

TWA/17/APP/05/OBJ/148/018/SUPP

THE PROPOSED NETWORK RAIL (ESSEX AND OTHERS LEVEL
CROSSING REDUCTION) ORDER

PUBLIC INQUIRY, 18 OCTOBER 2017

DEPARTMENT FOR TRANSPORT REFERENCE: TWA/17/APP/05

WITNESS OF OPINION EVIDENCE ON BEHALF OF **THE RAMBLERS**

PROOF OF EVIDENCE of **Mr Derek de Moor** of 84 Knoyle Street,
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**Additional note on NICE Physical Activity and the Environment
Guidance**

1. During the lengthy adjournment of this inquiry, a new document has been published which strengthens and builds on some of the points in my original proof of evidence. This is the updated version of *Physical activity and the environment* (NG90), published by NICE on 22 March 2018 and extracts from it can be found as appendix 1 (OBJ/148/018/SUPP/APPX1).¹
2. NICE (National Institute for Health and Care Excellence) is the official body providing national guidance and advice to improve health and social care. It issues evidence-based best practice guidance aimed not only at clinicians but at local government, public health professionals and members of the public. NICE first produced guidance on physical activity and the environment in 2008, and in 2018 this was updated and strengthened with several new additions.
3. The guidance is for, among others, “public transport planners and providers” (p6). In my view this would include an organisation such as Network Rail.

¹ A full copy of the document is available at <https://www.nice.org.uk/guidance/ng90>.

4. The guidance recommends the use of “existing health impact assessment tools to assess in advance what impact (both intended and unintended) any proposed changes [to the local built environment] are likely to have on physical activity levels. For example, will local services be accessible on foot, by bike, and by people with limited mobility? Make the results publicly available and accessible.” (1.1.6.)
5. The guidance recommends the use of “community engagement approaches” when planning and designing infrastructure (1.1.2., 1.3.3).
6. The guidance amplifies existing advice that “new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole” (1.2.3.) and that they are “convenient, safe and appealing to users, and are built and maintained to a high standard” (1.2.4.).
7. In my opinion, this guidance supplements and strengthens the case made in my proof of evidence (OBJ/148/W-018) on the potential of changes to the physical environment to have significant impact on physical activity levels, with consequences for public health which should be taken into account when determining the impact of Network Rail’s proposed changes. In particular it stresses not just the safety but the convenience, attractiveness and connectivity of walking and cycling routes in raising and maintaining physical activity levels.
8. The guidance also offers a mechanism for determining the potential impact of changes and hopefully maximising their positive impact through health impact assessments and meaningful community engagement. Whilst I recognise that this guidance would not have been available to Network Rail at the time it was developing its proposals for the Order, it nonetheless emphasises, more generally, the importance of ensuring that changes to the physical environment (such as those proposed by Network Rail in this Order) are properly assessed in terms of their possible impacts on health and on the local community.

9. Again, this supports the points I have already made in my proof of evidence, that in assessing Network Rail's proposals, the possible health impacts on the local community must be fully considered. I believe the facts stated in this proof of evidence to be true.

DEREK DE MOOR

15 October 2018



Physical activity and the environment

NICE guideline

Published: 22 March 2018

[nice.org.uk/guidance/ng90](https://www.nice.org.uk/guidance/ng90)

Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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This guideline replaces PH8.

This guideline should be read in conjunction with PH41.

Overview

This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels. The recommendations in this guideline should be read alongside NICE's guideline on [physical activity: walking and cycling](#).

Who is it for?

- Local authorities and metro mayors, including agencies contracted to deliver environmental changes for local authorities
- Others responsible for open spaces used by the public such as in workplaces, community-owned gardens and playing fields
- Housing, local enterprise partnerships and others responsible for the built environment
- Public transport planners and providers
- Organisations working to ensure people with limited mobility can be physically active

It may also be relevant for members of the public.

