How the health sector works: a guide for transport professionals

This introductory guide to the health sector is aimed at transport professionals seeking to collaborate with health colleagues within local authorities and the NHS. It is focused on the policy-making and governance structures that operate in England.

It covers the following questions:

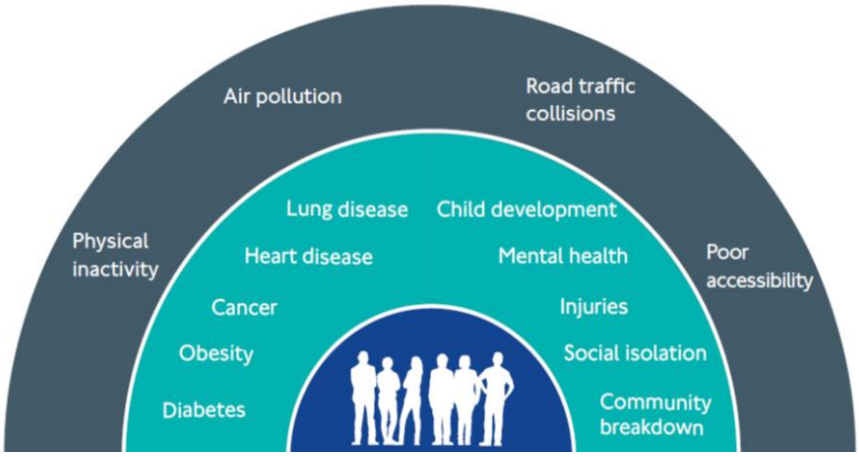
- Why connect with the health sector?
- Who does what in the health sector and who should I contact to discuss collaboration?
- Are there any key opportunities to get involved in health policy decision making?
- How does the health sector decide which interventions to invest in?
- What standard of evidence does the health sector work to?
- How much money do health authorities have available to spend on projects?
- What could health and transport work collaboratively on?

Note that a companion document, 'How the transport sector works: a guide for health professionals' has also been produced.

Why connect with the health sector?

There is widespread understanding across transport planning professionals that the way we travel affects both our physical and mental health and wellbeing. A key area of growing importance to both the health and transport sectors is supporting physical activity. For the health sector, the recognition that physical inactivity is as risky to health as smoking, has helped to broaden thinking about how people can build physical activity into their daily lives.

Issues such as air quality, traffic casualties and others as shown in the diagram below, contribute to a growing consensus that transport and health collaboration is not a 'nice to have' but rather a core component in developing and delivering transport accessibility solutions.



Source: Mayor of London and Transport for London (2015) Valuing the health benefits of transport schemes

Working with the health sector can strengthen messaging and activity around behaviour change. Both sectors can encourage more people to walk, cycle and use public transport in recognition of the health benefits. This in turn increases patronage, cuts congestion and reduces harmful emissions.

As well as to communities in general, these messages and interventions can be applied to the huge numbers of employees, visitors and patients accessing the health estate every day. The health sector can help cut congestion and promote active travel through its location decisions and the travel options it promotes to staff, visitors and patients, for example, promoting cycle to work schemes and incentivising the use of shuttle buses over cars.

Who does what in the health sector and who should I contact to discuss collaboration?

The health sector is a large and unwieldy beast. Even for those in the health sector it can be hard to navigate! Fortunately, there is no special need to know the details of many parts of the health sector in England. The main areas of focus for transport professionals are likely to be health promotion, estates and non-emergency patient transport.

Health promotion

Health promotion seeks to keep people healthy for as long as possible, a main role for public health teams.

Public health is described as the science and art of preventing ill health and prolonging life and promoting physical and mental health through the organised efforts of society.[1]

