



# Bournemouth, Poole and Dorset Local Transport Plan

April 2011

Supporting Document – 4

Health Strategy



## Foreword

Local Transport Plans (or LTPs) are comprehensive plans which look at the transport needs of the area and set out a way forward to deliver those needs through short, medium and long term transport solutions. They set out how transport can improve our safety and health, support our local economy, protect our environment and reduce carbon emissions and pollution. They are also how funding for maintenance and improvements are secured from central government. LTPs can consider improvements to all major forms of transport whether under the control of local councils or not.

The main LTP documents comprise a strategy for transport for the whole of Bournemouth, Poole and Dorset for the next 15 years and a separate implementation plan which contains detailed proposals for the next 3 years. A separate summary document has also been prepared. These are all available to view or download at:- [dorset4you.com/localtransportplan](http://dorset4you.com/localtransportplan), along with a full set of supporting strategies and related documents.

This document is one of a number of individual strategies that have helped inform the development of the Local Transport Plan. Each has been led by one of the LTP authorities and has generally followed a common structure and format. In many cases these strategies are live documents and will be further developed during the next few months as the Government further develop its own transport policies or as further analytical work is undertaken.

This document will be kept live and updated on a regular basis. If you wish to make comments on the document then email us at [ltp@dorsetcc.gov.uk](mailto:ltp@dorsetcc.gov.uk) or alternatively telephone 01202/01305 221000.

You can also write to us at:-

Transport Planning Team (LTP)

Planning Department,

Dorset County Council,

County Hall,

Dorchester, DT1 1XJ.

# **Bournemouth, Poole and Dorset LTP3 2011 - 2026**

## **HEALTH STRATEGY**

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# 1. Introduction/ Background

## ***Purpose of the Document***

This strategy is one of several supporting documents to the Bournemouth, Poole and Dorset Local Transport Plan (LTP). The main LTP strategy sets out the strategy for transport in the sub-region for the period 2011-2026.

This health strategy sets out how health is linked to transport and how the population can become healthier by improving the transport system, in particular by making improvements that will encourage people to travel using active modes such as walking and cycling. This document shows how the LTP strategy for transport links with current health policies and strategies.

## ***Introduction***

There is overwhelming evidence that regular physical activity has important and wide-ranging health benefits. The Local Transport Plan can be used to encourage people to increase their daily levels of physical activity by routinely choosing healthy active travel modes, such as cycling, walking and public transport rather than using the car. This can be achieved by providing a safe, attractive and rewarding environment for pedestrians and cyclists and public transport users and ensuring the safe separation of pedestrians and cyclists from motor vehicles wherever possible. This will also contribute to reduced congestion, improved accessibility, lower carbon emissions and better air quality. Walking and cycling can often also be a quicker, lower cost alternative to the private car for shorter distance trips.

There is also a need to resolve conflict on the congested road system, particularly in the South East Dorset conurbation and, with good design, this can be achieved in ways that promote health. Heavily congested roads are bad for people's health, as well as the economy. A well-planned approach to resolving the conflict which congestion embodies is to design a better way of sharing scarce space (both geographic and temporal).

In February 2010, the Department of Health (DH) and the Department for Transport (DfT) published an Active Travel Strategy. The vision is for "more people walking and cycling more often, and more safely". The strategy states that what is required is a "*coherent programme of targeted and complementary measures addressing a range of barriers and opportunities to deliver a change*".

The Chief Medical Officer said in his 2009 annual report:<sup>1</sup>

*The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'.*

The World Health Organisation (WHO)'s recommended level of physical activity for adults is a total of at least 30 minutes a day of at least moderate intensity physical activity on five or more days of the week<sup>2</sup>. This recommendation was supported by the

Department of Health's Chief Medical Officer in his report of 2004<sup>3</sup>. However, in 2008, nationally, only 39% of men and 29% of women aged 16 or over managed to do 30 minutes a day<sup>4</sup>. Many people attribute their failure to achieve the target recommendations to a lack of time to take exercise.

For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life, such as walking or cycling instead of driving. Use of public transport, also, as this usually includes a walk to or from the bus stop or railway station.

People who are physically active reduce their risk of developing major chronic diseases – such as coronary heart disease, stroke and type-2 diabetes – by up to 50%, and the risk of premature death by about 20-30%. One in four people each year will visit a doctor because of a mental health problem. Being more active and having more contact with the outdoors reduces stress and can prevent and reduce depression and anxiety.

Inactivity affects 60–70% of the adult population in England: that is more people than obesity, alcohol misuse and smoking combined. The financial burden placed on the NHS by inactivity is estimated to be £1.0-1.8 billion per year while the estimated cost to the English economy per year is estimated to be £8.3 billion.<sup>1</sup> According to 2006/07 data, the cost of physical inactivity per 100,000 population was £1.4M for Bournemouth and Poole Primary Care Trust (PCT) and £1.6M for Dorset PCT.<sup>5</sup> Nationally, the wider cost to society and business of tackling obesity is forecast to reach £49.9 billion per year by 2050 on current trends.<sup>6</sup>

In 2008, almost a quarter of adults (24% of men and 25% of women aged 16 or over) in England were classified as obese (Body Mass Index 30kg/m<sup>2</sup> or over).<sup>7</sup>

The recommended levels of physical activity in children and young people (age 5 to 17) is one hour of moderate to vigorous intensity physical activity daily<sup>3</sup>. However, the physical fitness of children is declining by up to 9% per decade and there has been a gradual decline in walking and cycling nationally in the last 10 years. Locally, the Dorset sub-region has experienced some recent growth, supported by walking and cycling measures introduced through the LTP. LTP3 must build upon this to achieve sustained long term growth.

The issue of obesity cuts across many different services and therefore a joined up approach is essential. The Foresight report<sup>6</sup> on tackling obesity shows that local authorities can play a powerful role in shaping the environment which could help tackle the problem. Working in partnership with NHS Bournemouth and Poole and NHS Dorset, the three local authorities of Bournemouth, Poole and Dorset aim to increase levels of physical activity through an integrated sustainable transport strategy; the aim is for more people cycling and walking safely and more often so that they can live healthier and happier lives.

Other factors related to transport that also influence health include safety, security, air quality and traffic-related noise. These will also be considered as part of this strategy. While the number of people killed or seriously injured in road traffic collisions is steadily decreasing generally, there is still a need to focus on reducing this number further. A sense of security, both personal and physical, when travelling provides an increased feeling of well-being and improved quality of life. Poor air quality caused by traffic pollution can have a negative effect on respiratory health. Traffic noise and congestion can cause increased stress and anxiety, including from sleep disturbance.

A Strategic Environmental Assessment has been conducted as part of the LTP3 process. This assessment contains a Health Impact Assessment, which sets out some objectives that relate to Population and Human Health. It also identifies key health issues and suggests mitigation recommendations to be incorporated into the LTP strategy. These recommendations have been used to inform several of the LTP3 supporting strategies, including this Health Strategy.

1. On the state of public health: Annual report of the Chief Medical Officer 2009. Department of Health, March 2010
2. Global Recommendations on Physical activity for Health, World Health Organization [http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/index.html](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html)
3. The Chief Medical Officer. At least five a week: evidence on the impact of physical activity and its relationship to health. Department of Health, London, 2004.
4. Health Survey for England 2008: Physical Activity and Fitness commissioned by the NHS Information Centre for Health and Social Care.
5. Be active, be healthy: A plan for getting the nation moving, Department of Health, 2009. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358)
6. *Foresight* Tackling Obesities: Future Choices – Project report. Government Office for Science 2007. <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/KeyInfo/Index.asp>
7. Statistics on obesity, physical activity and diet: England, 2010. NHS Information Centre for Health and Social Care.

**Related Policies and Strategies**

This health strategy is one of several supporting strategies to the third Local Transport Plan (LTP3). It should not be considered in isolation, as it embraces several other LTP3 supporting strategies, and is particularly linked to those listed below.

<b>HEALTH STRATEGY</b>	<b>Related Strategy</b>
	<b>Cycling Strategy</b>
	<b>Low Carbon Travel Strategy</b>
	<b>Accessibility Strategy</b>
	<b>Road Safety Strategy</b>
	<b>Sustainable modes of travel to school strategy</b>
	<b>Rights of Way Improvement Plans (RoWIPs)</b>

In addition, this health strategy also supports and contributes to other wider policy areas, including Community Strategies, Local Area Agreements (LAA) and Healthy Weight/ Obesity strategies. Furthermore, the three authorities have a Multi-Area Agreement (MAA) which sets out an approach to delivering economic growth whilst respecting and protecting Dorset’s unique environmental assets.

Local Strategic Partnerships are responsible for the implementation of the Community Strategies and LAAs, which include priorities on health and wellbeing. The Dorset Health and Well-being Partnership (HWP) is the health theme group of the Dorset Strategic Partnership. It has identified five key priorities for improving health in Dorset, including three that are relevant to the LTP.

- Healthier communities (targeting health inequalities, including lifestyle and well-being issues such as freedom from smoking and mental health, and emphasising service accessibility)
- reducing obesity, especially for children (including promoting healthy eating and exercise)
- healthier workplaces

One of the visions of the Health and Well-being Strategic Delivery Partnership in the Bournemouth 2026 Sustainable Community Strategy is

- Life expectancy is the same for all, and people, including those who are disadvantaged and vulnerable, have healthy lifestyles

Poole Partnership, the Local Strategic Partnership for Poole, has several priorities for promoting health and well-being in Poole’s Sustainable Community Strategy (2006-2012) including

- Reducing health inequalities
- Improved health through healthier lifestyles



- Promoting workplace health
- Improved mental health

“Healthy weight, healthy lives: a cross-Government strategy for England” was published by the Department of Health in 2008, with an initial focus on preventing obesity in children and young people. Since then, the campaign has been extended to include at-risk adults. One of the five key themes in the strategy was “Building physical activity into everyday lives”. Under this theme, there are a range of interventions that local authorities, primary care trusts and strategic partners can deliver to reduce the risk of obesity.

*The benefits of regular physical activity to health, longevity, well being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone, young and old alike, is to build these benefits into their daily lives. 1*

The “Change for Life” campaign is the Department of Health’s marketing strategy for reducing obesity in England. The campaign is the marketing component of the “Healthy weight, healthy lives strategy”. Its simple message to the public is “Eat well, move more, live longer”.