Recommendations

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

1.1 *Strategies, policies and plans to increase physical activity in the local environment*

- 1.1.1 Develop and use local strategies, policies and plans to encourage and enable people to be more physically active. Use information from sources such as the joint strategic needs assessment and local cycling and walking implementation plans. Follow established best practice to ensure everyone's needs are identified and addressed, including those of people with limited mobility. [2018]
- 1.1.2 Use community engagement approaches to develop and review these local strategies, policies and plans:
- Take account of the views and needs of people who walk, cycle, drive or use public transport in the local area, particularly in relation to shared or contested space. (For example, space shared by pedestrians and cyclists, or cyclists and motorists.)
 - Take account of the views and needs of people with limited mobility who may be adversely affected by the design and maintenance of streets, footways and footpaths and urban and rural public open spaces.
 - Take account of the views of voluntary and community sector organisations.
 - Assess whether initiatives successfully adopted elsewhere are appropriate locally and, if they are, how they can be adapted to local needs. [2018]

For more information see NICE's guideline on community engagement.

- 1.1.3 Develop and put policies into place to ensure people with limited mobility can safely move along and across streets and in public open spaces:
- Adopt a consistent approach to permanent or temporary obstructions. This may include vegetation, vending boards, bins, parked cars, scaffolding and street furniture.

- Ensure that there are enough pedestrian-controlled [crossings](#), and that they all incorporate accessibility features. Also ensure that signal-controlled crossings give enough time to cross the road safely.
- Provide accessible temporary crossings during street and road works (see the Department for Transport's [Safety at street works and road works](#)).
- Use and maintain tactile paving and dropped kerbs correctly (see the Department for Transport's [guidance on the use of tactile paving surfaces](#)).
- Provide step-free access or, where this is not possible, clearly signposted accessible alternatives. [2018]

- 1.1.4 Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life, for example ensuring access on foot to local services such as shops and public transport stops.

For more information see Public Health England's [Spatial planning for health](#) report. [2018]

- 1.1.5 Ensure children, young people and their families and carers can be physically active, for example when playing and when travelling to school, college and early years settings. [2018]
- 1.1.6 Use existing health impact assessment tools to assess in advance what impact (both intended and unintended) any proposed changes are likely to have on physical activity levels. For example, will local services be accessible on foot, by bike, and by people with limited mobility? Make the results publicly available and accessible. [2018]

See [how the committee made recommendations 1.1.1 to 1.1.6](#).

1.2 *Active travel*

- 1.2.1 Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel. Base this on demographic data, travel surveys, land use mix and other sources of local information. Take into account views identified through community engagement (see recommendation 1.1.2). [2018]

1.2.2 Increase physical activity associated with using public transport services. This includes encouraging use of these services by:

- Ensuring available services are reliable, particularly in rural areas where public transport may be more limited.
- Making information about public transport services accessible to people with visual and hearing impairments, for example provide spoken and visual announcements about destinations and stops on board services, and at stops and stations.
- Making public transport physically accessible to everyone (see the Department for Transport's [guidance on inclusive mobility](#)).
- Improving public transport to parks and other green and blue spaces. [2018]

1.2.3 Ensure new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole. Aim to make it as easy as possible for people to walk, cycle or use other forms of active travel rather than making short journeys by car. This includes journeys between residential areas and:

- public transport stops and stations
- places of work
- public open spaces
- schools, colleges and early years settings
- healthcare services
- shops, and leisure sites. [2018]

1.2.4 Ensure footways, footpaths and cycle routes are convenient, safe and appealing to users, and are built and maintained to a high standard. For example, ensure:

- they are even and do not include any hazards, for example from tree roots, pot-holes, broken paving slabs or seasonal and weather-related obstructions
- they have enough lighting to make people feel secure

- they are free from permanent or temporary obstructions, where possible (see recommendation 1.1.3)
- they are not hidden by overgrown or poorly managed vegetation
- they have clear signs to help people find their way.

Work in association with relevant third sector organisations and volunteers to plan and carry out this work.