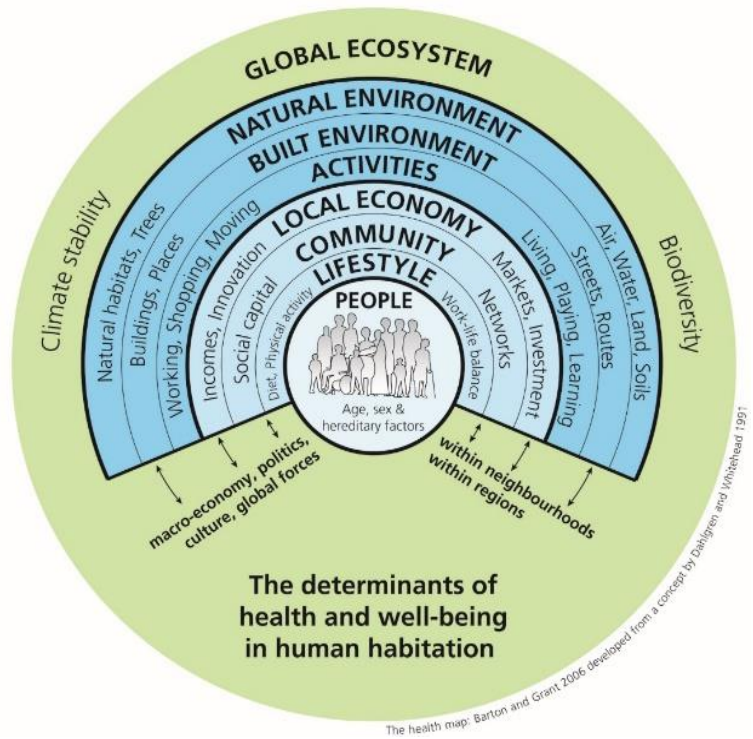
[1] http://www.euro.who.int/en/health-topics/Health-systems/public-health-services accessed 31st May 2018

Public health has 3 main domains: good health and social care services; health protection; and health promotion

From this we can see that the third domain, of health promotion, is where transport planners need to focus most attention in terms of seeking collaboration.

Health promotion is the process of enabling people to increase control over, and improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.[2] Within this there is also a strong focus on reducing health inequalities. Health inequalities are reflected in, for example, higher casualty numbers within poorer communities as well as poorer air quality and greater challenges with access to jobs and services due to lower car ownership, an often limited cycling culture, and limited public transport options.

The Health Map below helps to illustrate how health promotion reaches well beyond a focus on individual behaviour and instead highlights what are known as 'the wider determinants of health'. While health services make a contribution to health, most of the key determinants of health, for example, education, employment, housing, environment, and transport lie outside the direct influence of healthcare.



Source: Adapted from Barton, H. and Grant, M. (2006) developed from the model by Dahlgren and Whitehead 1991[3]

[2] http://www.who.int/topics/health_promotion/en/ accessed 31st May 2018

[3] Barton, H., & Grant, M. (2006). A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), 252–253. https://doi. org/10.1177/1466424006070466.

Public Health teams are headed up by a Director of Public Health (DPH), which is a statutory post inside local government. Beneath DPHs there are Consultants who may lead on particular areas, such as transport and planning, built environment or injury prevention. The DPH is a good first point of call to discuss collaboration and will be able to refer to the appropriate Consultant, as necessary. The Faculty of Public Health is the key professional body for the more senior members of public health teams including DPHs and Consultants.

Estates

Situated within the NHS, Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. This includes choices around where health care settings are located, choices which have major implications for transport networks.

Non-emergency patient transport

Non-emergency patient transport (NEPT) services provide eligible patients who require non-urgent and planned treatment with free transport to an NHS site. It is intended for patients where medical or mobility needs mean that it would be detrimental to their condition or recovery if they were to travel by other means. Often NEPT is door-to-door and shared with others.

CCGs receive funding for NEPT and tend to pass the running of it to a combination of NHS Ambulance Trusts and private companies. The supply chain can also include community transport.

Are there any key opportunities to get involved in health policy decision making?

Health promotion

Transport planners and others may wish to consider, in collaboration with public health and other health colleagues, whether it would be of value to submit papers for consideration to their Health and Wellbeing Boards (see below). These would likely set out how a collaborative approach could improve aspects of population health locally, not least where the Joint Strategic Needs Assessment (also see below) has highlighted poor performance e.g. low levels of physical activity.

It may be possible for Transport Directors to be represented on Health & Wellbeing Boards. Discussion with the Director of Public Health or Chair of the Board may help ascertain whether this would be possible, and if so, of benefit to the Transport Team rather than periodic attendance such as when presenting to the Board.

Estates

The location choices for the health sector estate have major implications for transport. It is important for transport professionals to be plugged in to the decision-making process at an early stage given that the opening, closure or merging of healthcare settings have

the potential to significantly impact on the transport network (for example, generating congestion) and the ability of local communities to reach vital services.

