“Better Health, Fairer Health”
The role of transport in strategy for health and wellbeing

Eugene Milne
Deputy Regional Director of Public Health
Launched in 2008 by the then Minister for the Region, the Rt Hon Nick Brown MP.

Intended to be reviewed on a 3-yearly basis.

We are now considering how to take forward its aims in the new system.
Key activities:

Governance
Research and development, analysis
Service redesign & funding
Advertising and social marketing
Lobbying activity
Policies and planning
Performance management of services
Themes

- Economy, culture and environment
- Mental health, happiness and well-being
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death
Themes

Economy, culture and environment
Mental health, happiness and well-being
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Later life
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Why transport matters to health

• Physical activity
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Obesity

Obesity is more detrimental to health than smoking, heavy drinking or poverty.

Diabetes

The prevalence of type 2 diabetes has tripled in the last 30 years, and much of the increase is due to the dramatic upsurge in obesity. People with a BMI of 30 or greater have a five-fold greater risk of diabetes than people with a normal BMI of 25 or less.

(National Institutes of Health 2001)
Death rate over 12 years according to average distance walked each day

Distance walked each day

- < 1 mile
- 1 - 2 miles
- > 2 miles

Death rate (%)

- All causes
- Cancer
- CHD/CVD
Obesity in year 6

Percentage of weighed children

Local Area

- Hartlepool
- Sunderland
- Newcastle upon Tyne
- Durham
- Middlesbrough
- South Tyneside
- Gateshead
- Stockton-on-Tees
- Northumberland
- North Tyne
- Redcar and Cleveland

South Tyneside
Taking public transit is associated with walking 8.3 more minutes per day on average, or an additional 25.7–39.0 kcal.

Hill et al. [Science 299 (5608), 853–855] estimate that an increase in net expenditure of 100 kcal/day can stop the increase in obesity in 90% of the population.

Additional walking associated with public transit could save $5500 per person in present value by reducing obesity-related medical costs. Savings in quality-adjusted life years could be even higher.
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Vision:

The North East environment will be the most conducive to health in the country, maximising its natural resources to the best advantage of its people, and designing its economy, buildings, spaces, transport and other infrastructure to maximise health and wellbeing in a sustainable fashion.
We will support a regional debate on how value for money should be judged, and how cost-effectiveness should be defined when considering health and well-being objectives in our region.

We will press the case that the primary purpose of the North East economy should be to improve the health and well-being of its population, and that the region’s “clear and succinct set of priorities” for the forthcoming Integrated Regional Strategy should reflect this. As a consequence, we will aim to include within those priorities measures such as ‘Gross Quality of Life’, employment quality in terms of locus of control, social capital and employer/workplace health-improving behaviours.

We will promote measures of regional success to facilitate prioritisation of health and well-being.

We will develop health and well-being criteria to be used in assessing regional economic and structural developments.
Improving Health in the North East through Transport Solutions

By:
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March 2009

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+ Policy intervention likely to lead to positive health-related outcome
○ Policy intervention not likely to lead to health-related outcome
Why transport matters to health

- Physical activity
- Social inclusion, exclusion, networks and community severance
Themes

Economy, culture and environment

Mental health, happiness and well-being

Tobacco

Obesity, diet and physical activity

Alcohol

Prevention, fair and early treatment

Early life

Mature and working life

Later life

A good death
"I feel it's home. There are warm people on this street. I don't feel alone."

"Everybody knows each other."

"Definitely a friendly street."

"A friendly street. People chatting washing their cars. People on their way somewhere always drop in."

LIGHT TRAFFIC
2000 Vehicles/day
200 Vehicles peak hour

3.0 friends per person
6.3 acquaintances
HEAVY TRAFFIC
16,000 Vehicles/day
1900 Vehicles peak hour

0.9 friends per person
3.1 acquaintances

"It's not a friendly street - no one offers help."

"It's not a friendly street, but it's not hostile."

"It's used by pedestrians on their way somewhere."

"People are afraid to go onto the street because of the traffic."

Source: Appleyard (1981)
"The street life doesn't intrude into the home ... only happiness comes in from the street.

"I feel my home extends to the whole block."

"I definitely think of it as my real home."

"I feel a sense of responsibility. I planted trees in front of my house and keep property and sidewalk clean of trash."
HEAVY TRAFFIC
16,000 Vehicles/day
1900 Vehicles peak hour

"It is impersonal and public."
"Noise from the street intrudes into my home."
"Just this apartment not even that."

Source: Appleyard (1981)
Inclusion / exclusion

• Transport poverty is a useful but complex concept which needs better definition.
• If ‘transport wealth’ is interpreted too narrowly as ‘car ownership’ detrimental effects may be substantial, hidden or delayed.
• Different definitions will apply in different places.
The problem of culture and perception:

“A man who, beyond the age of 26, finds himself on a bus can count himself as a failure”

Attributed by Don Foster to Margaret Thatcher in parliamentary debate, July 2003.
The road fix
Jonathan Leake
Published 09 August 2007

Why do we keep building more roads? Because when it comes to planning, the deck is cynically stacked in favour of the road builders - and against the environment.