For more details, see the Department for Transport's guidance on inclusive mobility and the [Traffic signs manual](#). [2018]

1.2.5 Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. (This includes people with [limited mobility](#).) Use 1 or more of the following methods:

- Re-allocate road space to support physically active modes of transport (for example, by widening footways and introducing cycle lanes). For more detail on designing these routes, see the [recommendations on walking and cycling](#) in NICE's guideline on air pollution: outdoor air quality and health, and the Department for Transport's guidance on [Shared use routes for pedestrians and cyclists](#).
- Restrict motor vehicle access (for example, by closing or narrowing roads to reduce capacity).
- Introduce road-user charging schemes. For more detail on charging schemes, see the [recommendations on clean air zones](#) in NICE's guideline on air pollution: outdoor air quality and health.
- Introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design). For more detail on traffic calming, see the [recommendations on smooth driving and speed reduction](#) in NICE's guideline on air pollution: outdoor air quality and health, [recommendations on measures to reduce speed](#) in NICE's guideline on unintentional injuries on the road, and the Department for Transport's guidance on [Traffic calming](#). [2018]

1.2.6 Improve cycling infrastructure using information from people who walk, cycle, and drive in the local area, including those with limited mobility (see recommendation 1.1.2). Improvements may include:

- establishing cycle lanes, tracks and trails in line with best practice
- installing secure cycle parking facilities in public places, on public transport and at public transport stops. [2018]

For more details see NICE's guideline on [physical activity: walking and cycling](#), and other guidance such as Transport for London's [London cycling design standards](#) and Highways England's [Cycle traffic and the strategic road network](#).

1.2.7 Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this. For example:

- Ensure footways:
 - have even, non-reflective, anti-glare surfaces
 - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from [pavement parking](#) (see recommendation 1.1.3)
 - are set back from traffic, if possible (for example, by a grass verge).
- Ensure footways that have a kerb clearly define the kerb with a change in level (apart from pedestrian [crossings](#)).
- Ensure pedestrian crossings have flush kerbs and tactile paving (see the Department for Transport's [guidance on the use of tactile paving surfaces](#)).
- Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep, and give enough time to cross the road safely.
- Ensure tactile paving is correctly installed and maintained where it is needed, for example at all crossing places, at the top and bottom of stairs, on the edge of railway platforms and on shared use routes (see the Department for Transport's [guidance on tactile paving surfaces](#)).
- Ensure seating is provided at regular intervals along footways that are key walking routes (see the Department for Transport's [guidance on inclusive mobility](#)). [2018]

1.2.8 Improve routes that children, young people and their families and carers use, or could use, for active travel to school, college and early years settings. Focus on

improving safety, accessibility, connectivity, sustainability and appeal to users. [2018]

1.2.9 Consider improving access routes to school, college and early years settings by:

- improving footways and pedestrian crossings (see recommendations 1.2.4 and 1.2.7)
- introducing measures to reduce vehicle speed (see NICE's guidelines on [air pollution: outdoor air quality and health](#) and [unintentional injuries on the road](#)). [2018]

See [how the committee made recommendations 1.2.1 to 1.2.9](#).

1.3 *Public open spaces*

1.3.1 Consider ways to enhance the accessibility, quality and appeal to users of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example those with low mobility, low income communities and some black and minority ethnic communities. Consider, for example, providing:

- facilities that help people of all cultures and backgrounds to feel safe and welcome, for example by providing safe areas in which children can play and picnic facilities
- lighting and other measures to prevent or reduce antisocial behaviour, such as maintaining vegetation
- clear signs that can be understood by everyone, including people with visual impairments and learning disabilities
- seats with arms and backrests, sited at frequent intervals
- shelter and shade
- accessible toilets that are clean, well maintained and unlocked during daylight hours
- footpaths with even, non-reflective, anti-glare surfaces and tactile paving
- access by public transport, on foot and by bike (including providing cycle parking)
- car parking for blue badge holders and other people with [limited mobility](#). [2018]

1.3.2 Ensure open spaces and footpaths are maintained to a high standard. [2018]

- 1.3.3 Involve community groups and volunteers in decisions on how to design and manage public open spaces, including trails, footpaths and towpaths. Encourage them to help maintain them, for example by reporting any problems affecting use and accessibility (see NICE's guideline on [community engagement](#)). [2018]

See [how the committee made recommendations 1.3.1 to 1.3.3](#).

