round shopping malls. Publicity brought the health walk sponsorship.

East Riding of Yorkshire Walking for Health has involved the NHS Health Trainer Team as walk leaders. The trainers provide guidance and support not just on physical activity but on a wide range of health issues including healthy eating, stop smoking, managing stress, and cutting down on alcohol.

Sheffield runs the biggest regular health walk in the country, with an average attendance of 61 walkers throughout the year. Group cohesion is fundamental to regular attendance. Coordinators offer to collect people who plan to attend for the first time so 'new walkers' do not feel out of depth.

Walsall's Groundmiles® is an incentive scheme that encourages behaviour change by giving people involved in led activities such as health walks, points that can be exchanged for goods and services. The scheme has attracted international attention and been repeatedly identified as good practice.

Salford Community Leisure are developing Get Active Get Outdoors Back Packs to encourage families to walk and access greenspace, the backpack will include some simple outdoor game cards, equipment such as Frisbees and skipping ropes and environment information cards.

Next steps

The experience and enthusiasm that was brought forward in this inquiry has shown that walking can have the greatest chance of making the greatest difference to the greatest number of people. Local and national organisations should act on the recommendations brought forward in this report to ensure they make the most of this cost-effective preventative health approach.

There were a number of interesting points that were raised in this inquiry that should be considered for future research. By drawing together this evidence, it will be possible to bring in more support for walking as part of a broader strategy to improve health outcomes.

- Understanding psycho-social barriers: The inquiry provided some qualitative evidence that people had psycho-social barriers towards exercise. Their views and experiences need to be understood in more depth to be able to motivate people to get involved in improving their lifestyle. Linked to this, it would be useful to quantify the value of the social impacts of walking.
- Bringing together partners: Innovative opportunities to work with private organisations and the third sector to promote walking in local areas could be tested.
- Improving infrastructure: There were examples in the inquiry of changes to the way information is provided about walking, such as signs around towns, removing street furniture or journey planning websites. There should be further evaluation of these measures and how they fit with wider plans to promote sustainable travel.



REFERENCES AND RESOURCES

Grey to Green: how we shift funding and skills to green our cities, CABI, 2009
<http://www.cabi.org.uk/publications/grey-to-green>

At least five a week: evidence on the impact of physical activity and its relationship to health, Chief Medical Officer, Department of Health, 2004
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4080994

Be active be healthy: A plan for getting the nation moving, Department of Health, February 2009
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_094358

Tackling Health Inequalities: 10 Years On, Department of Health, May 2009. A review of developments in tackling health inequalities in England over the last 10 years.
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098934.pdf

Let's get moving commissioning guidance: a new physical activity pathway for the NHS, Department of Health, August 2009
http://www.dh.gov.uk/en/publichealth/healthimprovement/physicalactivity/DH_099438

Green Infrastructure Strategies: an introduction for local authorities and their partners, Natural England, 2008, NE139
<http://naturalengland.etraderstores.com/NaturalEnglandShop/NE139>

Our Natural Health Service – the health benefits of green space, Natural England, 2009
<http://www.naturalengland.org.uk/ourwork/enjoying/health/default.aspx>

Promoting and creating built or natural environments that encourage or support physical activity, Public health guidance 8, NICE, 2008.

Good practice note 5: Delivering healthy communities, Royal Town Planning Institute, 2009
<http://www.rtpi.org.uk/item/1795/23/5/3>

Marmot Review: Consultation on the strategic review of health inequalities post 2010, UCL, 2009
<http://www.ucl.ac.uk/gheg/marmotreview/Documents>

Research

Bell J F, Wilson J S, Gilbert C. Neighborhood Greenness and 2-Year Changes in Body Mass Index of Children and Youth: *Prev Med* 2008;35(6):547–553

Coombs E, Jones A, & Hillsdon M, (in press). Objectively measured green space access, green space use, physical activity and overweight.

Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention of metformin. *New England Journal of Medicine* 2002; 346: 393- 403.

Garcia-Aymerich J, Farrer E, et al. Risk factors of re-admission to hospital for a COPD exacerbation: A Prospective Study. *Thorax* 2003;58:100-105.

Giovannucci E, Ascherio A, et al. Physical activity, Obesity, and risk for Colon Cancer and Adenoma in Men. 1995 V 122 number 5 *Annals of Internal Medicine*

Hakim AA, Curb JD, Petrovitch H, Rodriguez BL, Yano K, Ross GW, White LR, Abbott RD. Effects of walking on coronary heart disease in elderly men: The Honolulu Heart Program. *Circulation* 1999;100:9-13.

LaCroix AZ, Leveille SG, Hecht JA, Grothaus LC, Wagner EH. Does walking decrease the risk of cardiovascular disease hospitalizations and death in older adults? *Journal of American Geriatric Society* 1996; 44: 113-120.

McTiernan A, Kooperberg C, White E et al. The Women's Health Initiative Cohort Study. Recreational Physical activity and the risk of breast cancer in postmenopausal Women. *JAMA* 2003: 290 (10): 1331-1336.

Manson JE, Hu FB, Rich-Edwards JW, Colditz GA, Stampfer MJ, Willet WC, Speizer FE, Hennekens CH. A prospective study of walking as compared with vigorous exercise in the prevention of coronary heart disease in women. *New England Journal of Medicine* 1999; 341:650-658.