The South East Dorset Green Infrastructure strategy sets out a framework for high quality accessible green infrastructure. ‘Green infrastructure’ is a strategic network of multi-functional green space, both new and existing, both rural and urban, which supports natural and ecological processes and is integral to the health and quality of life in sustainable communities. It delivers a broad range of functions and provides vital socio-economic and cultural benefits which underpin individual and community health and wellbeing. These functions include: conserving and enhancing the natural environment; providing wildlife corridors; reducing noise and air pollution; and helping communities to adapt to a changing climate through water and carbon management. In urban areas, functions include providing routes (e.g. footpaths and cycleways) which link areas of open space within settlements; providing sustainable drainage, flood storage and urban cooling; and providing a wide range of opportunities for engagement and active citizenship, relaxation and quiet contemplation, sport, recreation and children’s play.

One of the themed initiatives of the green infrastructure strategy for South East Dorset is Healthy Sustainable Travel Routes. One of the benefits of an adequately resource and well-managed green infrastructure asset for South East Dorset is:

To help improve quality of life for communities in South East Dorset, by providing ‘green lungs’ and access to nature as well as opportunities for active and passive recreation particularly in socially deprived areas.

Rights of Way Improvement Plans (RoWIPs) aim to update and develop an efficient and effective Rights of Way Network so that it provides not only recreational and sporting benefits but also support for many other policy objectives including: public health, environmental quality, cultural identity, community vitality, sustainable transport, green tourism, social inclusion, land management – agriculture, forestry &



environmental conservation, planning and development, the economy and overall quality of life. RoWIPs are intended to be the prime means by which local highway authorities identify the changes to be made, in terms of the management of, and improvements to, their local rights of way network. This enables them to meet the government's aim for better provision for walkers, cyclists, equestrians and people with mobility difficulties.

The Bournemouth, Dorset and Poole Total Place Pilot is a multi-agency report that focuses on services and support for elderly people. The task of the pilot was to "secure better services and outcomes for older people at lower cost through a focus on place, greater collaboration between agencies and greater involvement of customers/citizens". Part of the pilot project looks at providing physical activity opportunities for older people as part of primary prevention measures which promote well being.

A list of relevant strategies and guidance, including relevant NHS strategies can be found in Appendix A.

## 2. This is where we want to be

### **VISION**

The vision for health sets out the desired overall outcome for health and well-being for the LTP3 period 2011 to 2026. The health strategy sets out how this vision can be achieved.

To have a healthier, more physically active population that chooses to walk or cycle for shorter distance journeys and enjoys an increased sense of well-being in a safe, healthy environment

This supports the overall LTP3 vision:

“To create a safe and reliable transport system for Bournemouth, Poole and Dorset that assists in the development of a strong economy, maximises the opportunities for sustainable transport and respects and protects the area’s unique environmental assets”

The World Health Organisation (WHO) defines “health” as

*“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.*<sup>8</sup>

It also recognises the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being.

The Chief Medical Officer wrote in 2009<sup>9</sup>.

*“The potential health gains from active lifestyles are evident, and we must act now to create a shift in societal attitudes and behaviour towards physical activity. Changing inactive lifestyles and reducing levels of inactivity pose a tremendous public health challenge, but it is a challenge we must rise to if we are to improve health.”*

<sup>8</sup>. Constitution of the World Health Organisation as adopted by the International Health Conference, WHO, 1946

<sup>9</sup>. Let’s get moving: a new physical activity care pathway for the NHS, Department of Health, September 2009

## GOALS

The following goals will help achieve the vision of the health strategy

1. Improved levels of health and well being from more people cycling and walking more often
2. To create an attractive, safe and rewarding environment for pedestrians and cyclists.
3. To reduce the ill effects that transport can have on health by reducing road casualties and traffic-related noise, pollution and congestion.
4. More people to be able to meet their daily needs, including access to key services, through walking or cycling.
5. To create a culture that puts daily physical activity at the centre of the community, by providing support, encouragement and training.
6. To reduce health inequalities

### ***How this contributes to the wider LTP goals***

These goals strongly support the overall LTP goals, including the additional overarching LTP goal on Value for Money.

Diagram 1 demonstrates how the health strategy contributes to meeting the LTP goals.

### Supporting Economic Growth

Reduction in single-occupancy car trips, particularly for shorter distances, with higher levels of walking and cycling contribute to reduced congestion which helps to support the economy. By improving the health and well-being of the population, the number of days of absence due to sickness will be reduced. This will boost the prosperity of local businesses.

Employees who walk or cycle to work are often more alert and they have less time off sick (Davis & Jones 2007)<sup>10</sup>. If people are able to meet their daily needs within walking or cycling distance of home they will use local shops and businesses more. More people walking and cycling to work also helps to reduce traffic congestion and improve the reliability of the transport network.

One of the beneficial outcomes of the health strategy will be to reduce the economic cost of physical inactivity to the Dorset sub-region.

<sup>10</sup>Davis, A and Jones, M. 2007. Physical activity, absenteeism and productivity: an evidence review.

## Tackling Climate Change

Walking and cycling are zero carbon forms of travel so creating an environment in which people choose to walk, cycle or use public transport instead of the private car, will achieve a reduction in carbon emissions. Carbon emissions will also be reduced by improving connections between different modes of transport to make travel more sustainable. Improving the rights of way network will encourage active travel and have a positive impact on carbon emissions. Introducing measures to improve air quality and reduce traffic pollution will also result in lower emissions.

*Climate change and health are inextricably linked. Global health is fundamentally threatened by climate change. Conversely, there is an opportunity to actively improve health by taking steps that also help to slow climate change.*

*A series of win-win actions can both slow climate change and substantially improve England's health now. These include walking and cycling for a greater proportion of journeys.<sup>1</sup>*

## Better Safety, Security and Health

Physical activity has important and wide-ranging health benefits. Creating an environment that encourages and supports active travel, including safer routes to schools schemes and increased use of public transport will contribute to improved health generally, particularly to a reduction in obesity levels. Public transport is one of the safest ways to travel.

The full health benefits of active travel include:

- Reduces risk of :
  - dying prematurely (all-cause mortality)
  - heart disease by 50%
  - stroke by up to 40%
  - developing high blood pressure and helps reduce blood pressure in people who already have it
  - developing Type 2 Diabetes
  - developing colon and breast cancer – 10% of all cancer deaths among non-smokers are related to obesity (30% of endometrial cancers)
  - falls – especially relevant for the elderly population of Dorset.
  - infertility
  - respiratory effects such as obstructive sleep apnoea, daytime somnolence and pulmonary hypertension.
  - liver and gallbladder disease.
- Helps control weight
- Helps build & maintain healthy bones, muscles and joints. Beneficial effect on osteoporosis (reduce fractures) and lower back pain (major cause of sick leave).
- Reduces risk of osteoarthritis
- Promotes psychological well-being

Improved air quality and less pollution will also reduce the risk of respiratory disease. Reduced traffic noise and congestion will reduce the risk of stress and anxiety. It is recognised that noise exposure can cause annoyance and sleep disturbance both of which impact on quality of life. It is also agreed by many experts that annoyance and sleep disturbance can give rise to adverse health effects. There is emerging evidence that long term exposure to some types of transport noise can additionally cause an increased risk of direct adverse health effects. In addition, other wider benefits of active travel, include increased social interaction throughout the lifecourse, which improves mental health and well-being.

*Wider environmental factors also have a huge impact upon children's and young people's ability to stay healthy. For example, walking or cycling to school or play areas is a key way to improve children's health and to reduce obesity, at the same time reducing pollution, and increasing road safety and community cohesion.<sup>11</sup>*

## Equality of Opportunity

Providing a greater, more flexible choice of travel modes, by creating an environment in which people are able to safely cycle, walk and use public transport, helps to reduce the disadvantage experienced by those who do not have access to private transport. It also contributes to reducing health inequalities. Walking and cycling are low cost modes of travel and therefore an affordable travel option for low income households.

## Improve Quality of Life

People who are active and have a healthy weight generally have a good sense of well-being. Enhancing the access to Dorset's outstanding natural environment will enrich the way in which residents and visitors experience life in the county. Walking and cycling instead of using a car also contributes to better air quality and reduced noise pollution which creates a more pleasant natural environment. Walking and cycling infrastructure also lends itself to more attractive built environments.

## Value for Money

Creating and improving the infrastructure for active travel is generally less expensive than extending the highway road network. The sustainable transport charity Sustrans has taken the Government's own methods of assessing the economic benefits of transport schemes and applied them to a number of local "Links to Schools" walking and cycling routes<sup>12</sup>. The results show them to have a benefit to cost ratio (BCR) of 20:1. This is in stark contrast to the typical ratio of just 3:1 for other transport schemes such as rail and roads. Dr Adrian Davis has expanded this Sustrans study to review the evidence base from several BCR assessment studies in the UK, Europe and the USA<sup>13</sup>. Almost all of the studies identified reported economic benefits

of walking and cycling interventions which are highly significant. The median result for all data identified is 13:1 and for UK data along the median figure is higher, at 19:1.

Partnership working, especially between local authorities and the health authority, will mean resources will be better targeted to the areas where they will have the greatest impact and will therefore allow a more cost effective approach to meeting health needs.

11. Healthy lives, brighter futures: The strategy for children and young people's health, Department of Health and Department for Children, Schools and Families, February 2009.

12. Sustrans economic appraisal of local walking and cycling routes.

<http://www.sustrans.org.uk/resources/research-and-monitoring>

13. Value for Money: An Economic Assessment of Investment in Walking and Cycling. Dr Adrian Davis, March 2010

### ***How this contributes to the LTP3 strategy measures***

The seven key strategy measures of LTP3 are:

1. Minimise the need to travel
2. Manage and maintain the existing network more efficiently
3. Public transport alternatives to the private car
4. Active travel and "greener" travel choice
5. Travel safety measures
6. Manage demand for car use
7. Strategic Network improvements

