



A Transport Journey to a Healthier Life

**A discussion paper on how transport
policy and procedure can contribute
to the health and wellbeing agenda**



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A Transport Journey to a Healthier Life

Exploring policy and practice in the transport, health and wellbeing sector

The Chartered Institution of Highways and Transportation (CIHT) with support from Peter Brett Associates have undertaken a review of the relationship between transport, health (including mental health) and wellbeing policy and practice.

Summary

This review identifies the potential benefits for the UK of integrating these three areas more closely, and the barriers to progress that need to be challenged.

The UK is facing significant challenges in terms of the health of the nation and the impact that has on wellbeing and quality of life. Whether through problems of increasing obesity, addictions, mental health issues or an ageing population; better health policies, funding and support will be key to improving quality of life.

Transport and travel is similarly facing challenges in terms of new policy priorities, funding constraints, demand outstripping supply and network resilience suffering from historical underinvestment. Mobility and

access to services continue to be under the spotlight, but usually in the sense that UK transport infrastructure can no longer offer all of the travel options needed by communities and there are no easy solutions.

It is predicted that the cost to the NHS and society of obesity-related illness will reach £50 billion by 2050. Reliable, fit for purpose transport infrastructure can positively impact on this significant cost by facilitating uptake of greater levels of active and sustainable travel.

This review draws mainly from examples from England, however the findings, discussion points and the messages are transferable across all UK administrations.



Findings

1. There are opportunities to improve links between transport, health and wellbeing, but progress is being hampered by a lack of strategic integration nationally and joint working locally.
2. The health and wellbeing benefits of transport investment need to be measured in terms of cost and non-monetary values to better influence funding decisions.
3. The local planning system does not take sufficient account of health and wellbeing in decision-making.
4. The influence of transport choices on people's mental health and wellbeing should be emphasised more in policy and practice.
5. The transport sector is failing to take full account of the health and wellbeing benefits of walking.
3. Local partnerships – including health and wellbeing boards, local enterprise partnerships (LEPs)ⁱⁱ and clinical commissioning groups (CCGs)ⁱⁱⁱ – could take a strategic approach to transport, health and wellbeing by quantifying existing impacts and preparing plans to solve them at scale and in a timely manner.
4. Local authorities could assess the health and wellbeing impacts of local plans, for example ensuring that these benefits are identified in proposed transport policies.
5. Public and private sectors could include a HEAT^{iv} (Health Economic Assessment Tool) (or similar) assessment in the business case for significant projects that will have an impact on walking or cycling.

Discussion points

1. Public Health England could undertake a health impact assessment of Department for Transport policies.
2. The Department for Transport and Department of Health could review and prepare joint guidance on monetising the wide range of health and wellbeing benefits of transport schemes.
6. National governments could expand transport project appraisal tools to include mental health and wellbeing impacts.
7. CIHT to work with the sector to explore the development of the business case for the training of transport and health practitioners - to improve joint understanding and practice.

Introduction

The Chartered Institution of Highways and Transportation (CIHT), in association with Peter Brett Associates, have conducted a review of the relationship between transport, health (including mental health) and wellbeing¹.

The review was prompted by the observation that the case for new national transport schemes in the UK is generally based on a narrow view of the economic costs and benefits, and fails to factor in the full range of health and wellbeing benefits and savings. This raised the

question: 'What are the challenges preventing health and wellbeing outcomes being embedded better in the overall assessment and justification for transport projects, and how can these be overcome?'

This discussion paper is based on a review of research, policy and practice via a call for evidence. CIHT hosted a workshop that was attended by a range of experts and interested stakeholders, including local authority representatives from public health and transport departments.

Factoring in the health and wellbeing benefits of transport investment: why does it matter?

Despite the austerity regime since 2010, central government has continued to make a considerable investment in transport (capital) and health. Total government and local government spending on transport was £19bn (3 per cent of total expenditure) in 2014-15. The budget for the NHS was £135bn (18 per cent of total expenditure).^v With more than a fifth of national spending being targeted at either transport or health, there is a compelling argument for understanding the evidence linking these policy areas, and identifying how this investment could be better directed, especially in the under-researched area of health, wellbeing and transport.

For example, there is an extensive body of research to support the physical health benefits of maintaining an active lifestyle, including walking and cycling, with some reported mental health/wellbeing benefits too. In fact, a separate review study published by the Department of Transport^{vi} found that:

'Investment in infrastructure or behaviour change programmes which enable increased activity levels amongst local communities through cycling and walking is likely to provide low cost, high-value options providing benefits for our individual health. This improvement also has major benefits for the NHS in terms of cost savings, for the transport system as a whole, and for the economy through more efficient use of our transport networks.'