Britain's environmentalists have won every argument against expanding the roads network - but still the government keeps pouring billions of pounds into new highways.

Studies show that new roads do not solve congestion - they just generate more traffic. They add to pollution and, of course, they raise Britain's greenhouse gas emissions.

Road transport already generates 142m tonnes of CO2 a year - about 25 per cent of Britain's total. As the European emissions trading scheme puts an ever-higher price on carbon, those emissions could cost the taxpayer increasingly dearly.

The Treasury and Department for Transport know this, so why do their economists give their blessing to Labour's £13bn roads programme?

The answer lies far away from public scrutiny in the arcane and biased rules under which proposed roads are assessed. These New Approach to Appraisal (Nata) rules were introduced by Labour in 1998 under the integrated transport policy designed by John Prescott, then overseeing environment and transport. Most of Prescott's plans were chucked out by Blair and Brown as being far too green, but the Department for Transport (DfT) loved Nata and now the reasons are becoming clear.
Why transport matters to health

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- Injuries
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“the average length of the school trip for children aged 5-10 increased 18% from 1.1 miles in 1985/86 to 1.3 miles in 1995/97. For children aged 11-16 there was a more marked increase in the average distance from home to school from 2.3 miles in 1985/86 to 3.1 miles in 1995/97”

- Steer Davies Gleave report to DETR on Factors Leading to Increased School Journey Length
There has been a significant rise in car ownership over the last ten years, especially second car ownership. It may be that a household buys a second car for general purposes or it may be specifically for the journey to school.

- Steer Davies Gleave report to DETR on Factors Leading to Increased School Journey Length
“The death rates have fallen because children walk less than they used to...hardly any personal characteristics differentiate between children who are and are not injured. Studies that have examined the contribution of the traffic environment have shown that children from neighbourhoods with high traffic volumes and speeds are at greatly increased risk”

- Roberts I. BMJ 1995;310:413-414
“Reduced walking and cycling, and increased car travel, may thus exact important societal costs by increasing future health problems and widening socioeconomic disparities in child death rates... For child injury deaths, we risk hitting the target but completely missing the point.”

Why transport matters to health

- Physical activity
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- Injuries
- Air pollution
Findings: 489 (11%) of 4492 people with data died during the follow-up period. Cardiopulmonary mortality was associated with living near a major road (relative risk 1·95, 95% CI 1·09–3·52) and, less consistently, with the estimated ambient background concentration (1·34, 0·68–2·64). The relative risk for living near a major road was 1·41 (0·94–2·12) for total deaths. Non-cardiopulmonary, non-lung cancer deaths were unrelated to air pollution (1·03, 0·54–1·96 for living near a major road).

Interpretation: Long-term exposure to traffic-related air pollution may shorten life expectancy.

Why transport matters to health

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- Injuries
- Air pollution
- Access to services
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Equity index of revascularisation provision

Centre  Non-centre

Equity index of revascularisation provision

NHS North East
Why transport matters to health

• Physical activity
• Social inclusion, exclusion, networks and community severance
• Injuries
• Air pollution
• Access to services
• Health inequalities
6. The effects of road traffic also **disproportionately impact on socially excluded areas and individuals** through pedestrian accidents, air pollution, noise and the effect on local communities of busy roads cutting through residential areas.
Acheson - traffic

“We recommend:

– further development of high quality public transport
– Further measures to encourage walking & cycling
– further steps to reduce usage of motor cars
– further measures to reduce traffic speed
Although fuel poverty is predicated upon the costs of heating, the burden of fuel costs for travel is similarly distributed.
Why transport matters to health

- Physical activity
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- Injuries
- Air pollution
- Access to services
- Health inequalities
- Economic costs
Why transport matters to health

- Physical activity
- Social inclusion, exclusion, networks and community severance
- Injuries
- Air pollution
- Access to services
- Health inequalities
- Economic costs
- Sustainability
Saving Carbon,
Improving Health

NHS CARBON REDUCTION STRATEGY FOR ENGLAND
January 2009
NHS England Carbon Footprint

Fig: NHS England CO$_2$e emissions from 1990 to 2020 with Climate Change Act targets
CO₂e Reduction Potential for NHS England

Fig: NHS England CO₂e baseline to 2020 with 8 reduction policy wedge measures
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The Future…

- Transfer of DsPH to local government
- Health and Wellbeing Boards
- Local H&WB strategies, including JSNA
- Ring-fenced budgets & ‘Health Premium’
- GP consortia
- Public Health England
- NHS Commissioning Board
- Public Health Outcomes Framework
Questions and comments?
Applying behavioural insight to health

Nudge ← De-normalisation → Compulsion
Agreements

- Life course approach
- Shift of emphasis away from the NHS
- Ring fenced (identifiable) budgets
- Focus on evidence
- Cross-sectoral and upstream emphasis
- Importance of well-being and autonomy
- Marmot support
- Many specifics (key drivers of ill-health and inequalities)
- “Nudge” thinking echoes what we have been doing
Conflicts

