



Northern Ireland
Assembly

Committee for Regional Development

OFFICIAL REPORT (Hansard)

Inquiry into the Benefits of Cycling to the Economy:
Chief Medical Officer and Public Health Agency

11 June 2014

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Jimmy Spratt (Chairperson)
Mr Seán Lynch (Deputy Chairperson)
Mr John Dallat
Mr Alex Easton
Mrs Brenda Hale
Mr Ross Hussey
Mr Declan McAleer
Mr Kieran McCarthy
Mr David McNarry
Mr Cathal Ó hOisín

Witnesses:

Dr Michael McBride Department of Health, Social Services and Public Safety
Ms Mary Black Public Health Agency

The Chairperson: I welcome Dr Michael McBride, the Chief Medical Officer (CMO) for Northern Ireland, and Mary Black, the assistant director of the Public Health Agency (PHA). Both of you are no stranger to Committees, although maybe not always this Committee.

Mr Easton: I declare an interest as the Health Minister's Private Secretary.

The Chairperson: That is noted. Michael, I ask you to go ahead and make your presentation and then leave yourself open for questions.

Dr Michael McBride (Department of Health, Social Services and Public Safety): Good morning, Chair, Deputy Chair and Committee members. First, thank you for providing Mary and me with the opportunity to come here today to talk to you about what we feel is a very important matter, which is the benefits of cycling to the economy.

Mary Black from the Public Health Agency will provide some input on the more specific work that the agency is doing with a range of stakeholders in Northern Ireland to promote cycling, given its undoubted health benefits, which, hopefully, I will evidence during my presentation.

We know that physical activity is absolutely vital to keeping both the body and the mind fit and healthy. We know that to be intrinsically so, but we also know on the basis of well-established bodies of evidence of the huge benefits of participation in physical exercise in boosting the immune system and in helping to prevent cardiovascular disease, strokes, type-2 diabetes and many types of cancer, such

as colon and breast cancer. It is an important element in contributing to maintaining a healthy weight as well as in improving mental health by helping to prevent depression and promoting or maintaining positive self-esteem.

I know that the Minister has already provided written evidence to the Committee, including input from the Public Health Agency. There is an absolute wealth of research that demonstrates the long-term risks to health of physical inactivity. Indeed, the World Health Organization, in its 'Global Recommendations on Physical Activity for Health' report, published in 2010, states:

"Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising in many countries with major implications for the prevalence of noncommunicable diseases (NCDs) and the general health of the population worldwide."

The truth of the matter is that physical activity is number four in the global causes of mortality, right behind high blood pressure and tobacco smoking. It is a major challenge for us.

In disease-prevention terms, it is important to note that even low levels of physical activity can reduce the risk of ill health. Major gains in reduced mortality and morbidity are possible by raising even slightly the activity levels of those inefficiently active people. Our UK-wide CMO guidelines back in 2011 specifically mentioned the importance of that, even for people who take less than 30 minutes' exercise a week. Indeed, major gains could be made even if we were to target those individuals who undertake less than 30 minutes of physical activity a week. There would be significant gains for their health and well-being.

We have long known the benefits of physical activity to health. There have been many ongoing recommendations from Chief Medical Officers previously across the UK regarding the amount of time that people should participate in activity daily or weekly. In 2010, the four of us at the time decided that it would be beneficial for those guidelines to be reviewed. We established an editorial group to take that forward. Officials from all the Departments and I, with input from colleagues in the Public Health Agency and the respective Chief Medical Officers' teams in the four Administrations, developed those new guidelines, which were launched in July 2011 right across the UK.

The revised guidelines include new recommendations specifically for children under the age of five, taking into account whether they are walking or not walking — at the various stages of development — and also, importantly, for adults over the age of 65. Again, the guidelines take into consideration issues of mobility, balance and strength. I am sure that you are all aware that the guideline for working-age adults is to participate in at least 150 minutes of moderate physical activity a week. I will not ask how many of you actually fulfil that. It is important to note that that can be broken down into bouts of activity that last 10 minutes or more. Therefore, even doing 30 minutes of moderate exercise at least five days a week ensures that you maintain your level of physical activity, and that will have material benefits for your physical and mental health and well-being. Cycling to work every morning, for example, could be an excellent way to get enough physical activity to provide real health benefits. I will touch on the links with active travel later, and Mary will expand on those. The results of the Northern Ireland health and well-being survey in 2012-13 indicate that just 53% of adults meet the current physical activity guidelines. That is just over half of the population. What about the other half? Even more worryingly, research from the Millennium Cohort Study and University College London shows that children in Northern Ireland are the least physically active anywhere in the United Kingdom, with 50% of seven-year-olds here not getting the recommended one hour of physical activity each day. That poses real long-term risks to their health and well-being. We are working right across government with colleagues in DCAL, the Department of Education and DRD to seek to address that. Furthermore, as you will also be aware, the population of Northern Ireland has the lowest level of cycling and walking anywhere in Europe, with half of all journeys of less than two miles and almost two thirds of journeys of less than five miles being made by car. That study was published fairly recently in Northern Ireland by the Institute of Public Health in Ireland.