Mobily, K. E., L. M. Rubenstein, J. H. Lemke, M. W. O'Hara, and R. B. Wallace. Walking and depression in a cohort of older adults: the Iowa 65+ rural health study. *J. Aging Physiol. Activ.* 4:119-135, 1996

Morris Jerry and Hardman Adrienne. 'Walking to Health' in *Sports Medicine* 23 (5):306-332.) 1997.

Ogilvie D, Foster CE, Rothnie H, Cavill N, Hamilton V, Fitzsimons CF, Mutrie N. Interventions to Promote Walking: Systematic Review, *BMJ* May 2009.

<http://www.bmj.com/cgi/content/full/bmj.39198.722720.BEv1>

Useful websites

LGiU

www.lgiu.org.uk

Natural England

www.naturalengland.org.uk

Walking for Health

www.wfh.naturalengland.org.uk

The Ramblers Association

www.ramblers.org.uk

Sport England

www.sportengland.org

Sustrans

www.sustrans.org.uk

Walk England

www.walkengland.org.uk/WalkNow.aspx

Walking UK

For walking groups, clubs and routes.

www.walking-uk.com

Walk to School

www.walktoschool.org.uk/content/wow_scheme.php

APPENDIX 1 PARTICIPANTS IN ROUNDTABLE DISCUSSIONS

Thanks to the following individuals who participated in the roundtable discussions

London 20 January 2009

Chair: Bob Russell MP, Chair All Party Parliamentary Group on Urban Walking

Corinna Edwards-Colledge, Brighton & Hove Council
Charlotte Malyon, Hampshire County Council
Laura Simmonds, Harrow PCT
Christina Millar, LB Redbridge
Stella Goddard, Natural England
Andy Jennings, Natural England
Alice Walker, Natural England
Simon Barnett, Ramblers Association
James Thatcher, Swale Borough Council
Elaine Garrett-Simpson, West Sussex County Council
Lisa Cunningham, Women's Sports & Fitness Foundation

Manchester 29 January 2009

Chair: Gemma Bradshaw, Deputy Head of the Centre for Local Sustainability, LGiU

Julia Hope, Cheshire West & Chester Council
Jane South, Leeds Metropolitan University
Andy Ireland, Liverpool Primary Care Trust
Mark Jones, Liverpool Primary Care Trust
Dave Perry, Natural England
Julie Rhodes, Natural England
Jess March, NHS Calderdale
Jen Green, Ramblers Association
Jo Bennett, Salford Community Leisure
Sonia Atkins, Staffordshire County Council
Cllr Brenda Thompson, Middlesbrough Council
Louise Sword, Trafford Community Leisure Trust
Kim Greening, University of Chester
Eamon Clabby, Wirral Metropolitan Borough Council

APPENDIX 2 SUBMISSIONS OF WRITTEN EVIDENCE

Thanks to the following organisations that submitted written evidence

Active Bristol
Boston Borough Council & NHS Lincolnshire
Calderdale Council & PCT
Carlisle Council
Charnwood Borough Council
Cheshire West and Chester partners
Cumbria County Council
Cycling England
East Dorset District Council
East Hampshire, Basingstoke, New Forest Councils and Hampshire Age Concern
East Riding of Yorkshire Council
Elmbridge Borough Council
Forest Health Council
Hasland Walking for Health, Chesterfield
Leeds City Council and NHS Leeds
Leeds Metropolitan University – Centre for Health Promotion Research
Leicester-Shire and Rutland Sport
Lincolnshire Sports Partnership
Melton Borough Council
National Obesity Observatory
Middlesbrough Council
Northamptonshire Council
The Ramblers Association
Sheffield Walking for Health
Shropshire Walking for Health
South Gloucestershire Walking for Health
South Oxfordshire Council
Sport Hampshire and IOW
Test Valley Borough Council
Trafford Community Leisure Trust
Walsall Council
NHS Wakefield and Walking for Health
Wirral Council
Walking for Health Wolverhampton
Women's Sport and Fitness Foundation

Authors: Christine Heron and Gemma Bradshaw

The LGiU is the largest, most influential think-tank and representative body operating in the space between Town Hall, Whitehall, Westminster and communities. Now in its 27th year, the LGiU continues to make a significant impact on public policy.

Our mission is to strengthen local democracy. Four policy centres — Service Transformation, Local Sustainability, Local Democracy and Children's Services — ensure that the LGiU's focus is on how councils and partners can deliver positive results and genuine impact for empowered communities.

The LGiU's Centre for Local Sustainability helps councils to better manage local resources; these resources can be environmental, social or economic. The Centre provides briefings and advice on climate change, waste management, green space, biodiversity, water quality, air quality, transport, planning, rural sustainability and sustainable economic development. The Centre for Local Sustainability works in partnership with government agencies and the private sector to join up policy and ensure that local government fully contributes to the development and implementation of sustainability strategies.

Centre for Local Sustainability at

LGiU

22 Upper Woburn Place
London WC1H 0TB
020 7554 2800
info@lgiu.org.uk
www.lgiu.org.uk