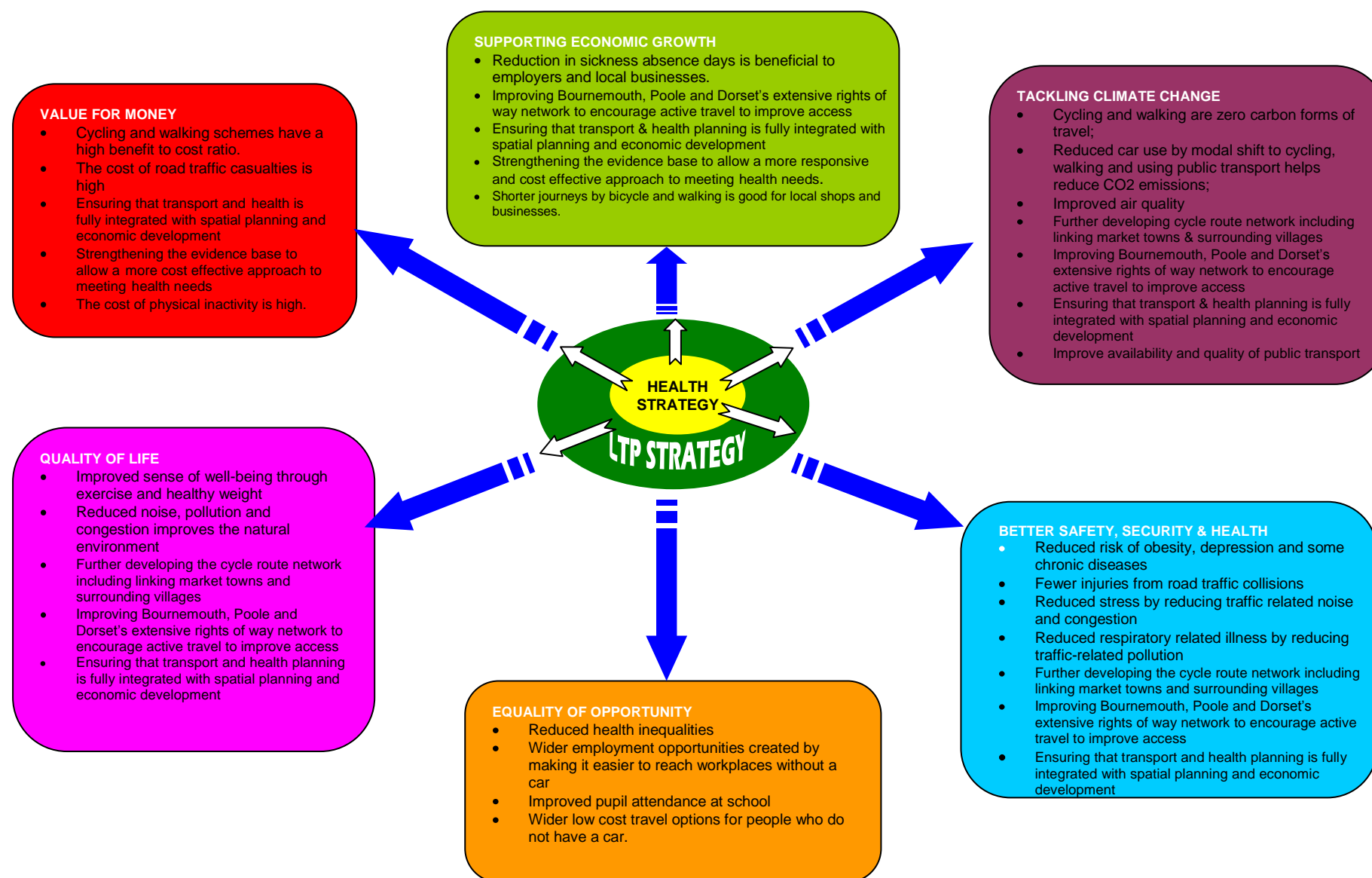
Most relevant to the health strategy is strategy measure 4, which has the following key principle:

Widening the opportunities for healthy lifestyles through integrating active travel into people's everyday lives and influencing travel behaviours to encourage "smarter" choices for getting around in more sustainable ways

Also significant is travel safety (measure 5), particularly for pedestrians and cyclists, but also for public transport users and motorists.

The measure to manage demand for car use (measure 6) is also relevant to health. In London where the congestion charge has been introduced as a demand management measure, a major step change in rates of active travel has been created. Londoners are now more active and less obese than the population overall.

**Diagram 1 – Contribution to LTP3 goals**





### 3. This is where we are now

Local Transport Plans have been operating in Bournemouth, Poole and Dorset since 2001. During the last LTP period (2006 to 2011) many projects and initiatives have been delivered that help to change the current physical environment and support projects across the three authorities that help people make active healthy lifestyle choices easier. These include increased facilities for cyclists, pedestrians and public transport users, as well as promoting active travel and providing cycle training and safer routes to schools. A comprehensive list of recent key achievements relating to active travel can be found in Appendix B.

#### ***Performance against targets***

##### LTP2 Targets

Performance against the LTP2 cycling targets is reported in detail in the Cycling Strategy. To summarise, in South East Dorset, there has been an 80% increase in the number of cycling trips from 2003/04 to 2008/09 which far exceeds the target of 10%. In the rest of Dorset, the increase in cycling trips is slower but still on target to reach a 15% increase from 2004 to 2011. Strongest growth has been experienced in Christchurch. Cycling trips in Weymouth declined during the period from 2003/04 to 2008/09, but have now begun to grow above the base level again. It is anticipated that they will rise significantly with completion of current proposals for the 2012 Olympic legacy cycle network.

Performance against the LTP2 road safety targets is reported in detail in the Road Safety Strategy. Overall casualty numbers across the three local authorities continue to decline, however the trend for Killed and Serious Injuries (KSI) presents a significant challenge as this has not fallen as quickly as had been expected in order to achieve the LTP2 targets.

Bus patronage, as monitored by NI 177, has increased significantly over the last 5 years. Most of this increase has occurred in the South East Dorset conurbation.

##### LAA Targets

The three authorities each have their own set of indicators for their Local Area Agreements, although they have a number in common. All three have selected NI56 Obesity among primary school age children in Year 6, although Bournemouth and Poole have set a joint target. Bournemouth and Dorset have both selected NI47 People killed or seriously injured in road traffic accidents. The following table shows which indicators, relating to this health strategy, form part of each authority's LAA. Only the performance of the indicators highlighted in bold are reported in this strategy. The others are reported in other strategy documents, as shown in the table below.

National Indicator	BBC	BoP	DCC	See Strategy
NI 47 People killed or seriously injured in road traffic accidents	√		√	Road Safety
<b>NI56 Obesity among primary school age children in Year 6</b>	√	√	√	<b>Health Strategy</b>
<b>NI120 All-age all cause mortality rate</b>			√	<b>Health Strategy</b>
<b>NI121 Mortality rate from all circulatory diseases at ages under 75</b>	√	√		<b>Health Strategy</b>
NI167 Congestion – average journey time per mile during the morning peak	√	√	√	Low Carbon Travel Strategy
NI175 Access to services and facilities by public transport, walking and cycling	√		√	Accessibility Strategy
NI177 Local bus passenger journeys originating in the authority area			√	Accessibility Strategy
NI185 CO2 reduction from Local Authority operations	√	√	√	Low Carbon Travel Strategy
NI186 Per capita CO2 emissions in the LA area	√	√	√	Low Carbon Travel Strategy
NI198 Children travelling to school – mode of travel usually used	√			Sustainable modes of travel to school strategy

National Indicator	Baseline (2006/07)	Target 08/09	Actual 08/09	Performance
<b>Bournemouth and Poole LAA (joint targets)</b>				
NI56 Obesity among primary school age children in Year 6	15.7%	17.9%	15.3%	<b>On Track</b>
NI121 Mortality rate from all circulatory diseases at ages under 75 (per 10,000 people)	62.8%	54.5%		
<b>Dorset LAA</b>				
NI56 Obesity among primary school age children in Year 6	13.1%	13.7%	14.9%	<b>Not on Track</b>
NI120 All-age all cause mortality rate (per 10,000 people)	<b>Male =565</b>	<b>M=530</b>	<b>M=570</b>	<b>Not on Track</b>
	<b>Female=403</b>	<b>F=408</b>	<b>F=396</b>	<b>On Track</b>

From the National Child Measurement Programme 2008-09, the percentages of children who are overweight or obese in each area are shown in the following table:

	Overweight & obese children in Reception (age 5)	Overweight and obese children in Year 6 (age 10)
Bournemouth & Poole	20.8%	28.7%
Dorset	21.9%	28.9%

Obesity in children is a major cause for concern in health terms. Overweight children may be a cause for concern because there is likelihood that they may become obese in the future.

## ***Partnership working arrangements***

The three local authorities are increasingly working with partners to deliver projects which can help to meet the objectives of several organisations. For example, working with the NHS to promote cycling and walking can help to make people healthier, but also reduce congestion and carbon emissions. By working in partnership with other organisations, the authorities are able to pool staff, funding and other resources and can share data and evidence, all of which help to maximise resources to target those people who can benefit the most from our interventions. Some examples of current partnership arrangements that link health and transport are listed in the following paragraphs.

### NHS Dorset Healthy Weight Strategy steering group

The steering group for the Healthy Weight Strategy for Dorset 2009 – 2012 consists of many partners including NHS Dorset, Dorset County Council, NHS Bournemouth and Poole, Healthy Living Wessex, Purbeck District Council, East Dorset District Council, Active Dorset, Dorset County Hospital NHS Foundation Trust. The work of this group focuses reducing obesity through encouraging healthy eating and all forms of physical activity, not just those linked to transport. Active travel initiatives emerging from this strategy include:

- Jointly commissioning a Sustrans Bike IT officer to promote walking and cycling in Dorset's schools. This officer is currently shadowing the Bike IT officer working with Poole and Bournemouth's schools.
- Joint marketing in Dorset's B-Active Guide 2010
- Working together to monitor the success of the strategy by sharing data and evidence
- Communities for Health programme - active travel theme (see below)

### Communities for Health

The Communities for Health programme is funded by the Department for Health, Health Inequalities Unit and managed through the Dorset Health and Wellbeing Partnership. The programme aims to focus on local activity on key health and wellbeing priorities through promoting action between different sectors, local organisation and communities, and developing the capacity of local health partnerships. Communities are engaged in initiatives to improve the health and wellbeing of the population, and develop their capacity to support individual behavioural change for healthier lifestyles, through projects that focus on key health and wellbeing priorities. For 2009 these key priorities were reducing childhood obesity and supporting people with mental ill-health back to work or to continue in work. As part of the priority to reduce childhood obesity, LTP capital funds were offered to support any projects that involved active travel. This was later extended to include any community projects promoting active travel, not just for children. Several community groups successfully obtained funding for their projects including local active travel maps, cycle storage and walking bus shelters in schools and a cycle recycling scheme. Support for the programme from the LTP has continued in 2010/11 and is due to continue at least until 2012/13.

### Community Transport Officer for SE Dorset

A Community Transport (CT) Development Manager post, jointly funded by Bournemouth Borough Council, Borough of Poole and NHS Bournemouth and Poole, has been created to integrate and develop existing CT provision in the conurbation. This will meet the needs of the Personalisation Agenda in Social Care and support non-emergency patient transport.

#### Developing Local Development Frameworks (LDF)

Local Development Frameworks (LDFs) set the planning policy for future development at the local level for unitary, district and borough authorities. The Transport Planning team at Dorset County Council, along with the Highways Agency, is fully engaged with the district and borough council planning authorities in developing LDFs for Purbeck, North and North East Dorset, West Dorset, Weymouth and Portland. This includes joint development of the evidence base and the core strategies and some joint public consultation events. Similarly in the unitary authorities of Bournemouth and Poole, the transport planning teams are working together with the planning teams to produce their LDFs. Working together with the responsible planning authorities/ teams will ensure that new developments contain a transport infrastructure that encourages people to be physically active and provide safe, convenient links to employment, education and services by active travel modes, including public transport.