Active travel, whether it be walking, cycling, jogging or using public transport, can be a very effective way to build physical activity into daily routine. That is really what we all need to ensure that the population is doing because that is how we will maintain it — by building it into our normal physical routine. Cycling is a very cost-effective way to travel for an individual. The only initial outlay would be for the bike and relevant safety equipment. Walking or cycling instead of taking the car can have other beneficial environmental impacts, such as reducing the level of traffic on the roads and pollution in large towns and cities, and even providing the opportunity to socialise for people who might not otherwise have the chance to do so. A number of studies show the economic benefits for small businesses due to increased cycling through towns and cities right across the United Kingdom.

The new draft strategic framework for public health, which was approved at the last Executive meeting, makes strong links with the active travel strategy and action plan to provide increased opportunities for sustainable transport options, such as walking and cycling. Space and place, which is a particular subset in that new policy, which will be launched very shortly, is about creating what we describe as "enabling environments" where people can be active and supported to meet. It is also identified as an area of work that lends itself particularly well to local partnership action. In the context of local government reform, there are exciting opportunities to translate that into real, meaningful benefits for local communities. The promotion of active travel has a major role to play in improving and achieving a fairer distribution of health as well as bringing economic benefits to individual communities and beyond.

I acknowledge that we face many infrastructural challenges with our roads and networks, which we may have to consider in order to fully integrate cycling into our transport culture. That might require a particularly large investment at the outset. The integration of cycling is unlikely to happen overnight as there are many other societal behaviours and perceptions that would also need to be further addressed in order to ensure the safety of all those who travel on public roads.

I also draw to your attention the Public Health England report back in November 2013, entitled 'Obesity and the Environment: Increasing Physical Activity and Active Travel'. It noted the many benefits of participating in walking and cycling, including increased footfall for local businesses and vibrant town centres. In addition, the national cycling charity, the Cyclists' Touring Club (CTC), in its report of May 2013, 'Cycling in the Economy', stated:

"Cycling makes a positive contribution to the national economy and it is a cost-effective investment"

by helping to improve public health, save money, create job opportunities and potentially increase the productivity of the workforce.

As you will also be aware, Sustrans and the Cycle to Work Alliance reported that investment in active travel is very good value for the health gains alone. They also noted that the manifestations of poor health as a result of physical inactivity not only impact on individuals but have a tangible effect on businesses and employers. In its April 2011 press room blog, PricewaterhouseCoopers (PwC) estimated that British businesses lose £32 billion in lost output each year as a result of absenteeism. In addition, it questioned whether UK employers should be investing much more in the health of their workforces, as is the case in the United States. This is something that I am very pleased to see happening increasingly across Northern Ireland. We have had recent examples in the work of Business in the Community in that respect.

What can we do? As I mentioned, creating an environment where people actively choose to walk and cycle as part of everyday life can have the most significant impact on improving the health of the population. It may reduce health inequalities and, ultimately, have a positive impact on the economy. Behavioural attitudes need to change if we are to encourage society to change its travel methods and embrace alternative modes of transport on the same roads.

Infrastructure changes to our roads must be made to accommodate increased numbers of cyclists, particularly during those times of the day when people are travelling to and from work. No one wants to get stuck in traffic when you are trying to get home after a long day. I must admit that, while I should be on my bicycle, I get alternative forms of exercise, but I feel a stab of jealousy when I am sitting in the car and I see a cyclist whizz past when the rest of us are stuck at a standstill. Increasing participation in physical activity can also begin by taking very small steps. These can include getting off a stop earlier when taking the bus or by using the stairs instead of the lift.