In 2015, CCGs were asked to lead the development of Local Estates Strategies (LES) in collaboration with local stakeholders. The LES should look at current locations and condition of the health estate and whether this is fit for purpose. It should also take account of future housing and infrastructure developments. All local CCGs should now have a LES setting out their plans and a Local Estates Forum to oversee implementation. Transport professionals can refer to these strategies and forums to explore how they might contribute to decision making. Note that the LES process focuses on general practice facilities, rather than hospitals.

Non-emergency patient transport

Transport planners can approach CCGs and Ambulance Trusts to share their expertise in getting people from A to B efficiently and in a way that is convenient for the passenger, for example, through Total Transport approaches[4].

How does the health sector decide which interventions to invest in?

Health promotion

A staple source of evidence for public health is NICE Public Health Guidance. On transport planning there are 4 sets of guidance, one of which address transport directly (PHG 41 on walking and cycling)[5]. The others address the related areas of the built environment, aspects of physical activity promotion, and injury prevention.[6]

Public Health teams often employ Health Intelligence Officers whose jobs include summarising recent robust evidence in order to keep staff updated. They undertake evidence reviews as requested by public health team colleagues which involves scanning the peer reviewed literature generated within universities (which is largely unknown to transport planners as well as being behind a paywall). Public Health England, as the national body, also provides a range of guidance.[7]

The **Public Health Outcomes Framework** (PHOF) guides public health work and investment locally in terms of key outcomes sought. There are two overarching indicators:

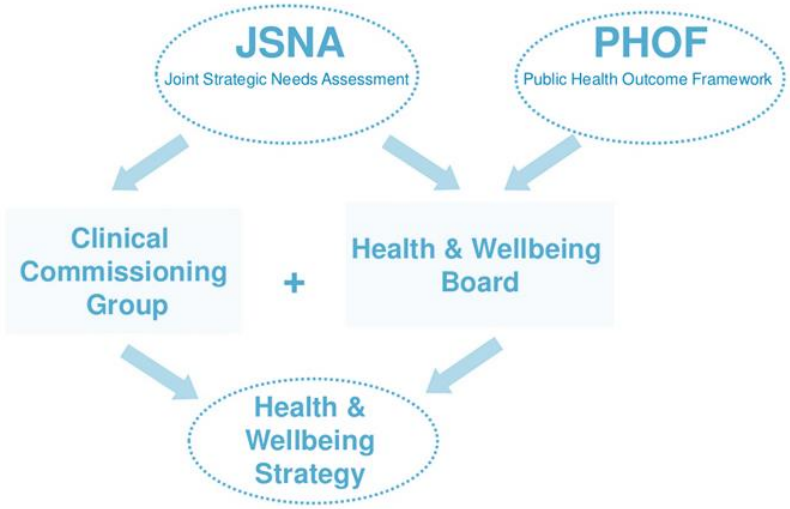
- *to improve healthy life expectancy*; and
- *reduced differences in life expectancy and healthy life expectancy between communities*.

[4] See Community Transport Association/Urban Transport Group (2017) 'Total Transport: a better approach to commissioning non-emergency patient transport?'
[5] https://www.nice.org.uk/guidance/PH41/ accessed 1st June 2018.
[6] See https://www.nice.org.uk/guidance/published?type=ph accessed 1st June 2018.
[7] Public Health England, 2016. Working Together to Promote Active Travel: A briefing for local authorities.

Below the overarching indicators are over 100 indicators which help to assess changes in many aspects of health, as the overarching indicators may take decades to achieve. Indicators are reviewed every three years. Within the indicators, the PHOF includes over 20 where transport and travel behaviours can contribute to improved health outcomes e.g. excess weight (both adults and children), utilisation of greenspace for exercise/health outcomes, deaths from cancers, respiratory and heart disease, and hip fractures. Local Public Health Teams will also be guided by specific local health needs in prioritising areas of work.

A quick summary of these can be accessed from Public Health England[8] by way of **Health Profiles** for each local authority area. These provide an overview of how the area is fairing in comparison with the national average and where there is targeted action to address certain issues which may be worse than the national average. PHE have produced a short video to introduce the PHOF.[9]

There are several connected activities associated with the PHOF as shown in the diagram below.



The **Joint[10] Strategic Needs Assessment** (JSNA) reflects what the Health Profile has highlighted in outline. This is the detail which informs the specific local health needs and investment. The aim of a JSNA is to provide:

- analyses of data to show the health and wellbeing status of local communities;
- define where inequalities exist;
- provide information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services;
- make specific recommendations based on information / evidence gathered.

