

Public Health and Transport Roundtable – report of the meeting

About the roundtable

It is well recognised that transport and health outcomes are strongly connected and, whilst progress has been made in translating these connections into practical action, collaboration between the two sectors is still relatively small scale.

Convened by Urban Transport Group, this high-level roundtable focused on how remaining barriers to joined-up working and thinking across transport and health can be addressed.

The half-day roundtable took place on 9th February 2017 at the British Medical Association, BMA House, London.

Delegates

The roundtable brought together over twenty delegates from across the health and transport sectors. Organisations represented on the day included:

Association of Directors of Public Health	Journal of Transport and Health
British Medical Association	Living Streets
Campaign for Better Transport	Local Government Association
Chartered Institute of Logistics and Transport	Sustrans
Chartered Institution of Highways and Transportation	Transport for Greater Manchester
Department for Transport	Transport for London
HM Treasury	Transport Health Study Group
Imperial College London	Urban Transport Group

Apologies were received from Department of Health and Public Health England.

Format

The roundtable was chaired by Stephen Joseph, Chief Executive of Campaign for Better Transport. The roundtable began with three short presentations (attached):

- Taking stock of progress on collaboration between transport and public health – Rebecca Fuller, Policy and Research Manager, Urban Transport Group.
- Transport and health collaboration: lessons from London – Lucy Saunders, Consultant in Public Health, Transport for London/Greater London Authority.

- A Transport Journey to a Healthier Life – Sue Percy, Chief Executive, Chartered Institution of Highways and Transportation.

The presentations were followed by a roundtable discussion, a summary of which is provided below. The account is non-attributable in accordance with the Chatham House Rule.

Summary of discussion: key messages

The Chair of the roundtable drew out the following four key messages at the end of the session:

1. Towards a whole place narrative

The value of moving the debate beyond the silos of transport and health to a broader whole place/healthy streets narrative was recognised as valuable. It encourages us to think holistically about creating the kinds of places that people want to live and work in and that are designed to encourage more healthy lifestyles. Presenting the debate in this way also appeals across more Government departments. Promoting London's 'Healthy Streets' approach was felt to be a good option for communicating what kinds of places we want to see.

2. Bringing business and community voices to the debate

Business leaders and Local Enterprise Partnership chairs have an important influence over the direction of Government policy. It was felt it would be valuable to bring these voices to the debate, encouraging businesses to call for investment in healthy transport options and streets (including via correspondence to Ministers). Highlighting the costs of absenteeism due to ill health could be a useful angle.

It was felt that high value companies will increasingly not invest in places that do not fit the lifestyle of their workers. For example, businesses in Birmingham reportedly supported bus rapid transit rather than 2,000 parking spaces.

It is also important to get communities on side to make the case through exploring how proposals will make their lives better.

3. Understanding the potential of HEAT and other appraisal/monitoring tools

There was discussion of the use of HEAT in the appraisal of health benefits and a need to better understand its use and potential (including potential for expansion). It was noted that the tool in its current format has limitations and there may be potential for improvements (e.g. HEAT is not applicable to children, not always seen as simple to use, not tailored to different target groups). It was noted that there is a HEAT Consensus Group to which feedback could be given.

A further issue is that there is less consideration in appraisal of the potential detrimental effects of transport schemes (e.g. a new bypass) on walking and cycling.

We also need the flexibility to override benefit cost ratios in the interests of contributing to a wider vision.

There was also discussion about the need to better use phone data to explore mobility patterns and how much walking and cycling are already going on. CEDAR at the University of Cambridge are investigating this, for example.

4. The potential for public health assessment of mainstream public spending

It was suggested that more mainstream public spending (including transport schemes) should be assessed for its impact on public health. E.g. is this new development likely to encourage more or less obesity?

Summary of discussion: other talking points

Other talking points in what was a wide ranging discussion included the issues below.

Speaking the same language

A recurring theme of the session was the often differing languages spoken between the transport and health sectors – there is a need to understand one another better and to find a common language.

Greater coherence at national level

It was felt that there needed to be greater coherence between Government departments at national level in pursuing common policy goals. National government should do more to model collaborative working and provide leadership which encourages these working relationships to filter through at local level.

Sustainability and Transformation Plans

There was debate as to the extent to which NHS/local council Sustainability and Transformation Plans (STPs) offered an opportunity for collaboration. Some felt that the current versions were often a missed opportunity, containing little or no mention of how transport interventions (such as walking and cycling) could save the NHS money.

There are still chances to influence the evolution of the STPs through the consultation process.

Others felt that these were not the right plans to make the case and that influencing Health and Wellbeing Plans/Boards would be a better option. It was added, however, that the STPs and NHS five year forward plan could be a good tool for getting the NHS to engage as an employer in promoting healthy behaviour in its employees and supporting affordable public transport options at times to suit staff working patterns.

Taking account of travel to healthcare locations

Evidence was presented that consideration of how patients, visitors and staff will reach new healthcare facilities without a car was still not being adequately considered in the planning of these facilities. What would ensure that transport is considered from the outset?

An additional factor to consider is the income hospitals generate from car parking which could act as a disincentive to investment in public transport and active travel options.

It was suggested that it would be valuable to identify key decision points – not just in planning decisions, but in health and transport policy-making more broadly – where joined-up thinking between the two sectors could be happening but is somehow going wrong.

The impact of emerging technology and trends

It was noted that we have an opportunity now to influence how emerging technologies, like automated vehicles, are rolled out in practice. Rules could be set now to ensure negative health impacts are minimised.

It was also noted that transport models tend to be based on what the past looked like, rather than forecasting how things will be in the future. For example, cycling levels have not been high in the past and so modelling does not plan to accommodate high levels of cycling in the future.

The value of investing in transport over other options

Further analysis is needed as to the value of investing in transport over other options for tackling an issue. For example, would we be better spending health money on fixing pavements (with the aim of preventing falls) rather than on fixing hips?

The next generation of transport and health professionals

It was noted that there is no established career path for specialising in both transport and health and that this is needed to support the next generation of professionals.

Future meetings

There was discussion as to whether this group should meet again. It was felt that any future meetings would need to be focused in terms of desired outcomes.