Cycling is one of the most accessible leisure activities for people of all ages and levels of fitness. That is why the Health Department and the Public Health Agency are working with a number of partners, including DRD, as I indicated, to increase physical activity opportunities. One aspect of this is to improve access to participation for cycling.

In a moment, I will hand over to Mary, who will say something more about the work that the PHA is doing. In conclusion, we hope to publish the new public health framework, which has been approved by the Executive, in the very near future. This framework will provide the strategic direction to reinvigorate cross-government action to improve health and reduce health inequalities and to inform cross-sectoral working. It has been developed through strong cross-departmental and cross-sectoral

engagement. It adopts a wider determinant and life-course approach from early years through to later years, and it is based on the interrelationship between health, disadvantage, inequality, childhood development, education, employment, social and physical environment, and economic growth.

The framework will seek to create:

"the conditions whereby all people are enabled and supported in achieving their full health and well-being potential through strengthened collaboration and partnership working at levels from strategic through to local".

It will be vital that we work with a range of partners, including other Departments and public, private and third-sector bodies, to take this issue forward and use the opportunity with local government reform to maximise the potential opportunities that it presents with its new powers, roles and responsibilities.

In short, this has been paraphrased many times before: any investment we can make now in preventative measures to ensure better future health for the population will inevitably be beneficial in future. You will all be too familiar with the pressures on our front line services, which may be reduced due to the reduction in the prevalence of long-term conditions due to increased levels of physical activity in the population.

Ms Mary Black (Public Health Agency): Good morning, members. Thank you very much for the opportunity to contribute to your inquiry. This is a very important opportunity for public health but also in terms of the contribution to the economy.

It is essential that it is based on partnership. Dr McBride outlined the partnership that is in place, but it is also important because of the opportunities to align agendas. The health agenda is also the economy agenda and the economy agenda is part of the health agenda.

The Public Health Agency has been, at a practical level, working out what it can do. I will describe some of the work that is under way in Belfast. Belfast is important not only as our regional capital but because it will drive the region as a whole. So, the effort that is going on in Belfast is partly to learn about good practice that we can share in other parts, and the work with local government that Dr McBride outlined is particularly important. It is also important that we look at the experience of other cities, notably Copenhagen, Freiburg and other places that are 40 years ahead of us in experience and can be a shortcut for some of our learning.

I will describe the work of the active travel task and finish group, which is chaired by chief executive, Dr Eddie Rooney. The group involves the Department for Regional Development, Department for Social Development, Department of the Environment, Belfast City Council, Healthy Cities, Sustrans and the cycling charity CTC. Actions are grouped under a number of headings, and I will spend a little bit of time talking about those because, as I say, it has implications for what we do in areas other than Belfast.

First, the Department for Regional Development is planning to take the lead on infrastructure: what we do to support cycling. The development of a cycling master plan for Belfast will scope out eight cycling demonstration routes into the city centre and three orbital routes around the city centre. We know that is not all going to happen at once, and we propose to look at east and west Belfast as a starting point. The idea is to connect and join up the city in a way that currently is not possible. The other point about that is that cycling routes are also walking routes. We can provide opportunities for people to walk, to connect neighbourhoods and to make physical exercise much more easily available. We can also add to things like park-and-ride facilities so that people do a little more exercise rather than feeling that they have to go cycling full out.

Secondly, we are looking at a number of practical programmes to support cycling. The first of those is around schools, and we have been working with the Department for Regional Development to support the Active Travel schools programme. We are working with Sustrans and making an investment of approximately £200,000 a year, which is matched by DRD. The aim is to work with 180 schools over three years. This involves training for staff, teachers, parents and, of course, children, as well as a little bit of infrastructure work so that there is somewhere for the bicycles to be lodged and looked after. That is working extremely effectively at the minute, and we aim to grow it over the next two years.

The second area of practical programmes that I draw your attention to is workplaces. Naturally, this is important for workers' access to the city centre. However, we also know that over half of those entering the city centre at the minute use public transport, so, again, there are opportunities to build on that. We hope to have a flagship programme that will involve working with a number of employers in the city centre. We are talking about the Belfast Health and Social Care Trust, the city council, the Public Health Agency and, hopefully, DRD staff developing a programme that makes it easier to cycle to work. We are looking at promoting, engaging, having active travel champions in the workplace, having somewhere to store bicycles, and potentially having a pool of bicycles that staff who travel by other means can access during the day.

