Spending Review: Submission by Wheels for Wellbeing

1. Our organisation

Wheels for Wellbeing is an award-winning Disabled People's Organisation, providing cycling opportunities for Disabled people, and representing the interests of Disabled people nationally who make multimodal journeys and use active travel. We are regularly commissioned by local authorities and other organisations to review Active Travel schemes. We work on a pan-impairment basis, consistently seeking solutions that work for all Disabled people regardless of impairment.

2. Introduction

At present, too many Disabled people are effectively unable to get out-and-about. Impacts of this include:

a) poorer health (both mental and physical health) with ongoing costs to the NHS, and

b) exclusion from employment and economic activity, with ongoing detrimental impacts to growth and national economic activity as well as cost implications to DWP and worsening economic inequality.

Providing access to motor cars cannot adequately fill this mobility gap, partly because fewer Disabled people can drive than non-Disabled people of working age, and car ownership has negative health and environmental consequences. Active travel and multimodal journeys give much more benefit for mental and physical health for very many travellers as well as supporting sustainability and air quality targets. Among the Disabled people who cannot drive are those whose impairment obliges us to not drive (whether visual impairment, epilepsy, or a variety of other impairments). Cycling, active and multi-modal journeys can provide a viable health-and-cost saving alternative when the barriers are removed.

3. Active Travel Infrastructure

There needs to be increased spending on active travel (AT) infrastructure. Infrastructure needs to be of high enough quality to promote behaviour change by making AT safe, convenient accessible and enjoyable for everyone. By contrast spending on behaviour change programmes tends to result in short-term changes of behaviour, so programmes need to be repeated to maintain the behaviour change and are often ineffective where there is little or no AT infrastructure. **We thus urge a major shift in emphasis away from behaviour change programmes towards infrastructure for active travel**. The £100 million extra announced by this Government for active travel infrastructure was welcome, but that sum falls a long way short of what is needed and has been massively overshadowed by the vast sums spent on roadbuilding schemes in recent years.

This spending needs to be on pavements (footways) as well as cycle infrastructure. At present it is absolutely routine for the carriageway to have a smoother surface than the footway, with the result that users of wheeled mobility aids meet more rolling resistance and hazards on the footway than we do if we venture onto the carriageway. Disabled people walking encounter far too many trip hazards. All types of users of the pavement encounter too many obstructions, both as a result of insufficient maintenance budgets and insufficient

resources for councils to take enforcement action against those damaging or leaving obstructions on the footway. With appropriate enforcement regulations, fines for hostile and dangerous highway use such as footway obstruction (including pavement parking) could be used by local authorities to fund improvements to active travel infrastructure.

Too often, in addition, bus stops do not have adequate footways to enable Disabled people to get to and from the bus – including lack of dropped kerbs on and off the pavement. It is all-to-common for a bus stop to have no more than a few feet of paved footway around the bus stop. In some such circumstances there is an expectation that Disabled people will cross to/from the footway on the other side of the road, but without controlled crossings being provided (even on A roads) and without dipped kerbs.

Experience has demonstrated that attempts to cure traffic congestion by roadbuilding fail. By contrast, spending on active travel infrastructure and public transport can sometimes ease traffic congestion and with additional health, wellbeing and sustainability benefits. On that basis, we would urge that there is a **dramatic reduction in spending on new roadbuilding** that would pay for the increases in spending we call for many times over.

4. Mobility Aids

Additional money spent on good quality mobility aids for Disabled people has been shown to have cost benefits both for the NHS and for economy as a whole in terms of the health and mobility of Disabled people[1].

However, there needs to be a recognition of the huge differential in the cost of active travel between Disabled and non-disabled people. For example, a decent pair of running shoes costs less than £200, and walking shoes considerably less, but a good-quality, active wheelchair costs at least £4,000 and such wheelchairs are not routinely provided by the NHS. Similarly, while a non-disabled person can buy a very good quality new bicycle for around £700, a Disabled person who needs a non-standard cycle such as a recumbent trike will have to pay more than 10 times that, and sometimes up to £12,000. This price differential also occurs in the context of the disability pay and employment gap and the additional daily costs of being Disabled – currently calculated to be more than £1000 per month according to Scope. This means that those with the least income and the least access to health-promoting physical activity and the most to benefit from it face the highest - often insurmountable - costs.

There needs to be spending on providing a **wider range of mobility aids** for Disabled People, both through the NHS and through a new scheme that might provide benefits similar to the cycle-to-work scheme but for Disabled people whose cycles cost very many times as much and who disproportionately don't work or are in low-paid work, and thus excluded from cycle-to-work.

We understand that the NHS is starting to provide power add-ons to some wheelchairs in some places. The social, economic and health benefits are such that such provision should be made nationwide. This will involve **more spending on the NHS wheelchair services**, but should save other NHS budgets a much greater amount.