- No regional working
- Civil service ethos?
- Avoidance of regulation
- Potentially excessive trust in choice and markets
- Much looser on performance
Opportunities

- Genuine upstream opportunities
- Closer positioning should allow greater influence on key effectors in local policy
- Ring-fenced budgets (double-edged)
- Continued focus on inequality and child poverty
Threats

- Loss of influence upon the NHS
- Agenda dominated by NHS change
- Loss of population perspective in favour of individualism
- Austerity – threat to public and third sectors
- Downgrading of public health as a specialty
- Loss of staff / lack of skills / damaged morale
- Incoherence
- Bad decisions
- Credibility of policy
The NHS and local transport planning: a briefing

Introduction
Local authorities submitted their 2006-11 provisional local transport plans (LTPs) to central government in July 2005. Final LTPs will be published in March 2006 following announcements about local transport funding from central government. These plans provide a significant opportunity for the NHS to develop its role in supporting better transport to improve public health, reduce health inequalities and improve access to NHS services over the next five years.

This briefing:
- Describes the requirements of LTPs and key national/local transport targets
- Highlights the links to NHS and public health priorities
- Provides signposts to the available evidence and guidance regarding the types of transport schemes and initiatives that are effective in tackling these priorities.

It is aimed at public health practitioners, primary care trusts (PCT) commissioners, NHS trusts and local authority managers, and policy managers with a responsibility for transport, physical activity, accident reduction and access to services. It is one of a series of publications on transport from the National Institute for Health and Clinical Excellence (NICE) and the former Health Development Agency (HDA). These include:
- Making the case: improving health through transport (HDA 2005a)
- Accessibility planning and the NHS: improving patient access to health services (NICE 2006a)
- Transport interventions promoting safe cycling and walking: review of the evidence (NICE 2006b).

Local transport plans
Local transport plans aim to facilitate the delivery of better integrated local transport as quickly as possible, as part of delivering the government’s overall transport strategy (DT 2004a). Local transport planning guidance was issued by the Department for Transport in 2004 (DT 2004b), with accompanying guidance on accessibility planning (DT 2004c).

The government has agreed shared priorities with local authorities in relation to transport (see ‘Shared priorities’ box, page 2).

The Transport Act 2000 requires most local transport authorities in England, outside London, to produce and implement an LTP. There is an expectation that LTPs will be developed in conjunction with other partners, including local authorities and other stakeholders from across the local strategic partnership, including the NHS (DT 2004b, page 16).

Excellent’ authorities as classed by comprehensive performance assessment are not required to submit an LTP to central government, but must submit a minimum set of targets related to mandatory indicators in shared priority areas, with milestones for each year. However, involvement of other partners, such as the NHS, is still important for these authorities, and they may choose to produce a transport plan for local use in any case.

Local authorities submitted provisional LTPs in July 2005 and will submit a final plan in March 2006, following publication of the government’s funding guidelines for...
Accessibility planning aims to promote social inclusion by helping people from disadvantaged groups or areas to access jobs and essential services (Social Exclusion Unit 2003). As part of their 2006–11 local transport plans, local transport authorities have to prepare an accessibility strategy by 1 March 2007, setting out their plans to deliver solutions to accessibility problems in their areas. These will involve local authorities and the NHS assessing more systematically whether people can get to healthcare facilities, food shops and other destinations that are important to people’s health – and taking action to improve access and contribute to tackling health inequalities.

This briefing is aimed at:
• NHS managers and board members dealing with service reconfiguration, the location of services, the Local Improvement Finance Trust (LIFT), and health service planning in general
• Local authority transport planning and health policy officers and elected members, especially those concerned with the health aspects of accessibility planning and the local transport plan process
• Practitioners working to reduce health inequalities and/or enhance social cohesion and inclusion.

It provides an overview of accessibility planning, highlights the role of the NHS and describes some examples of current approaches. This briefing is part of a series of publications from the National Institute for Health and Clinical Excellence (NICE) and the former Health Development Agency (HDA). See page 15 for a full listing and other sources of information.

What is accessibility planning?

Accessibility, in this context, is whether people – particularly those from disadvantaged groups and areas – are able to reach the jobs and key services they need, especially those concerned with the health aspects of accessibility planning and the local transport plan process.

Accessibility planning provides the framework for transport authorities and other relevant agencies, such as the NHS, to work together to develop and deliver solutions to accessibility problems depending on the particular needs and priorities of local areas.

Accessibility planning can also be influenced by decisions on the location, design and delivery of other services and by people’s perceptions of personal safety.
Removed from the work programme:

- Preventing unintentional road injuries among young people aged 15 to 24
- Spatial planning for health: local authorities and primary care trusts

Suspended:

- Preventing obesity using a ‘whole-systems’ approach at local and community level (to be reviewed as part of the obesity strategy / work programme.)

Under review:

- Developing transport policies that prioritise walking and cycling
Papers to come

From DH during spring 2011

– obesity;
– physical activity;

Other Departments:

– Local Transport White Paper (Department for Transport);
– Road Safety Strategy (Department for Transport);