#### Joint Cross Conurbation Rights of Way Team

To improve service delivery Bournemouth Borough Council and the Borough of Poole have pooled their resources to create a two person team that will serve both authorities.

#### Developing a Green Infrastructure Strategy for South East Dorset

The Green Infrastructure steering group consists of many partners including Bournemouth Borough Council, Borough of Poole, Dorset County Council, East Dorset District Council, Christchurch Borough Council, Purbeck District Council, The Environment Agency, Natural England and The Forestry Commission. Green infrastructure is wide-ranging and can provide multi-functional solutions for (amongst other things) active travel and health. The partners are currently preparing a joint GI strategy for South East Dorset.

#### Bournemouth, Dorset and Poole Total Place Pilot

The Bournemouth, Dorset and Poole Total Place Pilot project focuses on services and support for elderly people. The task of the pilot was to “secure better services and outcomes at lower cost through a focus on place, greater collaboration between agencies and greater involvement of customers/citizens”. The organisations involved are: NHS Dorset, NHS Bournemouth and Poole, Bournemouth Borough Council, Dorset County Council, Poole Borough Council, the six District Councils of Christchurch, East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland, Dorset Police and Dorset Fire and Rescue Service. There has, in addition, been active engagement from the third sector, older people themselves and a number of other organisations, including DWP/Job Centre Plus, Department of Health and other government departments.

**Evidence of the current situation**

**THE PLACE SURVEY**

From the responses to the Place Surveys 2008 for Bournemouth, Poole and Dorset, the top 3 things that people felt most needed improving to make their area a better place to live were:

- Activities for teenagers
- The level of traffic congestion
- Road and pavement repairs

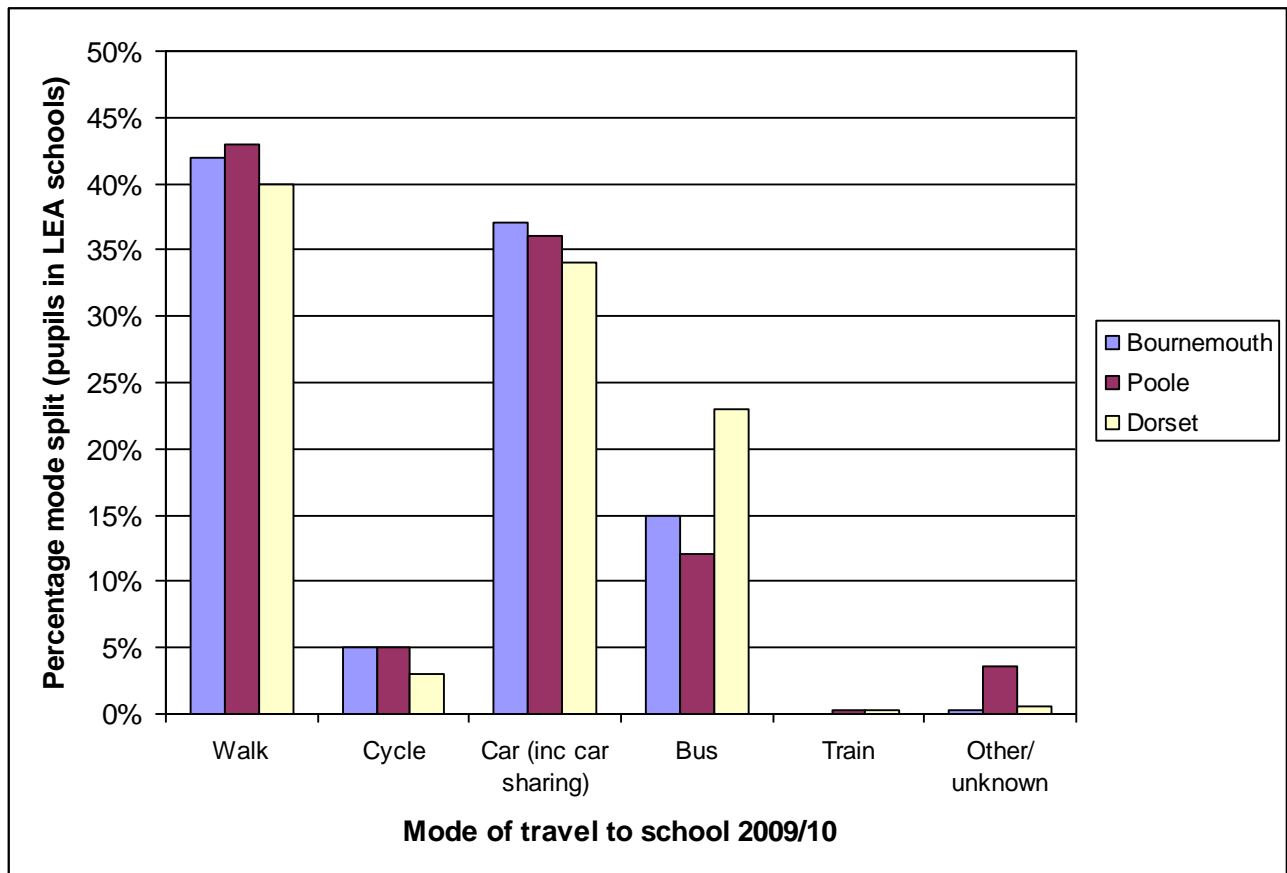
In Poole and rural Dorset, the fourth thing most in need of improvement was public transport.

All of these have an impact on obesity in relation to physical activity, particularly walking and cycling. Improving these issues could result in reduced levels of obesity and improved health.

**TRAVEL MODE TO SCHOOL**

In order to address the issue of childhood obesity and to help meet the LAA target for National Indicator 56, more pupils should be encouraged to use an active travel mode such as walking or cycling for at least part of the journey to school. In order to target our resources it is important to look at which schools have the most potential for increasing cycling and walking, particularly where pupils that live within walking distance of their school are currently getting to school by car. The annual travel mode to school data for 2009/10<sup>14</sup> shows how pupils are currently travelling to school.

The following chart shows how pupils in LEA schools within the 3 authorities currently travel to school.



One of the negative effects of giving parents more freedom to choose where they send their children to school is that many pupils do not attend the school that is nearest to their home. This often means that cycling or walking is not an option and there may be no eligibility for free bus travel. The result is that parents drive their children to school, although they often combine it with another trip purpose, such as their own journey to work.

The annual travel mode to school data can be used to target those schools which have the highest number of pupils who live within walking distance of their school, but who currently travel by car. The following table gives further details for pupils in LEA schools in Bournemouth, Poole and Dorset. It shows the number of pupils (actual numbers and percentages) currently living within walking distance of their school but travelling by car.

	<b>Bournemouth</b>	<b>Poole</b>	<b>Dorset</b>
Total Pupil numbers	20183	18888	54025
Pupils not attending their nearest school	68%	59%	40%
Pupils living within walk threshold*	49%	47%	42%
Percentage of those pupils living within walk threshold that currently travel by car	25%	22%	18%
Number of pupils living within walk threshold that currently travel by car	2443	1958	3960

\*Walk threshold is 0.8km for primary (Reception to Year 6) and Specials, 2km for secondary (Years 7 to 14).

### Potential

Evidence from the annual travel mode to school and postcode data shows that in Dorset, Poole and Bournemouth there has been an increase of almost 5% in the number of young people walking to school in the last 2 years. This amounts to an average of around 600 per authority. The evidence also shows that, if 75% of those pupils living within the realistic walking threshold who currently travel by car, can be encouraged to walk, there is a potential to increase the total number of pupils walking to school by over 6000, which is equivalent to almost 800,000 extra walking trips per local authority per year<sup>15</sup>.

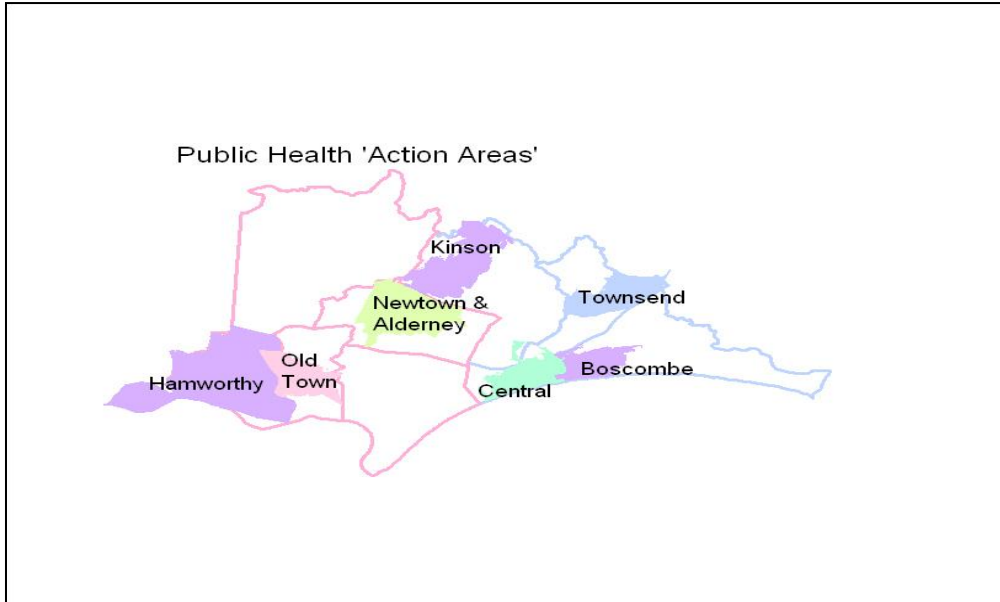
By identifying the schools that have the highest number of pupils that live within walking distance but currently travel by car, resources (such as the Bike It programme, Bikeability training and other school promotions) can be directed towards those schools where the impact will be greatest.

<sup>14</sup> 2009-10 National School Census Mode of Travel Data. School Travel Health Check.  
[www.sthc.co.uk](http://www.sthc.co.uk)

<sup>15</sup> Promoting Active Travel to School: Progress and Potential. Department of Health, NHS South West and Modeshift, 2010

## HEALTH INEQUALITIES

The Foresight report on obesity<sup>6</sup> indicates that there is some correlation between social deprivation and obesity. Because of the comparatively worse health experienced by residents living in the most deprived areas compared with the rest of the conurbation, Bournemouth and Poole Primary Care Trust (PCT) has identified six public health action areas. The PCT will focus and target support to practices in these areas in order to reach groups in the most deprived areas.