[8] https://fingertips.phe.org.uk/profile/health-profiles accessed 31st May 2018
[9] https://www.youtube.com/watch?v=UL3Q_cqWKvs&feature=youtu.be accessed 31st May 2018
[10] Indicating the joint role of the NHS and public health in local government

Health & Wellbeing Boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. Together with **CCGs** (see below) they have a statutory duty to produce a JSNA and a joint **Health and Wellbeing Strategy** (HWS) informed by the JSNA.

Located within the NHS, CCGs provide almost a parallel role to the wider determinants of health agenda as they are focused mostly on medical interventions once people have become ill. Public Health teams liaise with CCGs in the provision of a broad range of health care and health promotion measures. By far, the overwhelming amount of funding goes to medical interventions.

Estates

In respect of deciding which healthcare settings to invest in and where to locate them, the health sector will take a wide range of factors into consideration. Transport is not mentioned specifically in the framework for commissioners developing Local Estates Strategies[11], although a key question in option identification is 'Would wider stakeholders find the proposal acceptable?'. The ultimate goals of the process are to fully rationalize the estate, maximize use of facilities, deliver value for money and enhance patient experience. The final Local Estates Strategy will include a five year capital investment plan for implementation.

Non-emergency patient transport

Research suggests that investment decisions in non-emergency patient transport (NEPT) may be more based on 'what has always been done' rather than what could be done better. Research by the Department for Transport (DfT) found that the Ambulance Service (which tends to be handed responsibility for NEPT) 'has little interest in or incentive to change, given that the performance indicators they are challenged to meet are almost exclusively focused on urgent or emergency services.'[12] Previous DfT research has found that NEPT can be over-specified compared to what the patient actually needs, resulting in unnecessary costs[13].

What standard of evidence does the health sector work to?

Consideration of evidence standards is most relevant in relation to the public health sector as this is the area where evidence requirements are significantly different compared to the transport sector. Evidence for public health practitioners is based very largely on rigorous academic studies using research methods designed to reduce bias in order to more accurately assess effects and impacts of interventions or conditions.

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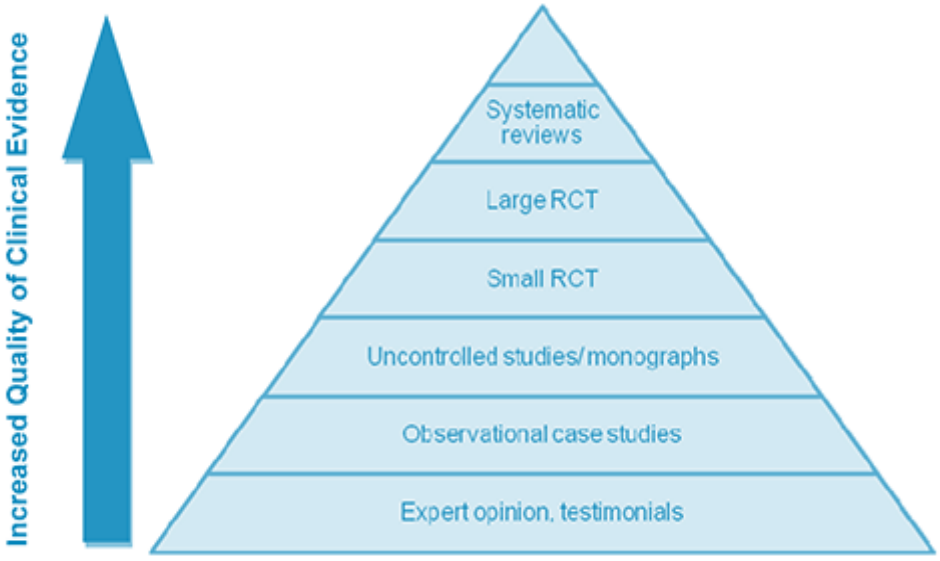
[11] Department of Health (2015) 'Local Estates Strategies: A Framework for Commissioners'.
[12] Department for Transport (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance'
[13] Department for Transport (2009) Providing transport in partnership – a guide for health agencies and local authorities'

With robust evidence in hand, one of the functions of public health is ‘advocacy’ – advocating particular interventions and approaches based on the evidence. So, one of the many good reasons for connecting with public health is evidence-based advocacy. There are a wide variety of ways in which public health professionals may engage in advocacy work, including a representative role (speaking for people), an accompanying role (speaking with people), an empowering role (enabling people to speak for themselves), a mediating role (facilitating communication between people), a modelling role (bargaining with those in power) and a networking role (building coalitions).