Policy and legislative changes since 2010 have arguably created more opportunities to embed this kind of evidence into funding programmes. Local Enterprise Partnerships (LEPs), are developing growth strategies and allocating Growth Deal funding to priority transport projects.

Similarly, the reductions in local authority budgets has created an opportunity to explore how public health responsibilities can influence work across a range of other activities including transport.



Findings

1. There are opportunities to improve links between health, wellbeing and transport, but progress is being hampered by a lack of strategic integration nationally and joint working locally

For health and transport professionals the need to work together has often only occurred at times of change, such as when access to new hospitals or GP surgeries needs to be arranged, or when local bus services are cut and patients have reduced access. Examples of long-term planned cooperation or an understanding of each other's objectives, priorities and pressures, are rare.

The reintroduction of public health responsibilities into local government offered real opportunities for integrated working across council departments and activities to integrate practical and measurable health and wellbeing benefits with transport projects and investment. This joint working should start with public health practitioners, transport and spatial planners. But to capture the full value of an integrated approach to transport and health it should also include other relevant local authority responsibilities that can influence practical change such as housing, education, social care and leisure.

The review on which this summary is based found that currently there are few examples of joint working between transport planning and public health. This reflects previous research examining the links between local authority planners and public health practitioners, which found that the priority given to joint working is inconsistent^{vii}. In addition, these links are not being sufficiently prioritised by national government.

A national example of where this is being challenged can be found in Scotland's Active Travel Plan^{viii}. Devolution deals that have been granted to successful cities and towns across the UK have created the opportunity for health and wellbeing to become more embedded in transport projects. An example of a successful proposal was put forward by Transport for Greater Manchester^{ix}.

One of the practical hurdles to overcome is that transport and health professionals use different language and terminology, often to describe similar things. This makes it challenging to agree joint policy and projects, objectives and outcomes.

Practice examples

Bristol City Council's transport and public health professionals are co-located in the same team and have a shared agenda to promote active travel and preventative approaches to health and wellbeing. Initiatives include the introduction of 20mph zones in the city and a Traffic Choices website. This uses simple language to show the effectiveness of different types of road safety interventions and can have on improving community involvement in local transport decision-making.

Gloucestershire NHS has published an Active Planning Toolkit that includes a scorecard to help determine the level of collaboration between public health, planning and transport planning on plans and policies.

2. The health and wellbeing benefits of transport investment need to be measured in terms of cost and non-monetary values to better influence funding decisions

There is some evidence of the financial value of health and wellbeing benefits resulting from investment in transport schemes, most notably for walking and cycling schemes. A Department for Transport study of cost benefit analyses for walking and cycling schemes found that 'almost all of the studies report economic benefits which are highly significant.'^x

However, this review identified that this kind of measurable financial evidence is much less developed in other areas of transport investment. This is partially due to differences in how transport and public health professionals measure the value of interventions.

LEPs now make significant public sector transport investment choices at a local and regional level within the funding allocated to them through Growth Deals. Perhaps because of the urgent need to present a strong business case for the Growth Fund and other budgets, there has been an over-reliance on schemes that score well against traditional criteria. This caution is understandable: the appraisal of both transport and healthcare investments is complex and results in detailed business cases narrowly focused on key sector outcomes.

However, the strengthening evidence base concerning

the links between transport, health and wellbeing means that funding models that simply reinforce 'business as usual' are out of touch and are potentially failing to extract maximum value from public and private sector investments. Support is already available to LEPs through the Sustainable Transport Delivery Project, a collaboration between the Active Travel Consortium, Department for Transport and the LEP Network. The project aims to 'support the physical, social and environmental benefits of an integrated and sustainable transport system' (including health).^{xi}

There is progress to build on regarding LEPs and their willingness to include integrated transport, health and wellbeing outcomes into funding bids, strategies and projects. For example, a survey by the Local Government Association (LGA) found that 90 per cent of local authorities that proposed cycling and/or walking measures to their LEP were successful in getting these written into the final submission of the partnership's Strategic Economic Plan.^{xii}

The renewed focus on integrating health, wellbeing and transport provides an opportunity to rethink how the traditional cost benefit analysis approach can be widened to measure the full range of health and wellbeing impacts, including mental health.