In the Dorset PCT geographical area, there are pockets of social deprivation and rural poverty and these are mainly concentrated in the areas of Weymouth and Portland and Christchurch. Information from both the Dorset Joint Strategic Needs Assessment (JSNA) and the Association of Public Health Observatories Health Profiles 2010 for Dorset has been used by the Dorset PCT in service provision and design. In addition, a Dorset Lifestyle Survey is implemented regularly to provide a more detailed picture in order to assess local needs.

## AIR QUALITY

Transport in the sub-region, along with other polluting sources such as industry and energy reduction, produces emissions of nitrogen dioxide and particles (PM10) which can have harmful effects on human health, particularly for those with cardio-respiratory conditions and the very old.

Following air quality assessments within the Dorset sub-region, four Air Quality Management Areas (AQMA) have currently been designated where pollution levels exceed acceptable standards in these localised areas – Winton Banks (Wimborne Road, Bournemouth), Commercial Road at Ashley Cross (Poole), Chideock (A35, Dorset) and High East Street (Dorchester). Air Quality Action Plans are in place or in development at all four sites. In all cases, the main cause has been road traffic. Heavy Goods Vehicles (HGV) can contribute significantly to pollutants. There is a need to address local air quality issues during the LTP3 period, particularly to tackle issues at existing AQMAs, and prevent further AQMAs from being declared elsewhere.

## CYCLING POTENTIAL IN THE SE DORSET CONURBATION

In May 2010, Steer Davies Gleave published a cycling potential index<sup>16</sup> which provided an evidence-based method of assessing the underlying potential for cycling in UK towns. The report showed that the Bournemouth and Poole conurbation was second only to Greater London as the Metropolitan area with the most potential for significantly increasing cycling rates. This shows that it



would be worthwhile investing in cycling infrastructure in Bournemouth and Poole, and once this infrastructure is in place, investing in measures to encourage more cycling.

## KEY HEALTH FACTS

- On average, an inactive person spends 38% more days in hospital than an active person, and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual.<sup>17</sup>
- One in four people in England said they would become more active if they were advised to do so by a doctor or nurse<sup>18</sup>. The average patient will visit their GP about 4 times a year, with 78% of people consulting their GP at least once during the year.<sup>19</sup>
- The return on investment to promote physical activity at population level can be significant. Cycling England has estimated that a 20% increase in cycling by 2015 would save £107 million by reducing premature deaths, £52 million from lower NHS costs and £87 million due to fewer absences from work.<sup>20</sup>
- The health of people living in Poole and Dorset is better than the national average, while the health of people living in Bournemouth is similar to the national average. Life expectancy in Dorset and Poole is also higher than the national average, while the life expectancy of male and females living in Bournemouth is about the same as the national average.<sup>21</sup>
- Bournemouth and Weymouth and Portland have a significantly higher rate of people claiming incapacity benefit for mental health issues than the national average<sup>20</sup>. Physical activity is considered to have the potential to contribute to preventing and treating mental health in some cases; for example, there is an estimated 13% reduced risk of cognitive decline for every mile walked per week over a lifetime<sup>22</sup>. Therefore, physical activity can play a significant role in contributing to good mental health.
- The number of children who are physically active in Christchurch is significantly lower than the national average and in Poole the number of adults who are obese is higher than the national average.<sup>21</sup>

<sup>16</sup> The cycling potential index of UK towns, Tony Duckenfield, Steer, Davies, Gleave, May 2010

<sup>17</sup> Sari, Nazmi (2008) Physical inactivity and its impact on healthcare utilization, *Wiley InterScience*, 18 (8): 885–901.

<sup>18</sup> HSE (2006) The Health Survey for England 2006: CVD and risk factors adults, obesity and risk factors children, commissioned by the NHS Information Centre for health and social care.

<sup>19</sup> [http://www.rcgp.org.uk/patient\\_information.aspx](http://www.rcgp.org.uk/patient_information.aspx)

<sup>20</sup> Macdonald B (2007) *Valuing the benefits of cycling: A report to Cycling England*. London.

<sup>21</sup> Association of Public Health Observatories Health Profiles 2010. [www.healthprofiles.info](http://www.healthprofiles.info)

<sup>22</sup> A prospective study of physical activity and cognitive decline in elderly women. Yaffe, K et al. (2001), *Archives of internal medicine*; 161(14):1703-1708.

**Table 1 – SWOT analysis**

<b><u>STRENGTHS</u></b>	<b><u>WEAKNESSES</u></b>
<ul style="list-style-type: none"> <li>• Continued increase in cycling numbers, particularly in SE Dorset</li> <li>• Extensive range of quality leisure facilities, green spaces and coastal areas.</li> <li>• Innovative leisure and physical activity programmes e.g Active Health Link, Team Dorset Challenge</li> <li>• Lower than national average obesity levels</li> <li>• Significant increase in bus patronage in recent years</li> <li>• Good working relationships and strong links with partners</li> <li>• School travel planning – over 90% of local authority schools have a travel plan</li> <li>• Climatic conditions – mild and relatively dry climate favourable to cycling &amp; walking</li> <li>• GPs well respected by the public – strong links between them</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of existing cycling infrastructure in some areas. Incomplete cycle networks and lack of permeable cycling / walking environments</li> <li>• Lack of co-ordination in marketing /promotion and events with other services e.g Leisure</li> <li>• Slow take-up of workplace travel plans</li> <li>• Higher than average number of people killed or seriously injured on Dorset’s roads.</li> <li>• Strong car culture, with a high proportion of short distance trips made by car (particularly in SED)</li> <li>• Four Air Quality Management Areas (AQMAs) under investigation or declared</li> <li>• ‘Hyper-mobility’ = the societal changes that have happened in the latter part of the 20th century when humans have increasingly gained the ability to travel much greater distances with ease than in previous generations, and frequently do so.</li> <li>• Rural, sparsely populated villages</li> </ul>
<b><u>OPPORTUNITIES</u></b>	<b><u>THREATS</u></b>
<ul style="list-style-type: none"> <li>• Use of Developer Contributions (Section 106) &amp; other tariff based funding from new development</li> <li>• Partnership working, eg NHS, Sustrans and road safety teams</li> <li>• Land use planning – housing commitments. Work with planning authority to ensure streetscapes for new developments are attractive and safe for cyclists and pedestrians.</li> <li>• Travel planning – workplace and personalised travel planning.</li> <li>• 2012 Olympics - strong public interest in sport and physical activity. Car-free Games in Weymouth &amp; Portland mean that people will be thinking about alternative transport. Legacy cycling &amp; walking infrastructure and improved public transport gives opportunity to pilot personalised travel planning. Active Dorset’s Sport and Activity Olympic Legacy Plan, including Team Dorset Challenge.</li> <li>• GP Active Choices referral hub</li> <li>• Total Place funding</li> <li>• Availability of data and evidence (eg MOSAIC, National Obesity Observatory, NHS Evidence, NHS Information Centre, etc.)</li> <li>• Strengthen links between active travel, sustainable schools and road safety</li> <li>• Strengthen links with community groups – create local “Champions” as demonstrators and supporters of sustainable transport</li> <li>• Public spending cuts – creating and improving the infrastructure for active travel is less expensive than extending the highway network</li> <li>• Poole Bridge Regeneration Area – creation of sustainable, active community</li> <li>• Road Pricing opportunities to cut congestion and fund healthy active travel</li> </ul>	<ul style="list-style-type: none"> <li>• Conflicting government policy (school admissions and PO closures)</li> <li>• Replacement/ reorganisation/ future development of Primary Care Trusts</li> <li>• Cuts to local government finances lead to reduced service provision and delivery of capital schemes.</li> <li>• Funding reductions from partners which reduce their contribution to delivery</li> <li>• Ageing population</li> <li>• Ineffective partnership working – numerous partners (3 local authorities and 2 NHS authorities) unable to agree/ communicate effectively</li> <li>• Minority of aggressive drivers cause anxiety for cyclists and walkers and may discourage them.</li> <li>• Elderly drivers with declining competence at driving</li> <li>• Further AQMAs could be declared</li> </ul>

## 4. These are the key challenges we face

In order to turn our vision for health into reality, it is vital to focus on the barriers (perceived and actual) which prevent people choosing active travel for all or part of regular, everyday journeys.

The key strategic challenges identified below summarise the most important barriers that must be overcome in order to achieve our goals. The challenges have been grouped under four main categories of:

- Physical
- Attitudinal/ Behavioural
- Integration
- Delivery

### Physical challenges

Incomplete cycling and walking network

High traffic speeds

Traffic congestion

Remoteness of settlements

Ageing population in Poole and Dorset

Lack of secure and covered cycle parking in some areas

Uninviting walking environments in urban areas. Engineered barriers to walking.

Long waiting times for pedestrians and cyclists at signalised crossings

### Attitudinal/ behavioural challenges

The perceived convenience of the car, particularly the perception that the car will achieve a journey more quickly than other modes.

Fear of safety of cycling on our busy roads

Fear of personal safety of walking, cycling or using public transport (e.g. alone at night)

Resistance among car users to taking short journeys by active means

### Integration challenges

Including the full potential and benefits of walking and cycling in decision making

Integration with NHS Dorset and NHS Bournemouth and Poole

Integration with spatial planning and development control

Integration with local employers and schools

Integration with the local community, parish and town councils

Integration with Highways Agency on issues relating to the trunk roads (for example, road safety, air quality, noise pollution)

### Delivery challenges

Availability of funding

Corporate priorities (local authority and NHS)

Staff resources and experience

## 5. This is how we will get there

### **General strategy approach**

To overcome the challenges a balance of solutions must be sought, which may include engineering and planning, education and training, promotion and encouragement, all of which must be supported by the local community. It is vital that all communities recognise the wide-ranging nature of the threats to smooth-running of the current transport system. Delivery of these solutions will be more efficient and effective by successfully integrating health issues with other transport policy areas.

The active involvement of citizens and stakeholders in the private, public and voluntary sectors in the policy process is essential, so that not just the town planners but also the other interests, whose actions might influence the situation, understand the health priorities.

In conjunction with other LTP3 supporting strategies, such as the Cycling Strategy, Low Carbon Travel Strategy, Sustainable modes to school strategy and the RoWIP, the health strategy builds upon the overall approach to reduce dependency on the car and encourage more sustainable travel.

### **Approach to Design**

In 2007, the Department for Transport published its Manual for Streets(MfS)<sup>23</sup> which set out a new approach to design for lightly-trafficked residential streets. Many of the recommendations for residential streets can help deliver this health strategy and these are listed below.

