The Bristol Declaration

January 2026

The public realm and local transport have a hugely powerful impact on health. Bad transport harms the health of hundreds of thousands of UK residents annually through pollution, congestion, road traffic collisions and the fear of them, injuries, noise, social isolation and lack of safety. Road transport is a major source of air, noise and water pollution – through exhaust and particulate pollution which comes from exhaust, brakes, tyres and road wear, and can be greater with heavier vehicles. This pollution causes strokes, heart disease, diabetes, dementia and cancer. For an individual, poor transport options lead to physical inactivity (being sedentary in a car or not going out), loneliness and transport poverty. Many or most of these issues will remain even after electrification of the car fleet. Car-centric planning has hugely impacted children's freedom to be outside and active, potentially setting up habits and norms that will lead to a lifetime of inactivity.

Conversely, good transport planning enables people of all ages and abilities to access education, amenities, activities, work and social connections. Transport should work for everyone: 20% of the UK population are children, 19% are over aged 65 and 24% of adults live with multiple long-term conditions. Twenty-two percent of UK households do not have access to a car. Groups like these are excluded by car-first planning. Recognising the costs of inaction, the governments of all four UK nations have published Health Plans committing to prevention and cross-sector action.

Most UK journeys are short, and so within reach of active travel (walking, wheeling and cycling) for many people. Physical activity and exercise are hugely beneficial to health. Yet 26% of UK adults are classified as completely physically inactive and 30% of children do not meet minimum physical activity requirements. Active travel and using public transport are often the best ways to improve levels of physical activity and social interaction. Evidence shows improvements in physical and mental health. A healthier population leads to a healthier economy.

For all these reasons, we are calling for the transformation of the UK to a place where healthy transport options are the easiest, natural choice for most everyday

journeys, without relying on a car. Change requires a change in vision, culture, laws, and funding to make and maintain practical changes.

Actions required

1. We call for the formal acknowledgement that car dependency is a problem and for a clear vision that life without a car should be just as rich as life with a car. The media, decision-makers and the public should focus on the economic impact of continuing with car-dominated environments and assumptions that cause increasing levels of ill-health and physical and economic inactivity for other citizens.
2. We call upon national and local governments and those planning services or managing organisations to enable - and not just encourage - people to make the modal shift from private motor vehicle to walking, wheeling, cycling and using public transport more often.
3. We demand that investments in walking and cycling have a step-change in funding to £35 per capita (it is currently around £10) and a credible suite of targets to pave the way to half of journeys under 5 miles being walked and cycled by 2030. This commitment should be in the third Cycling and Walking Investment Strategy (CWIS3) in England and in active travel funding in devolved nations. Transport funding should be re-balanced towards local roads, with capital funding for active travel infrastructure and revenue funding for maintenance, communication, education, enforcement and subsidies.
4. Decisions and funding should be focused on making active and sustainable travel safer and more accessible, especially for vulnerable groups. At present, children, teenagers, women and girls, older and disabled people are less likely to feel safe in streets and public spaces and are also less likely to have access to a car.
5. The default speed limits in built up areas where people and vehicles mix, such as residential and urban areas, must be reduced to 20mph across the UK. This change in Wales has likely, over 12 months, reduced the number of people in Wales being killed or seriously injured in traffic collisions by one fifth.
6. For those involved with organisations or businesses, including public sector organisations, we highlight examples and details that may require change or attention: car parking (reducing access reduces car use), speed limits, cycle parking, lockers and space for outdoor weather clothing in workplaces, infrastructure for walking, wheeling and cycling (including repairing pavements and potholes in cycle lanes), facilities to lock cycles and scooters securely, action

on pavement parking, organisational policies and expectations of driver behaviour when on business or commuting, education for all road users, signage, information for visitors and staff, funding to clear paths for walking, wheeling and cycling including routes to public transport (such as safe walking routes to bus stops), adjustment of taxation, incentives and grants (for example to include electric-cycles), and opportunities for integrated transport between different modes.

7. Health and wellbeing should be given greater weight in appraisal assessments of capital and revenue projects, and the World Health Organization toolkit of policy options for increasing walking and cycling (2025) should be adopted in full.
8. 85% of the UK population live in urban areas. Cycling, including electric-cycles and public transport should be supported for the common 2-5 mile journeys. In the countryside, safe paths along and across busy roads are urgently needed, along with traffic and speed management on minor rural roads and lanes.
9. Planning policy should reflect healthier transport. No new home should be constructed from which it is impossible safely and conveniently to access key amenities without a car.
10. Highway legislation and design should be reformed. The UK has the highest minimum speed limit in Europe (20 mph/ 32km/h) and many tools to create people-friendly spaces are available on the continent.

Signed by:

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Further information and background

- This is a re-balancing of the place that private cars and vans have on our roads, thereby making space for walking, cycling, wheeling and public transport to operate safely and efficiently. One in 5 UK households do not have access to a car or van, and access to all for safe active travel infrastructure and good public transport is essential to reducing inequalities.
- Active travel is promoted by the World Health Organization (WHO, 2025) with a toolkit at: https://www.who.int/publications/i/item/9789240109902
- Active Travel is promoted by the Intergovernmental Panel on Climate Change (IPCC, 2023) as a high impact intervention, especially in cities.
- Physical inactivity directly contributes to 1 in 6 deaths in the UK and costs £7.4 billion a year to business and wider society https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health
- Evidence about pollution, including particulate pollution, is in the Chief Medical Officer's 2022 report: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution
- The growth in road transport has been a major factor in increasing physical inactivity, and building walking or cycling into daily routines is a highly effective way to reduce physical inactivity and thereby improve physical and mental health.
- Health-promoting transport systems are pro-business and support economic prosperity. People walking and cycling spend more money in local shops, Active travel and public transport enable optimal travel to work with less congestion, collisions and pollution. They support a healthier workforce – cyclists in particular take less sick leave than people who drive to work.
- Road transport is a major cause of carbon emissions and air pollution. People living in poorer parts of cities are subjected to worse air pollution, causing significant harm to their health.
- The whole journey by active travel or public transport must be and feel safe. Perceptions of lack of safety limit uptake. At present too many schemes are small scale and are not part of an integrated transport strategy.

- Children's travel is almost entirely viewed through the lens of the school journey (and often only addresses the immediate environment of the school) leaving their other journeys unsupported.
- Organisations should implement high impact interventions to increase rates of active travel and public transport. This requires environmental or practical changes as well as social and behavioural changes.
- Pollution is more than just air: Noise pollution estimated as £10bn pa cost in 2014, while we're only just getting to grips with impacts of microplastics in water pollution, a large proportion of which comes from tyres. https://www.gov.uk/guidance/noise-pollution-economic-analysis
- A new BMJ article with links: Scarlett McNally: Upgrading public transport and active travel can transform communities and public health https://www.bmj.com/content/390/bmj.r1866
- The Transport & Health Conference 2025 was held on 1st Oct 2025 at Bristol City Hall https://www.transportandhealth.uk/, organised by Landor LINKS Ltd. The conference was supported by: the Faculty of Public Health, the Transport & Health Science Group and the Royal Society of Public Health. We are grateful to Landor LINKS Ltd for their help in coordinating this declaration. The declaration has been further modified, especially with input from the supporting organisations.