So, if advocacy needs to be built on robust evidence how do we understand what robust evidence might be? Public health developed alongside and works in parallel with medicine which means that the thresholds of acceptance for robust evidence are more demanding than in many other areas of public policy. Differing standards of evidence can create tension in joint working and are worth being aware of and discussing at the outset of any collaboration.

The medical/public health Evidence Hierarchy (see diagram below) seeks to filter out lower grade research (which may have many biases) and aims instead for Randomised Controlled Trials (RCTs) and systematic reviews as the gold standards for evidence, where available.

The Evidence Hierarchy of Medicine and Public Health



RCTs are an effective way to reduce the risk of bias as people may be assigned an intervention or be in the control group which helps uncover what effect an intervention has had compared with no intervention. Below that level there are many more risks of bias.

How much money do health authorities have available to spend on projects?

Public health and non-emergency patient transport budgets are most relevant here as areas where jointly funded projects are possible.

Health promotion

Public health funding from Government has been ring-fenced since 2013. However, future ring-fencing is not guaranteed. There are examples of public health teams contributing funding to transport schemes - from major infrastructure for active travel to behaviour change interventions.[14] As with other areas of local government, public health has not been protected from budget cuts but it is always worth exploring joint funding opportunities between public health and transport planning. Achieving co-benefits for both sectors may mean accessing specific funding streams otherwise unknown or unavailable to transport planning.

Non-emergency patient transport

The cost to the NHS of non-emergency patient transport is at least £150 million per year[15]. Evidence suggest that there is considerable scope for improvement in terms of efficiency, value for money and passenger experience[16].

What could health and transport work collaboratively on?

There are numerous opportunities where it makes sense for health and transport professionals to collaborate. For public health practitioners, Public Health England[17] highlight the following opportunities in particular:

- Engage with local transport planning team and contribute to any refreshes of the local transport plans (LTP).
- Assess the scale of changes needed to bring about real improvements in health to narrow health inequalities. Use this evidence to assess the likely impact of the LTP.
- Support bidding to government agencies for transport initiatives.
- Support the involvement of transport planning colleagues in JSNAs, health and wellbeing boards and strategies and demonstrate the links between the Public Health Outcomes Framework and transport planning goals.

[14] Urban Transport Group, 2016 A Healthy Relationship. Public health and transport collaboration in local government http://www.urbantransportgroup.org/system/files/general-docs/A%20Healthy%20Relationship%20FINAL%202015.pdf accessed 1st June 2018.
[15] 'Total Transport: working together for our communities' Speech by Andrew Jones MP, 23 October 2015
[16] Community Transport Association/Urban Transport Group (2017) 'Total Transport: a better approach to commissioning non-emergency patient transport?'
[17] Public Health England (2016) Working Together to Promote Active Travel: A briefing for local authorities. https://www.gov.uk/government/publications/active-travel-a-briefing-for-local-authorities, accessed 11th June 2018.

- Provide evidence-based summaries and modelling tools, such as the Health Economic Assessment Tool (HEAT)[18], on key transport issues and/or work with local university departments in providing this function.

Other opportunities for collaboration include:

- Develop transport-specific JSNAs.
- Plan and promote urban environments informed by 'Healthy Streets' principles, placing people and their health and wellbeing at the heart of designs.
- Infrastructure and behaviour change initiatives to enable and promote walking, cycling and public transport in the interests of physical and mental health and wellbeing.
- Joint messaging on active travel, air quality and road safety.
- Data sharing.
- Secondments, embedded or co-located roles across the two sectors.
- Optimising non-car access to planned and existing health settings. For proposed developments, non-car access should considered as early as possible in the planning process to avoid costly 'retrofitting'.
- Joint training.
- Utilising transport sector expertise to improve efficiency and value for money of patient transport (see 'Total Transport: a better approach to commissioning non-emergency patient transport?').
- Providing advice and expertise, including knowledge of peer reviewed evidence.
- Develop 'how to get there' guides to help people reach healthcare settings without a car.
- Support staff to travel to work on foot, by bike or by public transport.

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[18] Developed by the World Health Organisation, HEAT can be used to evaluate the potential of projects to increase walking and cycling levels and place an economic value on the health benefits likely to occur as a result. For more information see http://heatwalkingcycling.org/#homepage