- applying a user hierarchy to the design process with pedestrians at the top;
- recognising the importance of the community function of streets as spaces for social interaction;
- promoting an inclusive environment that recognises the needs of people of all ages and abilities;
- creating networks of streets that provide permeability and connectivity to main destinations and a choice of routes;
- using quality audit systems that demonstrate how designs will meet key objectives for the local environment;
- designing to keep vehicle speeds at or below 20 mph on residential streets unless there are overriding reasons for accepting higher speeds;

In October 2010 the Chartered Institute of Highways and Transportation (CIHT) launched, Manual for Streets 2<sup>24</sup> (MfS2). This builds on the guidance contained in MfS and extends the same principles to busier streets and non-trunk roads, including rural roads. It recommends that high streets and other streets with significant pedestrian movement should be designed to keep vehicle speeds at or below 20mph.

### **Target Audience**

This health strategy aims to benefit the whole community, but the specific groups of people that the strategy will help, include

- Families/people who are currently active and travel actively – encourage them to be more active more often. Also, they often encourage others.
- Potential/ future active families – raise awareness and offer encouragement.
- People (children and adults) who are already overweight or obese – work with NHS to encourage physical activity through GP referral.
- People with a physical disability
- Older people - people tend to take less physical activity as they age, but the human body needs to be active every day, regardless of age
- People whose health is adversely affected by traffic (noise or pollution).
- People who are socially isolated
- People with mental health issues

An important aim of the strategy is

- To reduce health inequalities

*For children there is no clear distinction between play and active travel. Walking and cycling provide excellent play experiences in themselves as well as allowing children and young people to get to play spaces and recreational facilities under their own steam.<sup>25</sup>*

<sup>23</sup> Manual for Streets, Department for Transport 2007.  
<http://www.dft.gov.uk/pgr/sustainable/manforstreets/>

<sup>24</sup> Manual for Streets 2: Wider application of the principles, Chartered Institute of Highways and Transportation, September 2010

<sup>25</sup> Routes to Play, Sustrans and the Department of Health, September 2009.

### ***Health Strategy Policies***

1. Create a safe, enjoyable, attractive physical environment for pedestrians and cyclists
2. Build safe, attractive active travel measures into all new development
3. Improve passenger experience for public transport users, including those with mobility difficulties
4. Develop workplace, school and community travel plans
5. Join up publicity and marketing for active travel with the NHS and Leisure services
6. Provide cycling and walking training and education
7. Integrate cycling and walking with public transport
8. Promote active travel in our own organisations – local authorities and NHS
9. Improve community and non-emergency patient transport
10. Maximise funding opportunities for active travel
11. Promote initiatives that ensure people have to make a mode choice.
12. Reduce noise and air pollution caused by traffic
13. Work more closely with the NHS to deliver and promote active travel initiatives
14. Support those policies identified in the Cycling Strategy, Rights of Way Improvement Plan, Sustainable Modes of Travel to School Strategy, Accessibility Strategy, Road Safety Strategy, Low Carbon Travel Strategy, Rail Strategy, Public Transport Strategy, Freight Strategy and Green Infrastructure Strategy that contribute to better safety and health.

**Policy HEA1: Create a safe, enjoyable, attractive physical environment for cyclists and pedestrians**

- a. Conduct street audits in the main streets of our town centres. People will not walk if the street is ugly, noisy, dirty, unsafe, boring or full of barriers to easy movement. Street audits can help to identify impediments that will discourage walking and contribute to improvement plans. Provide pleasant and safe pedestrian access on busy streets and across barriers such as major roads or railways.
- b. Invest in new cycling and walking infrastructure, including safe crossings, continuous cycling routes linking key destinations, cycle storage, public seating
- c. Provide secure and covered cycle storage at schools
- d. Expand and improve the Rights of Way network, including the provision of “missing links” in the network. Focus particularly on routes that are level and continuous.
- e. Create a more permeable cycling network within our towns, including improved signage, providing positive advantages for sustainable modes at junctions etc.
- f. Introduce 20mph zones in our town centres and selected residential streets, particularly outside schools, in line with new speed limit guidance
- g. Support initiatives that tackle bad driving such as the “No Excuses” road safety campaign and driver training
- h. Wherever possible, invest in public art and tree planting to enhance our streetscapes and produce more enjoyable environments for walking and cycling. Street trees provide urban cooling and shading so are relevant to health in terms of adapting to climate change.
- i. Ensure there is adequate signage and publicity to support walkers and cyclists.
- j. Provide improved active, sustainable access routes to outdoor play spaces, green spaces, coast and countryside. Help to develop and deliver the Healthy Sustainable Travel Network from the SE Dorset Green Infrastructure Strategy.
- k. Ensure all cycling and walking infrastructure including bridges, Public Rights of Way, adopted highway - footpaths (footpath and cycling network), cycle storage, seating, etc. is maintained to a high standard.
- l. Continue to support the Parish Grant scheme which encourages parish councils to determine their own priorities for managing local rights of way and countryside sites, including maintaining the existing network and identifying new improvements.
- m. Develop network of “accessible corridors” into town centres to provide attractive, direct routes for all users including wheelchair and mobility scooter users. This includes provision of dropped kerbs and pedestrian crossings.
- n. Work with Parking Services, Police and Police Community Support Officers to ensure accessibility problems caused by inconsiderate pavement parking are overcome.
- o. Reduce severance by replacing subways with flat signalised crossings wherever possible. Upgrade existing subways with new



lighting/drainage/surfacing and ensure they are DDA (Disability Discrimination Act) compatible.

### **Policy HEA2: Build Active Travel into new development**

- a. Work with planning authorities and developers to ensure new development sites include safe, enjoyable, interesting physical environments for cycling and walking, sustainable links to employment sites, schools and play areas, health and other services, community facilities, open spaces and are well-serviced by public transport
- b. Work with planning authorities and developers to ensure new developments have mixed-use neighbourhoods in which people can meet their daily needs closer to home, by walking or cycling.
- c. Involve the NHS in major new development proposals.
- d. Work with design engineers to ensure the needs of cyclists and pedestrians are considered when introducing highway improvement measures, particularly at congested or dangerous junctions
- e. Carry out Quality Audits on all highway schemes at design stage and post construction (as described in Manual for Streets (MfS)<sup>22</sup>). Adopt the design principles of MfS and MfS2 and Dorset's Rural Road protocol.

### **Policy HEA3: Improve passenger experience for public transport users, including those with mobility difficulties**

- a. Provide shelters, seating, raised boarding kerbs and improved real-time information for passengers at all bus stops and further develop technological solutions to passenger information.
- b. Provide more bus priority to improve the speed and reliability of bus journeys
- c. Work with bus operators to introduce smart-card ticketing to improve boarding times and provide attractive alternative ticketing options
- d. Ensure limited bus subsidy budgets are most effectively targeted for passenger benefit
- e. Ensure entitled residents are aware of the English National Concessionary Travel Scheme
- f. Provide improved disabled access and facilities at railway stations
- g. Continue to lobby the train operating companies to improve services in Dorset, including increasing frequency and passenger capacity.
- h. Improve accessibility to public transport by walking and cycling – for cycling, focus on shorter journeys.
- i. Increase the capacity for the carriage of cycles on trains and buses
- j. Provide secure cycle storage at public transport interchanges
- k. Resolve problems encountered by people with learning difficulties when using public transport. Problems include a lack of easy to use information, building up confidence to use services, overcoming negative perceptions of safety and helping bus companies and drivers to be more aware.

- I. Encouraging public transport operators (bus, taxi and rail) to attend training regarding needs of people who have learning difficulties.

**Policy HEA4: Develop workplace, school, personalised and community travel plans**

- a. Pilot Community Travel Planning, for example using the idea “The Exchange”
- b. Carry out personalised travel planning in Weymouth and Portland after 2012 Olympics
- c. Continue to develop workplace travel plans with existing employers, expanding businesses and new business developments and lead by example.
- d. Continue to work with schools on travel initiatives.
- e. Develop travel plans for major railway stations

**Policy HEA5: Join up publicity and marketing for active travel with the NHS and Leisure services**

- a. Ensure an integrated approach to marketing and publicity for low carbon, healthy, sustainable travel
- b. Work with Active Dorset (the County Sports and Physical Activity Partnership for Bournemouth, Poole and Dorset) to promote cycling and walking. For example, the Back to Sport campaign which gets adults back into sport, could be used to promote adult cycling.
- c. Promote cycling and walking initiatives through the Team Dorset Challenge website.
- d. Promote active travel through the existing NHS Health Portal on local radio websites. In the longer term, create a joint Active Travel website for Bournemouth, Poole and Dorset, between the LAs and NHS.
- e. Continue to support the work of the Bike IT officers. Use evidence of childhood obesity to target their resources into the schools where they can maximise their effect.
- f. Promote the existing Public Rights of Way network in and around schools and encourage people to explore the routes.
- g. Continue to develop and update active travel maps. Add routes to play spaces.

**Policy HEA6: Provide cycling and walking training and education**

- a. Continue to support Bikeability training in schools and leisure centres at all levels
- b. Set up adult cycle training that can be accessed through GP Active Choices referral hub.
- c. Work with County Sports and Physical Activity Partnership to promote cycling, for example, the Back to Sport campaign could be used to promote adult cycle training.
- d. Continue to support the Bike IT initiative and ensure it is focussed towards areas which are a priority for health improvements.

- e. Provide road safety training to owners of mobility scooters.
- f. Provide travel training for people with learning difficulties to encourage them to use public transport, walking and cycling.

**Policy HEA7: Integrate cycling and walking with public transport**

- a. Ensure secure and covered cycle storage is installed at all railway stations.
- b. Provide cycle parking at bus stops, including at park and ride sites, to allow Park and Cycle.
- c. Work with train operating companies and bus companies to facilitate transportation of bikes on public transport
- d. Continue to support Community Rail Partnerships which promote access improvements to railway stations for pedestrians and cyclists.
- e. Publicise the Public Rights of Way network at all suitable locations

**Policy HEA8: Promote active travel in our own organisations – local authorities and NHS**

- a. Ensure our own travel plans are up to date and relevant
- b. Ensure every hospital has an up to date and relevant travel plan
- c. Support initiatives that encourage staff to travel to work using active means (for example, the Cycle to Work scheme which allowed employees to purchase a tax-free bike through salary sacrifice)
- d. Continue to support Park and Ride / Park and Share schemes in Dorchester, Weymouth and Poole
- e. Continue to support Car Share Dorset
- f. Ensure secure and covered cycle storage is installed at all NHS hospitals
- g. Publicise cycling, walking and public transport routes at all suitable locations
- h. Encourage Management and Elected Members to champion walking and cycling and lead by example.

