

The benefits of transport and
health working together:
The experience from Bristol

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Why transport and health

- Both casualties and suppression of active travel
- Air pollution – 2010 official recognition - premature deaths double previous estimates
- Sedentary lifestyles – premature death from in excess of 100,000 pa
- Severance effects on communities – children withdrawn from streets/loss of social cohesion/trust

Physical activity: the best buy in public health

- *Those who think they have not time for bodily exercise will sooner or later have to find time for illness.*

Edward Stanley, Earl of Derby, in an address at Liverpool College, 20 December 1873

- Physical activity must be one of the most *undervalued* interventions to improve public health

Donaldson, L. 2000 Sport and exercise: the public health challenge, *British Journal of Sports Medicine*, 24: 409-410.

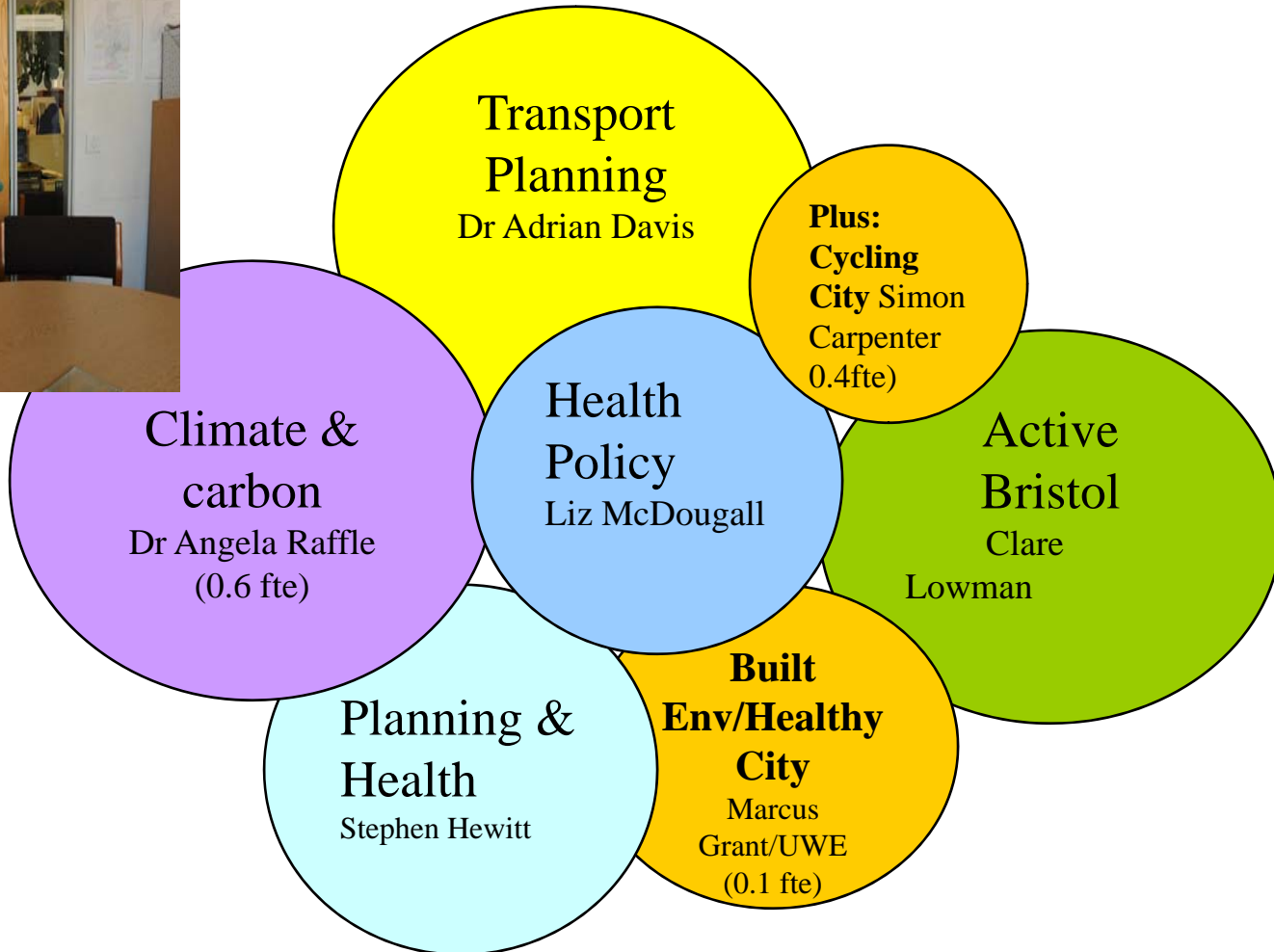
Experience of partnership working by 2006

- Smoke Free Bristol – positive experience
- Championed by Council leader and supported by previous DPH
- Helped cement political + officer leadership – serious about role of DPH in Council
- Concerned to work across whole Council to influence broader and 'upstream' determinants of health

Identifying physical activity

- Raising awareness among other strategic directors and political leadership
- agreement to do something to raise physical activity levels – each can contribute
- Delivering health improvement needs embedding into all depts
- Political ownership and leadership (and scrutiny), and at technical and senior managerial and strategic leaders level – helped by embedded 'expert' posts

Public Health support within Bristol City Council: planning for synergy



Healthy Urban Team



Work Programme 2010/11 for
Bristol City Council's 'Healthy Urban Team'

Bristol Public Health
July 2010



What is the Healthy Urban Team?