The third area is communities. Communities along those demonstration cycle routes are very important. The routes will go through some of our most disadvantaged communities, so there is an opportunity here to build on the work that we are doing in those communities that will also connect into work around active travel.

Another area of work that the Public Health Agency is leading on is around small grants to support very local work. That involves working with a wide range of community and voluntary organisations to support and develop cycling, including cycling for those with disabilities. There has been growth in a number of programmes in different community areas to help support that.

Outside Belfast, there are a number of programmes such as Bike Week; Velo bikes for people with a disability, which were trialled in Derry as the City of Culture initiative was rolled forward; local cycle programmes with city and district councils; and the Lisburn cycling initiative. In the southern area, work is being done on cycle pods, where we are linking with the physical activity referral programmes that the Public Health Agency has with district councils. So, a range of initiatives are going on to support cycling and physical activity.

I will conclude by mentioning some of the benefits to the economy. I had the opportunity, and perhaps some of you had, to see the greenway in County Mayo. They have seen 200,000 people use the greenway in the past number of years. They have also seen growth in the use of local businesses, whether it be hotels, tea and coffee houses or craft businesses. In London and other cities, those who walk and cycle into the city spend more money in the city, particularly with local traders. We have hard evidence for that. It feels to me like there is a win-win here in terms of what is good for the economy being good for health and well-being.

One of the biggest and simplest wins we might have is that, when we are planning any new roads, we think about walkways or cycle ways at that stage. We would then start to shift the norm and what is possible for people and nudge them towards increasing their physical activity.

Dr McBride mentioned some costs. Congestion costs have been estimated to be £250 million in Northern Ireland and obesity some £400 million — 25% in direct health costs but 75% in indirect costs. Those are costs to our economy. In short, it is very important for public health and has an economic benefit for the population.

The Chairperson: Thank you both very much indeed. Has the new DRD cycling unit had any conversations with the Health Department in relation to future strategy?

Dr McBride: Yes, absolutely. Dr Eddie Rooney, who Mary mentioned and who is the chief executive of the Public Health Agency, is in ongoing discussions and in liaison with DRD. I met the permanent secretary in DRD and discussed the active travel policy and the potential for even closer working relationships between the two Departments and respective organisations and bodies. Dr Eddie Rooney attended that meeting as well, so we have been actively involved.

We could think of our obesity prevention strategy, which was launched in March 2012 by the Minister, just to show that seamlessness of joined-up working. We very much referenced at that stage the active travel strategy that DRD was finalising. There has been active engagement between the two Departments at senior official level but also at ministerial level. Minister Kennedy has written to Minister Poots. We have nominated a representative on Minister Kennedy's new committee in relation to enhancing further the opportunities for the Northern Ireland population to participate in cycling.

The Chairperson: Mention was made, I think by Mary, in relation to the £42 million or £48 million that is being spent on the Connswater greenway. We got an evidential presentation from that group. I think that all members of the Committee were impressed at how it had liaised with local communities

on health and all the rest. Queen's University was carrying out a park survey in relation to health, particularly with some of the communities that would have major problems, as you described earlier, in terms of inactivity. Have you had input into the Queen's University survey?

Dr McBride: Yes, and Professor Kee, who is heading up that research study, has provided regular updates to me on its progress. The Department and the Public Health Agency were key strategic partners in securing the resource to take that study forward. Obviously, it provides a unique opportunity. Similar projects have taken place in Manchester and other large cities in the United Kingdom, and this work will add to the research evidence on the effectiveness of such approaches. So, we are actively involved in that work, and the PHA is a key partner in it.

Ms Black: It is a very important demonstration model, because of, as you said, the engagement with local communities. In a small way, we are trialling a further element of that in the Lisburn area, where people can have their physical activity incentivised. So, people get a little card with a counter on it and can build up points, which can be redeemed for fresh fruit, vegetables or money off participating in some other physical activity. The point is that you are incentivising physical activity. Those kinds of schemes and the research around them are terribly important because they are adding to the body of evidence on what will be effective. Rather than simply relying on individuals to make their choice, we have to make the environment as supportive and encouraging as possible.

Dr McBride: I had the opportunity to see the softer intelligence side. Hard intelligence and the research evidence are vital in informing government policy and how we commit resource to have the maximum impact to improve the health of the population and gain the economic benefits from that.