**Policy HEA9: Improve community transport and non-emergency patient transport**

- a. Integrate and develop community transport organisations in Poole and Bournemouth
- b. Use community transport to provide non-emergency patient transport
- c. Introduce a vehicle brokerage system to ensure better use of existing vehicles

**Policy HEA10: Maximise funding opportunities for active travel**

- a. Health benefits will be fully incorporated into the prioritisation methods for LTP funded schemes.
- b. Work with Bike IT officers, cycling officers and Sustainable schools travel officer to identify further suitable schemes to apply for joint funding with Sustrans.
- c. Work with planning authorities and development control officers to ensure developer contributions and other sources of funding can be collected for developing cycling and walking infrastructure.
- d. Develop existing and new joint working relationships leading to better co-ordination in service delivery.
- e. Develop “smarter” working processes, a more vigorous approach to evaluation and a clearer focus on evidence-led working through improved data analysis.

**Policy HEA11: Promote initiatives that ensure people have to make a mode choice**

- a. Support pay-as-you go driving initiatives, such as car clubs
- b. Continue to support the Dorchester Car Club and support a pilot in the SE Dorset urban area.
- c. Trial a community car club as part of the Community Exchange idea.
- d. Publicise walking, cycling and public transport options at all suitable locations
- e. Promote car sharing at workplaces
- f. Demand management measure including increased car parking charges.

**Policy HEA12: Reduce noise and air pollution caused by traffic**

- a. Continue to monitor congestion on strategic routes in and out of Bournemouth, Poole and Weymouth town centres.
- b. Continue to monitor air quality in our most congested areas (working with District and Borough Councils in some areas).
- c. Develop and implement action plans for existing Air Quality Management Areas. Work to ensure that no further AQMA's are declared elsewhere in the sub-region during the LTP3 period (working with District and Borough Councils in some areas).
- d. Focus resources towards declared Air Quality Management Areas. Consider minor highways improvements to reduce congestion.
- e. Support adoption of low emission vehicles and promote eco-driving techniques, which can lead to fuel savings.
- f. Ensure that the transport impacts of new development do not compromise good air quality.
- g. Effective management of heavy goods vehicles in our town centres and villages to minimise noise disturbance in residential areas. Work together with the Highways Agency.

- h. Use low noise road surfacing materials and low noise vehicles whenever possible to minimise the effects of traffic noise.
- i. As highways authorities, work (in conjunction with the Highways Agency) on the Noise Action Plan for the Bournemouth Agglomeration<sup>26</sup> and to reduce noise from traffic on the roads identified in the noise maps<sup>27</sup>.

**Policy HEA13: Work more closely with the NHS to deliver and promote active travel initiatives**

- a. Continue to support the Communities for Health programme through the Health and Well-being partnership by funding community active travel initiatives.
- b. Support locally the Change for Life campaign, in particular the walking and cycling campaigns (Walk4Life and Bike4Life)
- c. Organised health walks (Walking for Health) programme. In the rural areas this project will be in collaboration with DCC Countryside Access service.
- d. Sharing of data and evidence to inform interventions. Jointly develop a performance management data set to monitor progress and provide evidence base. This will ensure that our resources are targeted towards areas that meet targets and objectives of both the NHS and LAs.
- e. Support primary care practitioners to take a more active role in recommending cycling and walking as part of physical activity programmes. For example, through the “Let’s Get Moving” physical activity care pathway, NHS Health checks for adults (40 – 74 years), “Dimensions” programme for 8-12 year olds, all of which can be used to promote physical activity by incorporating active travel into daily living. Also through GP referral if NHS Dorset create an Active Choices referral hub.
- f. Strengthen links between transport planning and Dorset POPP (Partnership for Older People Project) which is a partnership between DCC, NHS Dorset, the third sector and older people. The Partnership aims to build supportive communities to enable older people to remain living in their own homes for as long as they wish. This partnership can help to identify and report the transport needs of older people, including access to services, active travel (such as providing information on cycle training, health walks, etc.) and removing social isolation.

<sup>26</sup> Noise Action Plan Bournemouth Agglomeration, Environmental Noise (England) Regulations 2006, as amended March 2010

<sup>27</sup> [www.defra.gov.uk/noisemapping](http://www.defra.gov.uk/noisemapping)

The following table shows how each health policy addresses the challenges and contributes to the six health goals and the overall LTP3 goals. It also illustrates where each policy is most relevant – the SE Dorset conurbation, the market towns or the rural communities.

	<b>HEALTH POLICY</b>	<b>Key challenges addressed</b>	<b>Contributes to health goal(s) (see below)</b>	<b>Contributes to LTP goal(s) (see below)</b>	<b>SE Dorset</b>	<b>Market Towns</b>	<b>Rural Dorset</b>
HEA1	Create a safe, enjoyable, attractive physical environment for cyclists and pedestrians	physical	1, 2, 3	B, C, D, E	✓	✓	✓
HEA2	Build active travel into new development	integration/ physical	1, 2, 4	B, C, D, E	✓	✓	
HEA3	Improve passenger experience for public transport users, including those with mobility difficulties	physical	1, 6	C, D, E	✓	✓	✓
HEA4	Develop workplace, school and community travel plans	attitudinal	1, 5	A, C, E	✓	✓	✓
HEA5	Join up publicity and marketing for active travel with NHS and Leisure services	integration/ attitudinal	1, 5	C, F			
HEA6	Provide cycling and walking training and education	attitudinal	1, 5	C	✓	✓	
HEA7	Integrate cycling and walking with public transport	physical	1, 4, 6	C, D	✓	✓	✓
HEA8	Promote active travel in our own organisations – local authorities and NHS	attitudinal	1, 5	A, C			
HEA9	Improve community and non-emergency patient transport	physical	1, 6	D	✓	✓	✓
HEA10	Maximise funding opportunities for active travel	delivery	All	F	✓	✓	✓
HEA11	Promote initiatives that ensure people have to make a mode choice	attitudinal	1, 5	B, C	✓	✓	✓
HEA12	Reduce noise and air pollution caused by traffic	physical	1, 3	C, E	✓	✓	
HEA13	Work more closely with the NHS to deliver and promote active travel initiatives	Integration, delivery	1, 5	C, F			
HEA14	Support those measures identified in other relevant LTP supporting strategies	integration	All	All			

<b>LTP 3 Goals</b>
A. Supporting Economic Growth
B. Tackling Climate Change
C. Better Safety, Security and Health
D. Equality of Opportunity
E. Improve Quality of Life
F. Value for Money

<b>Health Strategy Goals</b>
1. Improved levels of health and well being from more people cycling and walking more often
2. To create an attractive, safe and rewarding environment for pedestrians and cyclists.
3. To reduce the ill effects that transport can have on health by reducing road casualties and traffic-related noise, pollution and congestion.
4. More people to be able to meet their daily needs, including access to key services, through walking or cycling.
5. To create a culture which puts daily physical activity at the centre of our communities, by providing support, encouragement and training.
6. To reduce health inequalities



## 6. Monitoring our progress

### General data monitoring

In the current economic climate, it is vital that limited resources are targeted to where they can have maximum impact. Tools such as the School Travel Health Check, social marketing tools and data sets will be used to provide evidence to target resources to the right people in the right geographical areas and to ensure that the measures that are implemented have the maximum effectiveness in improving health and well being. It is important that the interventions used do not widen the health inequalities gap. Health inequalities will therefore also be monitored, for example, using information in the annual Health Profiles published by the Association for Public Health Observatories.

In order to monitor the success of the Healthy Weight Strategy in Dorset, the partners have set up an evaluation framework which sets out the requirements for collecting evidence to measure the effectiveness of the strategy. The evaluation framework is still to be finalised, but the data and information collected will be useful to measure the effectiveness of the LTP3 Health Strategy within Dorset.

The Annual Travel Mode to School data will be used to measure the success of our school programmes and promotions. The aim is to increase the number of pupils travelling to school by cycling or walking and to reduce the number travelling by car. In particular, there is a requirement to reduce the number of pupils that live within walking distance of school but travel by car.

Types of information that will be collected and could be used to set targets include the following:

- numbers of cyclists (measured by automatic counters on various cycle routes)
- annual travel to school mode data
- number of pupils who switch to walking and cycling in the Bike It schools
- National Child Measurement Programme (NCMP) obesity in reception and Yr6
- road traffic collision data
- total length of cycle routes, cycle lanes, bridleways, cycle paths, etc.
- Team Dorset challenge data – number of participants doing cycling and walking challenges
- travel to work surveys
- take-up of Cycle to Work tax free bike scheme in the 3 local authorities, NHS Dorset and NHS Bournemouth and Poole

- Sustrans Connect 2 monitoring data (before and after surveys) for bridge schemes in Weymouth and Bournemouth
- number of adults attending cycle training, number of children on Bikeability training.
- air quality monitoring, particularly in AQMAs and other high risk areas
- congestion monitoring using Trafficmaster journey time data
- noise monitoring

## Appendix A:- Related Strategies and Guidance

### ***NHS Strategies and Guidance – National***

- Healthy Weight, Healthy Lives: a cross-government strategy for England, Department of Health, January 2008.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082378](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378)
- Be active, be healthy: A plan for getting the nation moving, Department of Health, 2009.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094358)
- Let's get moving: a new physical activity care pathway for the NHS, Department of Health, September 2009.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_105945](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105945)
- PH8 Physical Activity and the Environment: guidance, NHS National Institute for Health and Clinical Excellence (NICE)  
<http://guidance.nice.org.uk/PH8>
- PH13 Promoting Physical Activity in the workplace: guidance, NHS National Institute for Health and Clinical Excellence (NICE)  
<http://guidance.nice.org.uk/PH13>
- PH17 Promoting Physical Activity for children and young people: guidance, NHS National Institute for Health and Clinical Excellence (NICE)  
<http://guidance.nice.org.uk/PH17>
- PH2 Four commonly used methods to increase physical activity: guidance, NHS National Institute for Health and Clinical Excellence (NICE)  
<http://guidance.nice.org.uk/PH2>
- PH25 Prevention of cardiovascular disease: guidance, NHS National Institute for Health and Clinical Excellence (NICE)  
<http://guidance.nice.org.uk/PH25>

### ***National Strategies and Guidance***

- Active Travel Strategy, Department of Health and Department for Transport, February 2010.  
<http://www.dft.gov.uk/pgr/sustainable/cycling/activetravelstrategy>
- Delivering a Sustainable Transport System (DaSTS), Department for Transport, November 2008.  
<http://webarchive.nationalarchives.gov.uk/+http://www.dft.gov.uk/about/strategy/transportstrategy/dasts/>