1.4 *Buildings*

- 1.4.1 Ensure different parts of [campus](#) sites (including those in hospitals and universities) are linked by accessible walking and cycling routes. [2008]
- 1.4.2 Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new through routes (and not just links to the new facility). [2008]
- 1.4.3 During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them. [2008]
- 1.4.4 Ensure staircases are clearly signposted and are attractive to use. For example, they should be well lit and well decorated. [2008]

See [how the committee made recommendations 1.4.1 to 1.4.4](#).

1.5 *Schools*

- 1.5.1 Ensure school playgrounds are designed to encourage varied, physically active play. [2008]
- 1.5.2 Primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games. [2008]

See [how the committee made recommendations 1.5.1 to 1.5.2](#).

Terms used in this guideline

This section defines terms that have been used in a specific way for this guideline. For general definitions, please see the [glossary](#).

Campus

Two or more related buildings set together in the grounds of a defined site.

Crossings

Signal-controlled crossings: these include puffin, pelican and toucan crossings. They have traffic signals for both vehicles on the carriageway and people crossing it.

Pedestrian-controlled crossings: these include both signal-controlled crossings and zebra crossings.

Accessible crossings: these have dropped kerbs that are flush with the carriageway, and tactile paving. Those with signals also have tactile rotating cones and, if appropriate, an audible beep. These characteristics are accessibility features.

Although these are the definitions of crossings which are used in this guideline, various other definitions exist with more detailed technical specifications. For these, see [Schedule 1 of the Traffic Signs Regulations and General Directions 2016](#).

Contested space

A geographical space that is used for different purposes, potentially causing conflict because each type of user has differing priorities.

Limited mobility

People whose mobility is limited, either temporarily or in the long term, because their environment is not adapted to meet their needs. Examples may include:

- some disabled people, including people with sensory impairments or learning disabilities
- people using wheelchairs, cycles or other mobility aids, or those supporting people using these aids

- some older or frail people
- people using buggies, prams or cargo cycles for transporting children
- people with conditions such as chronic pain or neurological conditions
- some people with mental health conditions.

Putting this guideline into practice

NICE has produced [tools and resources](#) to help you put this guideline into practice.

Some issues were highlighted that might need specific thought when implementing the recommendations. These were raised during the development of this guideline. They are:

- Training on the links between transport and health for council staff and elected members.
- Partnership working between local government authority departments responsible for public health, transport and planning and other departments that affect people's ability to be active in the built or natural environment.
- Public health knowledge and leadership in local transport departments, and in local authorities' parks and recreation departments.
- Access to examples of good practice on physical activity and the environment.
- Local links to academic centres for translational research.
- Whether and how behavioural interventions may be combined with the environmental interventions covered in this guideline (see NICE's guidelines on [physical activity: walking and cycling](#) and [behaviour change: individual approaches](#) for more information).

Putting recommendations into practice can take time. How long may vary from guideline to guideline, and depends on how much change in practice or services is needed. Implementing change is most effective when aligned with local priorities.

Changes should be implemented as soon as possible, unless there is a good reason for not doing so (for example, if it would be better value for money if a package of recommendations were all implemented at once).

Different organisations may need different approaches to implementation, depending on their size and function. Sometimes individual practitioners may be able to respond to recommendations to improve their practice more quickly than large organisations.

Here are some pointers to help organisations put NICE guidelines into practice:

1. Raise awareness through routine communication channels, such as email or newsletters, regular meetings, internal staff briefings and other communications with all relevant partner organisations. Identify things staff can include in their own practice straight away.
2. Identify a lead with an interest in the topic to champion the guideline and motivate others to support its use and make service changes, and to find out any significant issues locally.
3. Carry out a baseline assessment against the recommendations to find out whether there are gaps in current service provision.
4. Think about what data you need to measure improvement and plan how you will collect it. You may want to work with other health and social care organisations and specialist groups to compare current practice with the recommendations. This may also help identify local issues that will slow or prevent implementation.
5. Develop an action plan, with the steps needed to put the guideline into practice, and make sure it is ready as soon as possible. Big, complex changes may take longer to implement, but some may be quick and easy to do. An action plan will help in both cases.
6. For very big changes include milestones and a business case, which will set out additional costs, savings and possible areas for disinvestment. A small project group could develop the action plan. The group might include the guideline champion, a senior organisational sponsor, staff involved in the associated services, finance and information professionals.
7. Implement the action plan with oversight from the lead and the project group. Big projects may also need project management support.
8. Review and monitor how well the guideline is being implemented through the project group. Share progress with those involved in making improvements, as well as relevant boards and local partners.