I also had the opportunity, as I am sure members had, to see some of the very innovative approaches in some of the most deprived communities — some of them are in east Belfast — that have been at the forefront of supporting cycling in areas of high unemployment. We have some older individuals in the community who are very actively involved in supporting younger children to acquire and maintain bikes. There is the men's shed approach, where older men in the community with a range of skills, who are not in employment but may have been employed in the shipyard or in a range of other light or heavy industries, are using those skills and feel that they are making a significant contribution to their own community.

So, there is a ripple effect from cycling in terms of the economic benefit, the physical benefit but also the sense of community cohesiveness. The opportunities for social interaction are immense, and we saw that well illustrated during the Giro. I cannot remember how many people I have seen cycling up that hill since we had the Giro visit to the Stormont estate. So, those sorts of things do have an impact and bring a real sense of community.

The Chairperson: You made a very interesting point in relation to future road investment and how cycling and the benefits that can come from it should be looked at. Should that be a multi-departmental approach? In other words, if there are new road schemes, should there be some input from the Health Department, for instance?

Ms Black: That is an excellent opportunity, because, in doing so, you will be automatically building an integrated planning approach. It is obviously much cheaper and it makes better economic sense to do it while we are planning it. Trying to do it afterwards will always cost a bit of money, but it will still be minor compared with what it will cost not to do it. If we do it when we are planning, it makes an awful lot more sense. So, you could foresee a situation where those plans are also "proofed" by other Departments in terms of health, well-being, social engagement and social regeneration. That would be very positive.

Dr McBride: I am reminded of the time when the Minister said to his Executive colleagues that he regarded everyone around the Executive table as Ministers for Health. The new public health framework has been approved by the Executive. It is the Executive's policy to improve the health and well-being of the population of Northern Ireland. It is not just the Department of Health, Social Services and Public Safety's policy; it is an Executive policy owned by all the Ministers. Most of the impacts that we can have on improving the health and well-being of the population are outwith the gift of the Department of Health, Social Services and Public Safety solely. They are in relation to education, employment opportunities, life opportunities and life skills etc. To ensure joined-up government, all government bodies are required to have equality impact assessments. Equally, they all should have health impact assessments to ensure that they are making a positive contribution to improving the health of the population. A healthy population is a more productive population, and, as

Mary said, that supports economic development. If we have economic development, we have more people in employment, and being in employment is good for your health.

Mr Ó hOisín: I heard what you said about local government reform and the encouragement for people to cycle to work. One of our research papers may be slightly dated in that it covers 2001 to 2011, but it shows that, in 20 of the 26 local councils, there has been a fall in the number of people cycling to work. That includes, shamefully I might add, my own council, which seems to have the biggest fall, of nearly two thirds. Are we doing the right things to encourage and incentivise cycle-to-work schemes? I know that, recently, it has been extended to Members here, and I am one of the Members to have taken it up. Are there a lot of workplaces where it is not being used and acted on?

Dr McBride: I will make a general comment, and Mary will talk to the detail of it. You are right, and I share your frustration. This is mentioned in the evidence that we have provided to the Committee and the Minister's response. The UK Chief Medical Officer guidelines on physical activity and the health survey report in 2010-11 showed that only 38% of the population of adults were meeting the recommended levels of weekly exercise. By 2012-13, the percentage had fallen to 35%. So, it is not going the way that we want and improving; you are absolutely correct. That absolutely speaks for the need to work more collectively to raise awareness of the real benefits that even modest levels of increased physical activity can bring about. It is about changing the culture. Cycling and walking etc are easy ways to build physical activity into your everyday life.

It is quite appropriate that, in Diabetes Week — I was here as Diabetes UK launched that in the Long Gallery earlier this week — I point out that 25% of cases of diabetes are probably directly caused by the consequences of physical inactivity. We know that that eats up 12% of the health service's budget. So, we certainly need to do more to increase levels of physical activity. Mary mentioned the work in schools. I launched my annual report this year in one of the schools in east Belfast that is in the Active Schools programme. Something like 70% of those children are either walking, cycling or scooting to school with their parents. We certainly need to do more to change the culture in society that cycling is something for men and women in Lycra — the enthusiastic individual. We need to ensure that the message is that it can be done in everyday clothing and is for going to the shop or work. The message must be that recreational cycling is part of the norm. Mary, you can maybe talk about some of the efforts that are being made with local councils.