Given that Motability is making use of Government funding, the Government should insist that grants are made available nationally for a wider range of mobility aids, including hand

[1] https://www.motabilityfoundation.org.uk/media/xb2jxcdo/rpt_final-report_211123.pdf

cycles and clip-ons that can be used with manual wheelchairs as well as other cycle types. If schemes were to offer such a wider range of options, more Disabled people could choose an option that would enable us to get some exercise. At present, Motability only offer options consistent with minimal physical activity, even to people who are able and want to be more physically active. This should not be allowed to continue, since the NHS and wider society bear the costs of Disabled people being prevented from being active by an inadequate range of mobility devices being available.

It is also important that tax implications don't provide a barrier to Disabled people having access to a wider range of mobility aids. While it is right, in principle, that mobility aids are VAT exempt, the current sharp division of the market between devices for Disabled people and devices for the open market means that devices for Disabled people cost far more than technically similar devices or the open market, more than wiping out the saving that VAT exemption should provide.

We would thus ask for reform so that all **tax relief for mobility aids** is on the basis of individuals completing eligibility declarations indicating that the device is for their use as a mobility aid, rather than making continued use of the current outdated and restrictive "Invalid Carriage" classification where devices must be made "solely for use by disabled people". The current restriction so that the only powered mobility aids that are VAT-free are class 2 and class 3 "invalid carriages" excludes a lot of the powered devices that Disabled people use.

5. Public Transport

We have a very strong interest in multimodal journeys. For all travellers who don't travel by car, multimodal journeys involve active travel elements as well as public transport.

There needs to be an **increase of funding for public transport to improve accessibility**. Within this, there needs to be an increase in funding for rail station accessibility, both in capital and revenue terms. Capital funding is needed to urgently deal with the large number of inaccessible rail stations. Capital funding can also be used to make long-term revenue savings, including by moving more of the network to level boarding. However, offsetting that, revenue funding is needed to ensure that equipment is reasonably reliable. At present rail station lifts have appalling reliability records: more needs to be spent on the service level agreements to bring levels of availability up to reasonable levels.

With bus services, much more needs to be done. It should be normal for there to be a shelter at a bus stop, and for that shelter to include somewhere to sit (which can be vital for Disabled people to use buses), as well as audio and visual information to give those waiting reassurance about whether and when their bus is coming.

For both bus stops and railway stations, there needs to be **better integration with other modes for multimodal journeys**, with provision of cycle parking (using LTN1/20 compliant stands) normal at bus stops as well as at rail stations; and where micromobility hire schemes are in operation, bus stops and rail stations should be locations for collection and leaving of hire cycles/eScooters. This requires considerable spending on improving bus stops.

6. Public transport vehicles

Public transport vehicles need to be introduced that are designed to take more disabled people using mobility aids and/or parents with children in buggies, and a wider range of mobility aids. This requires capital investment. However, Brighton and Hove buses have shown that it is perfectly feasible to run a fleet of buses that allow two wheelchair users to travel together, **or a wheelchair user to travel on the same bus as their young children**. Similarly, trains need to be specified so that there are always multiple spaces for users of mobility aids near each other in the same part of the train. Where a train has more than one toilet, two toilets should be in the vicinity of and accessible by those using wheelchairs and other mobility aids.

To enable more, and a wider variety of mobility aids, and more than one Disabled person to travel at a time, more space is needed for mobility aids on trains.

There needs to be a major revision to PSVAR so that coaches that meet PSVAR requirements actually are usable by wheelchair users.

In all cases, public transport vehicles should provide both visual and audible information to passengers about the destination and the next stop.

7. Relationship to housebuilding

We are anxious that the ‘push for growth’ through housebuilding should not result in new housing estates being built with generations of poor health (and thus extra health spending) built-in by designs that do not make sufficient provision for active travel. While housebuilders would like to save the (relatively low) cost of including good active travel provision, the result is substantial externalities, including a need for expensive roadbuilding as well as health costs, both directly through residents and through others affected by increased traffic (pollution and injuries).

To enable active travel, including enabling Disabled people to participate in work, education, caring responsibilities and self-care and in wider community and societal development, homes and the areas they are built in must be accessible for Disabled people using a wide range of mobility aids both indoors and outdoors. All new homes should as an absolute minimum meet Building Regulations M4(2) standards, with high proportions of homes meeting M4(3) standards for accessibility for wheelchair users, given the current massive under-supply of homes meeting those standards, resulting in avoidable costs of adaptation of properties that are expensive to adapt.

It is thus essential that Active Travel England and local authorities are empowered and sufficiently resourced to ensure new estates are designed and built (and public transport provided) so that car-free living is possible for new residents from when the first residents move into the first house.

8. Equality Act

The ability of Disabled people and other members of minoritised groups to get into employment and participate in society in so many other ways could be greatly enhanced by improved enforcement of the Equality Act 2010. At present, cases need to be taken by an individual who has suffered discrimination, putting a massive financial, emotional time and energy burden on the in individual which is a barrier to achieving compliance with the law.

There is a need for resourcing for EHRC (or some other body) to investigate and take cases and greater penalties for employers who breach the EA2010. The cost of EA2010 violations to individual Disabled people and their physical and mental health, as well as costs in benefits and health needs that result from employer discrimination and subsequent unemployment are significant. If the Government is keen to reduce spending on benefits more needs to be spent on ensuring compliance by employers, though spending on improved enforcement of EA2010.