Practice example

Sustrans undertake benefit cost ratio (BCR) on a number of their funded schemes. For example, the Yeadon to Guisely Links to Schools scheme involved the construction of a traffic-free path at a cost of £133,028. The benefit cost ratio (BCR) was calculated at 3:1. A WebTAG analysis of the distribution of user benefits (six parameters) found that the health benefits from the scheme were attributable to 83 per cent of the monetised benefits.^{xiii}



3. The local planning system does not take sufficient account of health and wellbeing in decision-making

The review found that mandatory health impact assessments (HIAs) for planning and transport would inject some of the robustness of an epidemiological approach used by public health professionals into the appraisal of transport plans and projects.^{xiv}

Assessing the health impact of local plans and transport plans while they are being prepared would create a policy framework that took account of health. This would apply when decisions are being taken on development applications and transport proposals, even though HIA is not currently a mandatory requirement of the development process.

Some local planning authorities do ask for a HIA to be prepared for development applications of a certain type and/or size. Others are assessing how to gather evidence they can use within existing processes and procedures to justify amendments to development applications based on health and wellbeing arguments. This includes examining the health and wellbeing impacts of transport provision.

Ultimately, this would also influence the financial contributions that a local planning authority could require of a developer to mitigate any negative impacts that the transport elements of a scheme might have on health and wellbeing.

Practice examples

The six east London growth boroughs – **Barking and Dagenham, Greenwich, Hackney, Newham, Tower Hamlets and Waltham Forest** – have published a healthy urban planning checklist to help planners identify the main implications for health of a proposed development. It includes prompts for questions or for requests for further information to support an application. It also allows planners to understand and identify where the health-related impacts from development may be, and the extent to which adverse impacts can be mitigated through planning conditions or obligations on development granted planning permission.

In England, the financial viability of a development has become a key factor in determining planning applications. Stockport Council's Public Health and Planning teams are generating evidence that they plan to use to counter a developer's viability assessment for a development application. They aim to identify the additional costs the local health budget would incur over the medium to long term if the council approved the scheme. The initial focus of the work is on areas of policy that directly benefit ill health prevention, such as sustainable transport and green infrastructure.

4. The influence of transport choices on people's mental health and wellbeing is being overlooked by existing policy and practice

The relationship between transport, health and wellbeing is often characterised by efforts to improve physical health, most notably through increasing active travel. But evidence is growing that transport choices influence mental health and wellbeing. For example, people's mental health and well-being is influenced by how easy it is for them to walk, even for leisure, to green and open spaces. There are also potential gains

for mental health and wellbeing through tackling other transport-related factors such as improving air quality, reducing noise and traffic volume. Maintaining access to services is seen as key factor in older people's wellbeing and quality of life for example, as identified in research by the Joseph Rowntree Foundation^{xvi}.

Better integration between these policy areas would

also identify potentially negative consequences for mental health and wellbeing: for example, hybrid and electric vehicles can be difficult to hear and discourage some people with hearing problems from walking^{xvii}.

'Wellbeing' is difficult to measure but, techniques are being developed in the health sector and by academics. If the transport sector is to move beyond its engineering focus then it needs to change how it evaluates interventions to include qualitative as well as quantitative measures. For example, the Department for Transport's WebTAG^{xviii} appraisal includes accident impacts and reduced risk of death from physical activity, but no measure of broader wellbeing (this is also similar for the Welsh and Scottish appraisal tools – WelTAG^{xix} and STAG^{xx}). Any additional evaluation would have to be supported by appropriate resources to carry it out.

In England, a realistic first step would be to work with public health professionals to identify how transport projects could help to influence the Public Health

Outcomes Framework indicators dataset.^{xxi} This framework is being used to measure the public health performance of all local authorities. Indicators from the dataset that could potentially link wellbeing and transport include:

- (1.10) Killed and seriously injured (KSI) casualties on England's roads
- (1.14ii-iii) The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more (daytime/night-time)
- (1.18i-ii) Social isolation (adult social care users/ carers)
- (1.19i-ii) Older people's perception of community safety in local area (day/night)
- (2.06i-ii) Excess weight in 4-5 and 10-11 year olds
- (2.12) Excess weight in adults
- (2.13i-ii) Percentage of physically active and inactive adults
- (2.23i-iv) Self-reported wellbeing (various)
- (2.24i-iii) Injuries due to falls (various).

Practice examples

In 2012 **Plymouth City Council** introduced its personalised travel planning (PTP) programme ('Plymotion^{xxii}'), which has visited well over 70,000 residential dwellings. Plymouth has also contacted over 1,300 people in its follow-up monitoring programme. The feedback from this follow-up reveals that the visit from a personal travel advisor has been life-changing for some people: the travel advice they received has enabled them to leave their home for the first time in months. Overall, 14% of people said they had changed, or were planning to change, the way they travel to adopt more sustainable and active travel modes.