Ms Black: Exhorting people to take physical activity will not, in itself, be enough. We have to make sure that the environment is supportive. Some of the local councils that you talked about are making moves and are making individual efforts that are bringing benefit, but we need to build up the critical mass of intervention, which is why the work in Belfast is important. It involves combining changes to the environment with education, schools, and community. It involves small engagement as well as major infrastructure change. Those changes on their own will be effective, but, together, they are much more effective and much more than the sum of their parts. They start to build a critical mass for change. That is what we do not have in some of the other areas, but we can build it. Shortly, we will have 11 councils. We have very good working relations with the existing 26 councils and will want to strengthen those. Some councils have entered into major initiatives to promote cycling and others have not seen those benefits. Partly, that has been in rural communities, where it will take longer to build up that critical mass that I have talked about.

It is interesting that, in Belfast, the Belfast on the Move study indicated that more than half of the people who travel into the city use public transport and active travel. That is a major change. The use of trains has gone up by 36% and people walk to and from stations. That is the city council obviously. We can do more and we should.

Mr Ó hOisín: I know Derry city particularly well. Cycle lanes and routes there have been increased to 72 km, yet there has been a fall in the number of people who cycle to work. There is a major piece of work to be done there.

Dr McBride: There is. One of the things that we discussed with the permanent secretary in DRD when we met him along with Dr Rooney was connectedness. Mary mentioned the work in Belfast to get one showcase end-to-end route, almost as a spine with all the ribs running into it and connected into places of work and schools. The difficulty is often in and around the infrastructure, and cycle routes come to an end and do not always take people where they need to go, such as a place of work, a school or, indeed, into an estate where they might live. So, I think that it is about getting that interconnectedness and making sure that there is that seamlessness, so that, as Mary said, people can cycle along it and walk along it. We can then build a supporting infrastructure around that.

I think that this is the start of a very long journey. It has taken us 30 years to develop a society in which everyone travels by car. We have a very sedentary society, and it is going to take quite a long programme of committed effort across Government and across the sectors to reverse that change. That includes changing how we all think about how we move around our society.

Mr Lynch: Thanks for the presentation. Michael, I think that the publishing of the public health framework is to be welcomed. It is about mindsets and changing people's ways and habits. As somebody who does a bit of cycling from time to time, I know that everything you have said about health and well-being stands to sense.

Other European countries are well in front of us. How much have you learned from them? Even Dublin is very much into cycling, as is London. London is not decades in front of us, but other European countries are. How much have you learned from them when outlining your strategy?

Dr McBride: We have learned from them. Certainly DRD and colleagues in the PHA — Mary can speak to that — have looked at some of the Scandinavian countries. We mentioned the real improvements in Amsterdam and in Freiburg in Germany. Closer to home, I know that Belfast City Council has a major initiative to try to put in place a bicycle-to-rent scheme that is similar to the one in Dublin. Representatives of the council visited Dublin and other European centres, and I wrote to the chief executive of Belfast City Council at that time to formally support the scheme from the point of view of its wider health benefits.

I think that we need to create the opportunities. It is about making bicycles available through bicycle clubs to deprived communities, and some work is going on with that. It is also about employers supporting their employees to buy bikes. We must also ensure that cycling is an option for those of us who want to travel around the city or, indeed, around the Stormont Estate from one Department to another that is not too far down the road. We need to think creatively to create the opportunities and provide options for people so that it becomes part of the norm rather than the exception.

You do not have to put Lycra on to cycle. We discussed that with colleagues in DRD, and we need to change the culture that you need to wear a flashy vest and Lycra and look super fit to get on a bicycle. Some people cycle like that, and that is how they enjoy cycling, but it is about ensuring that you can purchase a bicycle that has a basket on the front and the back so you can do your shopping on it without feeling that you need to get kitted out in Lycra. You can also use it to go to and from your workplace and go about your daily business. Mary, I do not know whether you want to — maybe you wear Lycra when you cycle, I do not know.

Ms Black: No, I do not, but you never know. Your point about learning from others is critical. One thing that we can definitely learn from other countries is that they had a vision. They set a vision for where they wanted to be and broke it down into smaller steps in the immediate and medium term so that people did not get discouraged along the way. They saw the progress and could see the development happening over time. That is one key learning point from those countries.

Dr McBride has mentioned the bike rental schemes in Dublin and London. Also, if any of you have been to Paris, you will know that you can just get a bicycle; everybody does it. We have a lot to learn, but we also have fantastic resources. We have the people and the energy, but, if we start thinking about the leisure and tourism side of it, we have many disused railway lines. Given the experience in County Mayo, what about joining up some of those networks with the canal paths and so on? We have an absolutely amazing resource. That will take a lot more investment admittedly, but if we set a long-term vision, those are the sorts of things that we can do over time to build a really substantial network. In doing so, we will create an environment that encourages and supports people to become more physically active through walking and cycling.