NICE provides a comprehensive programme of support and resources to maximise uptake and use of evidence and guidance. See our [into practice](#) pages for more information.

Also see Leng G, Moore V, Abraham S, editors (2014) [Achieving high quality care – practical experience from NICE](#). Chichester: Wiley.

Context

Key facts and figures

Physical activity can help people to prevent and manage over 20 chronic health conditions ([Start active, stay active](#) Department of Health). The benefits of physical activity vary across ages and include improvements to physical and mental development and functioning. ([Start active, stay active: infographics on physical activity](#) Department of Health).

Physical inactivity costs the NHS in the UK around £1 billion per year ([Making the case for public health interventions](#) The King's Fund; [The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs](#) Scarborough et al. 2011). Including costs to wider society, this rises to around £7.4 billion a year ([Everybody active, every day: an evidence based approach to physical activity](#) Public Health England).

Current practice

In 2015, 34% of men and 42% of women reported that they did not meet [UK guidelines on physical activity](#), and the number of people meeting the recommended levels decreased with age^[1] ([Health Survey for England – 2016](#) NHS Digital). In 2015, only 23% of boys and 20% of girls aged 5 to 15, and in 2012 only 10% of boys and 9% of girls aged 2 to 4 met the UK Chief Medical Officer's guidelines on physical activity for their age group ([Health Survey for England, 2016: children's health](#) NHS Digital; [Health Survey for England 2015: children's physical activity](#) NHS Digital^{[2],[3]}).

The environment can influence people's ability to be active ([Changing the environment to promote health-enhancing physical activity](#) Foster and Hillsdon 2004). The design and layout of towns and cities can enable and encourage walking and cycling, and using public transport may also mean people build physical activity into their daily lives ([Incidental physical activity in Melbourne, Australia: health and economic impacts of mode of transport and suburban location](#) Beavis and Moodie 2014).

For people with [limited mobility](#), the environment can make it particularly difficult to be active. For example, they may not have easy access to public transport, or may find it difficult to cross roads if the [crossings](#) are not accessible.

Policy

The government's [Sporting Future](#) sets out a strategy for a healthy nation based on 5 outcomes, including physical and mental wellbeing. The government's [Cycling and Walking Investment Strategy](#) aims to make cycling and walking the natural choices for shorter journeys, or as part of a longer journey. Objectives for these policies include:

- increasing the proportion of the population meeting the physical activity guidelines
- decreasing the proportion doing less than 30 minutes of physical activity a week
- increasing cycling and walking activity
- decreasing fatalities and serious injuries in cyclists.

Supporting people of all ages and abilities to be more physically active can help local authorities meet their public health responsibilities. Specifically, it will affect indicators identified in the [Public Health Outcomes Framework 2016 to 2019](#) and the [NHS Outcomes Framework 2016 to 2017](#).

More information

You can also see this guideline in the NICE Pathway on [physical activity](#).

To find out what NICE has said on topics related to this guideline, see our web page on [physical activity](#).

See also the [evidence reviews](#) and information about [how the guideline was developed](#), including details of the committee.

^[1] In the survey anyone over 16 was defined as an adult.

^[2] For children aged 5 to 15, figures exclude physical activity done during school lessons. When this is included, 24% of boys and 18% of girls who had attended school in the past week met the UK Chief Medical Officers' guidelines on physical activity for their age group.

^[3] For both reports, data was collected from parental report for children aged 2 to 12. For 13 to 15 year olds, data was self-reported.

Glossary

Active travel

Getting from place to place by a physically active means, such as walking or cycling, non-motorised scooters or rollerblades. This can be commuting, for example to work or school; a journey to other destinations, for example between home and shops and local amenities; or walking and cycling for leisure.