Plymouth's results confirm that PTP is more than a sustainable transport project for addressing traffic congestion in the rush hour. It is a community-based social enterprise that is addressing a wide range of issues such as social exclusion, accessibility, health and wellbeing for all trips and for all people regardless of demographics, and it should be viewed in a much wider context than just transport.

Transport for London's Healthy Streets Survey asked 2,000 people to rate their experience of walking on the street against the city's 10 indicators of a healthy street.^{xxiii, xxiv} This included asking people if they felt intimidated by the road traffic, how stressed they felt on the street, how easy it was to cross the street, and so on. These kinds of questions can help to capture people's qualitative experience of being on the street as it relates to their health and wellbeing (for example, high levels of stress using a street could make someone more reluctant to go out and increase their social isolation). This new approach by Transport for London will help to assess and improve the capital's streets.



5. The transport sector is failing to take account of the full health and wellbeing benefits of walking

Walking is the biggest opportunity for most people to improve their health and wellbeing through how they travel^{xxv}. It is included in almost every journey undertaken by non-disabled individuals even if only for a short distance. But it is largely taken for granted: encouraging more walking is often either overlooked or grouped with efforts to improve cycling conditions. In places where there is a focus on improving the walking environment, such as town centres, there is a lack of evaluation of the benefits/consequences for physical/mental health and wellbeing. Constraints on public sector resources indicate that any additional evaluation should not be too onerous and time/resource consuming.

There is an opportunity for demonstrating the financial benefits of taking walking more seriously, as a way of strengthening the argument to achieve the associated improvements in health and wellbeing. Reported positive benefits have included:

- retailers report an increase in trade of up to 40 per cent when places are made more attractive for walking

- places that are easier and more attractive to walk around (designed for so-called 'walkability') do better commercially (with an 80 per cent increase in retail sales) and have higher housing values
- the most valuable streets in London (as measured by rateable value per square metre) are those that have the best accessibility.^{xxvi}

There are initiatives to build on: Public Health England's strategy for physical activity – Everybody Active, Every Day – stresses the importance of creating environments that encourage walking.^{xxvii} Living Streets promotes walking and has a range of tools and programmes that local authorities and private sector designers and engineers can use. Transport for London's transport and health action plan, which won the CIHT's 2015 Sustainability Award, prioritises walking throughout.^{xxviii}

This paper deliberately focuses on walking, other modes of sustainable transport such as cycling also have a very important role to play in the health and wellbeing agenda and have been well documented^{xxx}.

Practice examples

The North Coventry Personal Travel Planning project was led by **Coventry City Council** in partnership with the public transport provider **Centro**. It aimed to reduce health inequalities in Foleshill, an area of Coventry suffering from high levels of local deprivation, by influencing the travel behaviour of local residents. The early involvement of public health was key to identifying this community would benefit from such interventions. The project spoke to 6,712 households at the doorstep.

The short-term results include:

- among car owning households, 44% have or intend to increase walking
- among non-car owning households, 27% have or intend to increase walking.

Lincolnshire County Council's public health team is working with rights of way officers to improve walking routes and networks. For example, the team has funded the creation of previously missing bits of infrastructure such as footbridges to create more connected rural walking networks.

Like most local authorities, **East Sussex County Council** faces significant reductions in its Rights of Way and Country Parks budgets, so it has assessed both the economic and health and wellbeing impacts of maintaining these key countryside assets. The research demonstrated a net benefit on active health measures and broad quality of life indicators.

Further discussion points

CIHT has developed a number of discussion points as a result of the review findings. They have been developed to act as a starting point to discuss how the transport and health sectors could collaborate to improve transport, health and wellbeing outcomes.

1. Public Health England could undertake a health impact assessment of Department for Transport policies

This assessment could be based on existing guidance published by the National Institute for Health and Care Excellence (NICE) and public health data. It would help to reinforce the strategic value of considering the health and wellbeing impacts and benefits of transport.

2. The Department for Transport and Department of Health could review and prepare joint guidance on monetising the wide range of health and wellbeing benefits of transport schemes

'Business as usual' will not deliver the added value that could be achieved by considering transport, health and wellbeing together. The UK government needs to show leadership and support local areas that want to overcome the challenges to joint working between these sectors. This guidance would help public health teams support their transport colleagues in building good business cases for new schemes. Any guidance should also include reference to the important role played by revenue funding as well as capital funding to deliver / support schemes.