Dr McBride: If I could just add to that, obviously I am not here as an expert on the economy or tourism, and my interest in developing the economy is the demonstrable evidence-based benefit for health from economic growth and development, but one of the figures that struck me — you have probably already considered it — was that there are apparently somewhere in the region of 2.795 billion cycle tourism trips in Europe each year, with a value of £54 billion. If I am quoting correctly, I understand that the research from Visit Britain shows that the event visitor spend in Northern Ireland is currently in the region of £98 million, which is just 2% of the event visitor market in the UK. There are projections that show that that 2% or £98 million could increase up to £162 million by 2020. That

additional financial resource and economic benefit to Northern Ireland can translate into a huge amount of potential benefits to the population here. From a health perspective, let alone the economic benefits, there is huge potential, as Mary said, of learning from the examples of other parts of this island, of the United Kingdom and Europe.

Mr Lynch: I want to comment on that before we finish.

The Chairperson: Very quickly. We are running seriously behind.

Mr Lynch: I agree with you. We were down in Mayo, where a very small town has brought in €7.2 million.

Ms Black: Yes, that is right.

The Chairperson: Members, we are running very seriously over time, and I want you to keep any questions brief. If we can also have brief answers.

Dr McBride: Apologies, Chair. I shall curtail my answers.

The Chairperson: You are OK. It was the previous session. We are doing so many sessions in one day.

Mr McAleer: I will keep it brief. Cathal touched on what I was going to ask anyway.

Doctor, you made the point about the importance of incorporating cycling into our daily routines and as part of the transport culture. In some of the briefing papers that we have been provided with, I note that it is suggested that there has been an increase of 4.92% in people using cycling for utilitarian purposes across the North. In actual fact, there was only an increase in seven out of the 26 council areas, most notably in Belfast.

Interestingly — it draws me back to the previous witnesses — in the areas where there has been investment, such as Belfast, Castlereagh, Cookstown — where Davagh is — Newry and Mourne, and others, there seems to be a correlative link to an increase in using cycling as a way of travelling to work. Again, does that flag up the importance of focusing on other areas throughout the North as well as the areas that seem to have had quite a focus?

Dr McBride: It absolutely does. As I said earlier, we can do much better than we are currently doing. We need to do much better by improving levels of participation in physical activity. We are not where we should be. Having the lowest rates of participation of children in physical activity in the UK is nothing to be proud of. We need to change that. We need to take the examples that are working well and spread them right across Northern Ireland. That does not always require investment, but it requires targeted action. In some cases, it will require resource commitment.

Ms Black: The only point I reiterate is simply that the 11 new councils will provide a massive opportunity. Energy can be dissipated. In rural areas, we definitely face different issues in terms of infrastructure and making cycling safe, because of narrow country roads. However, that does not mean that we cannot do very many things to create opportunities, and we should do.

Mr McNarry: I really enjoyed your hard sell in trying to change the culture, as Mary Black put it. Without the vision, however, I am stuck in fantasy land with you. Does an increase in cyclists not suggest that there will be more accidents, and, therefore, extra pressure on the health service?

Dr McBride: More people cycling and walking makes for less traffic on our roads, which will improve figures in relation to road safety. I do not have the figures and statistics here to back that up, but if you look across Europe, we have seen a significant downturn in road deaths in recent years. Obviously, there are quite complex reasons underpinning that; it is often due to increased and enhanced road safety as a result of safer vehicles etc. However, one of the factors also thought to be impacting on that is the economic downturn and recession. With falling employment, fewer people travel to work by car. Anything that gets cars off our roads —

Mr McNarry: I do not really buy into any of that. There is a great danger in what you are talking about; you are trying to bracket the motorist in the same way as the smoker and the drinker, in that this is all bad, so we should all get on bikes —

Dr McBride: Absolutely not.

Mr McNarry: — and that will make us all healthier.

Dr McBride: Absolutely not. I am a motorist —

Mr McNarry: I am entitled to tell you what I am —

Dr McBride: You are telling me what I think and what I am telling you.

Mr McNarry: I am not telling you what you think; I am telling you what I think.