Blue spaces

These include the sea, rivers, lakes and canals.

Built environment

This includes roads (carriageways), pavements (footways), the external areas of buildings and open 'grey' space, such as urban squares and pedestrianised areas.

Connectivity

The extent to which routes connect with other routes and destinations to allow an unbroken journey.

Cycling

Using cycles for transport or leisure, including bikes, tricycles, tandems or hand cycles.

Footpaths

Paths that are separate from a road, over which the public have a right of way on foot only (see section 329(1) of the Highways Act 1980).

Footways

Paths that runs alongside a road, over which the public have a right of way on foot only (see section 329(1) of the Highways Act 1980). Commonly referred to as pavements.

Green spaces

These include urban parks, open green areas, woods and forests, coastland and countryside, and paths and routes connecting them.

Greenways

Some studies examined greenway interventions. These studies were conducted in the USA and, in this context, greenways referred to strips of land that form open-space corridors, usually connecting urban areas. They tended to be reserved for recreational use or environmental conservation.

Grey spaces

Areas of developed land, including urban squares and pedestrian areas.

Home Zones

'Home Zones aim to improve the quality of life in residential roads by making them places for people, instead of just being thoroughfares for vehicles. The key elements to a Home Zone are: community involvement to encourage a change in user behaviour; and for the road to be designed in such a way as to allow it to be used for a range of activities and to encourage very slow vehicle speeds (usually involving sensitively designed traffic calming)'. ([The quiet lanes and home zones \(England\) regulations 2006](#), page 2.)

Inactivity

Low levels of physical activity, often quantified as less than 30 minutes of moderate-intensity activity per week.

Land use mix

The variety of uses for land in an area, and the degree to which these are balanced. This can include residential, commercial, employment, recreational, and open space.

Metabolic equivalents or METs per unit of time

Metabolic equivalents or METs per unit of time. METs are a measure used to estimate the energy expenditure of physical activity and can be used to categorise activities into different intensities – the higher the MET, the higher the intensity. The committee discussed which measure was most appropriate for considering the change to total physical activity.

Natural environment

All areas of land that would occur naturally and are not artificial. This includes areas of undeveloped land and water.

Pavement parking

Parking part, or the whole, of a motorised vehicle on a pavement.

Physical activity

Physical activity is: 'Any force exerted by skeletal muscle that results in energy expenditure above resting level' (Physical activity exercise and physical fitness: definitions and distinctions for health related research Caspersen et al. 1985). It includes the full range of human movement and can encompass everything from competitive sport and active hobbies to walking, cycling and the general activities involved in daily living (such as housework and gardening).

Physical activity measurements

Physical activity is measured in terms of:

- the time it takes (duration)
- how often it occurs (frequency)
- its intensity (the rate of energy expenditure – or rate at which calories are burnt).

The intensity of an activity is usually measured either in kcals per kg per minute or in METs (metabolic equivalents – multiples of resting metabolic rate). Depending on the intensity, the activity will be described as moderate intensity or vigorous intensity. Moderate-intensity activities increase the heart and breathing rates but, at the same time, allow someone to have a normal conversation. An example is brisk walking.

Public transport

Shared modes of transport that can be used by members of the public and are not owned by any individual member. They generally have fixed routes and schedules. This may include buses, coaches, trains, rapid transit systems, trams, and ferries.

Sedentary behaviour

'Activities that do not increase energy expenditure much above resting levels. There is a difference between sedentary and light physical activities. Activities considered sedentary include sitting, lying down and sleeping because they do not require any muscle recruitment. Associated activities, such as watching TV and reading, are also in the sedentary category.' (*Start Active, Stay Active*, Department of Health, page 54.)

Street furniture

Permanent or temporary items located on footways and pedestrianised areas. These may include chairs, hanging baskets and planters.

Translational research

Applies the findings of scientific research to practice to improve people's health and wellbeing.

Vending boards

Portable advertising boards placed on footways and in pedestrianised areas.

For other public health and social care terms see the Think Local, Act Personal Care and Support Jargon Buster.

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