3. Local partnerships – including health and wellbeing boards, Local Enterprise Partnerships and Clinical Commissioning Groups – could take a strategic approach to transport, health and wellbeing by quantifying the existing impacts and preparing plans to solve them at scale and in a timely manner

For example, local partnerships, in collaboration with transport officers, should conduct a joint review of

how the local transport plan could help to improve the health of the local population. Funding across these partnerships should be aligned to achieve the desired health and wellbeing outcomes.

4. Local authorities could assess the health and wellbeing impacts of local plans, for example ensuring that these benefits are identified in proposed transport policies

Conducting Health Impact Assessments (HIA) as part of the preparation of local plans would help to ensure that health is better considered at all stages of the planning process. The involvement of public health professionals as early as possible is crucial.

5. The public and private sectors could include a HEAT or similar assessment in the business case for significant projects that will have an impact on walking or cycling

The financial costs and benefits of health and wellbeing outcomes should be measured for all transport projects. At the very least they should assess the impacts on cycling or walking because HEAT (Health Economic Assessment Tool) – developed by the World Health Organisation to provide an economic assessment of the physical health benefits of walking and cycling – already has credibility, and there are many practical examples of how to use it.

Whilst we encourage the use of Heat, there is an opportunity for a "HEAT light" methodology to be developed by NHS England and DfT to encourage proper assessment for smaller schemes that would unlock walking and cycling opportunities.



6. National governments could expand transport project appraisal tools to include mental health and wellbeing impacts

Currently transport appraisal guidance for England (WebTAG) considers some health aspects such as road traffic injuries and the impact on some aspects of physical activity.^{xxxix} These tools should be expanded to take on mental health and wellbeing impacts, drawing on experience from other disciplines and practice. The aim is to develop acceptable combined measures of health and wellbeing impacts as a result of transport investment. For example, Transport for London has developed the Integrated Transport & Health Impact Model (ITHIM)^{xxxix} to test transport measures in terms of overall health impacts.

7. CIHT to work with the sector to explore the development of the business case for the training of transport and health practitioners - to improve joint understanding and practice

Possible activity could include developing health and wellbeing modules within MSc Transport courses or making them part of professional accreditation and ongoing professional development.

CIHT could gather and disseminate good practice examples of how local places are integrating health and wellbeing with transport across policy, structures, appraisal, delivery and evaluation.

CIHT will explore whether the Department of Health should prepare a set of twin guides similar to those it published for urban planners and public health practitioners. These explain language, terminology, processes and procedures for both sectors in ways that each discipline can understand as a precursor to working together more closely.^{xxxix}

Next Steps

This review is part of CIHT's journey over the medium to long-term and will be used to guide, inform and influence key stakeholders across UK society. CIHT will look to see how it can further explore the discussion points raised in this document and use them to help shape future reports / projects.

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Peter Brett Associates

Peter Brett Associates LLP (PBA) is an independent consulting practice of engineers, planners, scientists and economists, delivering development and infrastructure projects on behalf of our clients.

We create value for clients and communities through our projects, and our ambition is to continue to be recognised by our people, clients and peers as a cutting-edge consultancy.

Established in 1965, PBA is active across a variety of sectors throughout Great Britain and Europe, including urban regeneration and renewal, land development, infrastructure, energy, residential and retail. Clients include energy companies, property developers, architects, landowners, retailers, local authorities, regeneration agencies and partnerships, local asset-backed vehicles and government departments.

Today, we employ more than 750 people and operate from 18 locations including Cambridge, Northampton, Birmingham, Doncaster, London, Reading, Oxford, Bristol and Manchester. Our offices across the UK offer a depth of technical skills throughout the UK, with an associated company in Prague that services European markets.

All of our work, from the engineering of landmark buildings and critical infrastructure to the spatial planning and economic evidence in support of development, is evidence-based and informed by a deep understanding of what it takes to deliver construction. We have a strong reputation for taking the initiative to extend our knowledge, seek out opinions, and challenge our methodologies. This open-minded approach to our work is embedded in our culture and our values.

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Chartered Institution of Highways & Transportation

CIHT is a membership organisation representing those who work in the highways and transportation sector.

CIHT members plan, design, build, operate and maintain best in-class transport systems and infrastructure, whilst respecting the imperatives of improving safety, ensuring economic competitiveness and minimising environmental impact.

CIHT's membership is drawn from across the transportation practitioner community. CIHT has active members in the consulting, contracting, public and academic sectors spread across the UK and beyond. This unique combination of membership puts CIHT in an unrivalled position to contribute to solving today's transport challenges.

CIHT supports its member's professional endeavours by:

- offering training, information, professional development and support
- promoting the value added to society by the profession
- being the focused voice to Governments and other decision makers on transportation expertise and knowledge.



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