Dr McBride: No, you are seeking to re-express what I have said in a way that I did not express —

Mr McNarry: Do not put words in my mouth. No way am I seeking to express anything —

Dr McBride: You are re-expressing my comments. I am sorry.

The Chairperson: Mr McNarry, please. I will not tolerate arguments with the Chief Medical Officer. Smoking and all the rest of it very clearly has a detrimental effect on health —

Mr McNarry: I was not making that point.

The Chairperson: Well, smoking was mentioned. I am not going to get into an argument. If you can —

Mr McNarry: We just have to listen to all this tittle-tattle as if it is just all right. That is not acceptable to me.

Dr McBride: Sorry, Mr McNarry. Maybe I cut across you. My apologies. I am sorry, Chair.

The Chairperson: Do you have a question?

Mr Dallat: I am sorry that I was out for part of the session. The presentation was one of the most stimulating since I have been here. I am not here to give you sympathy, but you have the most difficult job in Northern Ireland; you watch the population piling on the beef, like me. You know that all these remedies are available, but you cannot really do anything about it. Let me go back to the culture. I come from a rural community. When I went to primary school, it was fashionable to get on a bike and maybe take my brother on the bar. There then came a time when it was not fashionable; it was not trendy, so you abandoned the bike. You mentioned Lycra, but that is the only people I see on bicycles. How do you get the ordinary population, such as in the Netherlands, Paris and other places, wearing a suit, a pair of jeans or whatever to get on the bike and put an end to the nonsense I see every morning on the Bangor Road, with one person and 10,000 cars going to work?

Dr McBride: Mr McNarry made the point about having mutual respect for everyone using our roads, whether they are in cars or cycling on the roads. DRD's recent campaign was about respecting the use of the road by all who use it. Everyone has the right to use the road, whether they are on a bicycle or in a car, and I fully respect and support that.

There is no doubt that it is quite challenging for those who do not cycle to begin to even contemplate it. If you look at the research that DRD and other stakeholders have carried out, many of the concerns are around road safety and weather. I think that this was the point that Mr McNarry was making: it is about making sure that we are respectful and that roads are safe for everyone who uses them without vilifying either cyclists who allegedly cut people up or allegedly irresponsible motorists. It is about seizing back cycling from the committed enthusiast with the Lycra and the Giro vest to the ordinary member of the public.

Mr Dallat: The people in the Lycra can handle things; they ride two abreast to make sure that the motorist goes onto the other side of the road. Poor me, who is not used to that, is constantly being shoved into the hedge.

Dr McBride: It is also about having the confidence. I do not know whether you have tried to buy a bicycle that has a basket in the front and back and on which you can sit upright; it is very difficult. You can go into bicycle shops on the Ormeau Road where I go, and they will either sell you a mountain bike or a road bike, but it is very difficult to get a bike that you can use to cycle safely wearing everyday clothes —

Mr Dallat: With a decent saddle on it.

Dr McBride: — with a decent saddle on it. There is much that we need to do. As Mary said, it is not just about one single action; it is important to have end-to-end cycle routes that allow people to go to their place of work or to school safely. It is about ensuring that other road users, such as car users, also feel that they can use those roads and that they are a safe space for everyone who uses them. I do not know whether Mary wants to make any other points about changing the culture.

Ms Black: Your point is well made. As well as a means to get to work, which we have focused on today, it is also a leisure activity that families can enjoy if we have the right kind of environment. As I said, it will take time to create environments that are truly safe for family enjoyment and so forth. Equally, however, changing the culture is about driver education as well as cyclist education, and there are moves afoot to do that. For example, the work in Belfast that I mentioned will also have a whole programme of education around the cyclist as well as other road users.

The Department of the Environment's director of road safety has initiated a discussion with the Public Health Agency and DSD in terms of the environment around combining the road safety, sustainable development and active travel agendas. That is an alignment that should come together naturally, certainly for cycling but also for walking. It is important that we ensure that walkways are safe and that they connect communities in ways that are very important.

The Chairperson: I thank you both very much indeed for your presentation; it will be a very worthwhile contribution to the inquiry. I have no doubt that some of the stuff you have talked about will come out in some of the recommendations.

Dr McBride: Thank you, Chairperson. I thank members for their attentive listening and their questions. I apologise to Mr McNarry, because I believe that I spoke across him. I should not have done so, and I should have heard the point he was making. I apologise to Mr McNarry for that.

The Chairperson: Thank you for that, Michael.