- Walking for Health: A cost-effective healthcare solution. Natural England guidance for PCT's  
<http://www.wfh.naturalengland.org.uk/details.asp?back=true&key=2335|0|3518495058248|R|849|341269672010420541331&parentkey=2335|0|3518495058248|p|849|0>
- Routes to Play. A Guide for Local Authorities. How to ensure children and young people can get to play spaces actively and independently. Sustrans and the Department of Health, September 2009.  
<http://www.sustrans.org.uk/what-we-do/active-travel/active-travel-and-play>
- Noise Policy Statement for England (NPSE). DEFRA. March 2010.  
<http://www.defra.gov.uk/environment/quality/noise/policy/index.htm>

### ***NHS Strategies – Local***

- Strategic Framework for Improving Health 2008-11, NHS South West  
<http://www.southwest.nhs.uk/strategicframework.html>
- Healthy Weight Strategy for Dorset 2009 – 2012, NHS Dorset, November 2009
- Joint Adult Obesity Strategy and Action Plan 2010 – 2015, NHS Bournemouth and Poole, Borough of Poole, Bournemouth Borough Council, June 2010.
- Strategic Plan for a Healthier Dorset 2010 – 2014, NHS Dorset  
[http://www.dorset.nhs.uk/publications/strategic\\_documents](http://www.dorset.nhs.uk/publications/strategic_documents)
- Building A Healthier Bournemouth And Poole: Revised Strategic Plan 2010 – 2015. NHS Bournemouth and Poole. February 2010.  
[http://www.bournemouthandpoole.nhs.uk/documents/Strategic\\_Plan\\_Summary\\_2010.asp](http://www.bournemouthandpoole.nhs.uk/documents/Strategic_Plan_Summary_2010.asp)
- A Strategy to Reduce Social and Health Inequalities in Dorset 2007 – 2012, NHS Dorset
- Health and well being in Bournemouth and Poole. Joint strategic needs assessment / Public health report 2008.  
[http://www.boroughofpoole.com/adult\\_social\\_services\\_commissioning/strategiesandplans/ref:S489FE5D82A126/aka:Joint+Strategic+Needs+Assesment+-+Care/](http://www.boroughofpoole.com/adult_social_services_commissioning/strategiesandplans/ref:S489FE5D82A126/aka:Joint+Strategic+Needs+Assesment+-+Care/)
- Joint strategic needs assessment Dorset 2009 update. Dorset County Council and NHS Dorset.  
[http://www.dorset-pct.nhs.uk/healthy\\_living/public\\_health\\_documents](http://www.dorset-pct.nhs.uk/healthy_living/public_health_documents)
- Joint strategic needs assessment for Bournemouth and Poole 2010 -2015, NHS Bournemouth and Poole, Borough of Poole, Bournemouth Borough Council.  
<http://www.bournemouthandpoole.nhs.uk/useful-resources/policies-and-strategies>

### ***Local Authority Strategies – Local***

- Strategic Environmental Assessment of the Bournemouth, Poole and Dorset Local Transport Plan 3. December 2010.

### ***Dorset County Council***

- Our Role in Dorset: Dorset County Council's Corporate Plan 2010-14.  
<http://www.dorsetforyou.com/343542>
- 'Shaping our future' the Draft Dorset Sustainable Community Strategy 2010-2020, Dorset Strategic Partnership, June 2010.  
<http://www.dorsetforyou.com/communitystrategyrevision>
- Dorset's Local Area Agreement II 2008 – 2011, Dorset Strategic Partnership, June 2008.  
<http://www.dorsetforyou.com/index.jsp?articleid=333604>
- Dorset Children and Young People's Plan 2009-2012  
<http://www.dorsetforyou.com/cypp>
- Rights of Way Improvement Plan for Dorset  
<http://www.dorsetforyou.com/footpaths/improvementplan>

### ***South East Dorset***

- Bournemouth – Final Local Area Agreement 2008/9-2010/11  
<http://www.bournemouth2026.org.uk/laa/> and <http://www.bournemouth2026.org.uk/refresh/>
- Poole's Revised Local Area Agreement 2008 – 2011  
<http://www.boroughofpoole.com/strategiesandplans/ref:177/>
- Working Draft South East Dorset Green Infrastructure Strategy. July 2010.  
<http://www.dorsetforyou.com/392709>
- South East Dorset Green Infrastructure: Evidence and opportunities study. Land Use Consultants. February 2010. <http://www.dorsetforyou.com/392709>
- Bournemouth 2026 Sustainable Community Strategy - Health and Well-being action plan October 2009.  
<http://www.bournemouth2026.org.uk/HWaction/>
- Poole and Bournemouth Rights of Way Improvement Plan (ROWIP) 2008-2011.  
[http://www.bournemouth.gov.uk/residents/roads/rnm/public\\_rights\\_of\\_way.asp#ROWIP](http://www.bournemouth.gov.uk/residents/roads/rnm/public_rights_of_way.asp#ROWIP)
- 'Shaping Poole's Future' –Sustainable Community Strategy 2006-2012, Poole Partnership  
<http://www.poolepartnership.info/sustainable-community-strategy/>
- Bournemouth Borough Council's Corporate plan  
[http://www.bournemouth.gov.uk/Council/Best Value/CorporatePlan200809.asp](http://www.bournemouth.gov.uk/Council/Best_Value/CorporatePlan200809.asp)
- Striving for Excellence 2010-2012. Poole's Corporate Strategy.  
<http://www.poole.gov.uk/strategiesandplans/ref:S4C0F91839256A/>

## Appendix B:- Recent Key achievements and delivery

Below is a list of some of the projects and initiatives that have been delivered during the last 5 years through the Local Transport Plans in Bournemouth, Poole and Dorset.

- Formation of a multi-agency steering group for the delivery of the Healthy Weight Strategy for Dorset.
- NHS funding of two Sustrans Bike IT officers working alongside local authority cycling officers and with schools to support and encourage cycling
- New Weymouth cycle routes as part of London 2012 legacy and the Weymouth Relief Road project
- The North Dorset Trailway connects the settlements along the old railway line, providing access for walkers, cyclists and horse riders that is safe and off road. It also provides a safe route to school for several schools along the route (e.g. Spetisbury). The route between Sturminster Newton and Shillingstone is listed as an example of best practice in the Rural Accessibility Best Practice Case Studies report produced by the Commission for Rural Communities in August 2009.

### Hope2Cycle

The Hope2Cycle project in Shaftesbury has been set up to train people with mental health concerns to repair and recycle old bicycles. This provides them with a pathway into work. In addition, they meet people in the local community, which reduces social isolation and creates a stronger community. It also increases their confidence and self esteem.

The project is run by the Shaftesbury and District Carers Association, in North Dorset and funded through the Communities for Health supported with LTP capital.

The project is sustainable because the old bikes, which are donated by the police, the community or the household recycling centre, are repaired and then either sold on or hired out to the general public. The group also offers a bike repair service to the community. The project therefore helps to enable increased physical activity in the town, for local people and tourists, by offering cycles for sale or hire.

The project has been so successful in 2010 the group has applied for funding to set up a similar scheme in Sherborne in West Dorset.

- New cycle/ pedestrian bridge in Bridport linking area of social housing with 3 schools
- Supporting the Communities for Health programme by funding community projects that promote active travel such as providing cycle stands and shelters in schools, active travel maps and a Cycle Recycle project (see box above) which helps people with mental health concerns into work.
- Active travel maps for 6 Dorset towns – funded through the Communities for Health programme – distributed in cycle shops, tourist information centres, council offices, NHS offices, GP surgeries and pharmacies.
- Adult cycle training programme. Achieving Government funding to train people to deliver Bikeability cycle training in schools and leisure centres.
- Successful Connect2 bids (funded by the National Lottery) to build new cycle/ pedestrian bridges in Weymouth and Bournemouth
- Team Dorset Challenge –
- Poole Healthy Walks – various organised free walks within the Borough, four times a week, led by an experienced trained volunteer Walk Leader. Jointly funded by Borough of Poole and Poole Primary Care Trust. Introductory Nordic Walking workshops.
- Travel Plans. Approximately 90% of all Bournemouth, Poole and Dorset state schools have a travel plan.
- Cycle to Work schemes operating in the NHS and Local Authorities, allowing staff to purchase a tax-free bicycle and safety equipment through the salary sacrifice scheme.

#### Thornford Station Access Project

The village of Thornford is situated approximately 1 mile from the railway station on the Weymouth to Bristol Line. Villagers had to access the station along a busy, fast road with no footway. In addition there was no safe drop-off point. A joint project with train operator First Great Western improved the access for walkers and cyclists along part of the route, with a further sectioned planned and also improved the parking area. The project was awarded first place in the Local Transport Integration category of the Community Rail Awards in 2008. It is also listed as an example of best practice in the Rural Accessibility Best Practice Case Studies report produced by the Commission for Rural Communities in August 2009.

- Free walk leader training
- Baiter fitness trail – marker on ground to tell you how far you have walked

- Cockle trail
- The Bourne Valley Greenway is a route that runs from Bournemouth Seafront to Canford Heath following the Bourne Stream and offering a green corridor through beautiful gardens, nature reserves and heathland.
- E9 Long distance walk
- Poole Harbour Trail walks
- Improved pedestrian signing in Poole town centre
- Active HealthLink, including Active 3x30
- Linking Bournemouth and Poole to create an integrated cross conurbation Public Rights of Way Team
- Provision of Poole Route ONE town centre circular bus service which reduces the need for a car and particularly supports older people to remain independent.
- High levels of take-up of the English National Concessionary Travel bus pass, particularly in South East Dorset, has reduced the need for a car.
- The design of high standard walking and cycling facilities on the new Twin Sails Bridge in Poole.
- Successful bids to Sustrans for match funding for Safer Routes to School.
- Setting up a cycle scheme to help people regain their cycling confidence (Pedal Again in Poole).
- Government funding for a separate cycling and walking bridge next to Canford Bridge on the boundary of Poole and Wimborne – Route 25 of the Sustrans National Cycleway network.
- The Castleman Trailway provides a traffic free route for both walkers and cyclists journeying between Poole, Broadstone and Wimborne. It is used as a route to school, a leisure and commuter route and is also regularly used for health walks.
- Upton Country Park Accessible bus which enables people with learning difficulties to access their workplace (in the tearooms within the park) and therefore improving their well being. There is also a new solar-lit bus shelter for them to wait for the bus in a dry and safe place. The bus runs from Poole Town Centre and provides access to the Country Park for many residents.
- The Bournemouth Accessible Transport (BAT) bus provides improved access to Bournemouth's shopping centres and hospitals for people who have difficulty using public transport services. This helps to reduce social isolation therefore improving well being & health.