The Healthy Urban Team is a small team of public health professionals who provide:

- *health and technical expertise* on the health implications of policy and project proposals
- *practical solutions* for how to embed health into future strategies and developments
- the *evidence base* for what works

Stimulating policy...



Joint Local Transport Plan 3 2011-2026

Engagement Draft
July 2010



3. [Evidence hierarchy](#)
4. [Cycling and all cause mortality](#)
5. [Impact of highway traffic capacity reductions](#)
6. [Walking to health](#)
7. [Weight gain and car use](#)
8. [Physical activity - the best buy in public health](#)
9. [Bus use and deregulation](#)
10. [Cycle commuting](#)
11. [Walkable communities](#)
12. [Life change events and physical activity participation](#)
13. [Cycling reduces absenteeism at the workplace](#)
14. [A healthy school journey](#)
15. [Vision Zero](#)
16. [Objective monitoring, children's travel and physical fitness](#)
17. [Using pedometers to increase physical activity and improve health](#)
18. [The role of habit in travel behaviour](#)
19. [Unintended health impacts of road transport policies and interventions](#)
20. [Health Impact Assessment \(HIA\)](#)
21. [Obtaining a driving licence and interventions to influence the decision](#)
22. [Inverse Care Law](#)
23. [Mass Community Cycling Events](#)
24. [Economic Benefits of Cycling](#)
25. [Cycling Safety - Lessons from The Netherlands, Denmark and Germany](#)
26. [Effect of crime and neighbourhood on physical activity](#)
27. [Air Pollution](#)
28. [Public transport and physical activity](#)
29. [Illness arising from road transport](#)
30. [Cost benefit analysis of walking and cycle track networks](#)
31. [Walk in to Work Out](#)
32. [NICE Guidance](#)
33. [Assessment of the Active for Life Campaign](#)
34. [Evidence led policy or the art of the possible?](#)
35. [Urban Environment](#)
36. [Children's independent mobility](#)
37. [Impact of retirement on physical activity](#)
38. [Women and commuter cycling](#)
39. [Social Patterning](#)
40. [Effect of driving cessation on the elderly](#)
41. [The importance of "walkable" green spaces.](#)
42. [A convenient truth: Climate change mitigation from transport is good for health](#)
43. [Child physical activity and effect on body weight](#)
44. [Electrically assisted Cycling](#)
45. [Effective interventions to increase cycle use](#)
46. [Use of non-motorised modes and life stages](#)
47. [Stairs instead of escalators](#)
48. [Attitude-based targeting of mobility types for mode shift](#)
49. [Food deserts](#)





Memorandum of Understanding

This Memorandum of Understanding is between the local authorities of Bath & North East Somerset, Bristol City, North Somerset and South Gloucestershire who together make up the West of England Partnership and the Health Sector for the Partnership Area through the Directors of Public Health for the area.

The purpose of the Memorandum of Understanding is to promote effective co-ordination and co-operation between the organisations in relation to transport and health.

The key principles are of openness, explanation and discussion together with shared responsibility and ownership of problems and solutions.

It is not legally binding.

The Health Sector in the West of England Partnership area is currently made up of:

- The Four Primary Care Trusts of NHS Bath and North East Somerset, NHS Bristol, NHS North Somerset, NHS South Gloucestershire
- A large number of Service Providers, which are commissioned by the PCTs to deliver NHS services for local residents. These include major Hospital Trusts, providers of community services, General Practices, dentists, opticians, and pharmacies.

We take health to mean not just the needs of individuals with specific illnesses and conditions, but also the promotion and protection of good health and the reduction of health inequalities, now and in the future.

This is a co-reality of the Primary Care Trusts and of subsequent bodies that may result from the 2010 Health White Paper.

It is hereby agreed that:

Strategy

The Memorandum of Understanding partners will collaborate to promote and protect good health through delivery of the goals and ambitions set out in key Government policy documents and Local Development Frameworks.

The Health Sector will be key partners in the production of the four West of England authorities Joint Local Transport Plan 3 and will provide input, expertise and feedback in order to maximise health gains and minimise the acute and chronic disease burden.

The Memorandum of Understanding partners align, where practicable a programme and phasing of schemes for 2011 to 2026 for inclusion in the Delivery Plan of the Joint Local Transport Plan 3 and review programmes for each 3 year implementation phase.

Transport and Health Forum

To promote effective joint collaboration a transport and health forum will be established to seek to ensure that the transport system for the sub-region now and in the future is designed in such a way that it enhances health, wellbeing and prosperity for all residents, and contributes to reducing health inequalities.

It will achieve this by:

- Bringing together relevant expertise and representation from Transport and Health sectors.
- Building strong and constructive working relationships between the Health Sector and the Transport sector.
- Using best available evidence to inform planning and decision making.
- Using the principles of 'Health Impact Assessment' to inform planning at the earliest stages of option development.
- Including access to health facilities for staff, patients and visitors.
- Producing and monitoring the Action Plan.

The Forum will report to the Joint Transport Executive Committee

Support

Directors of Public Health will provide updates for and attend meetings of the Joint Transport Executive Committee on a twice-yearly basis to consider progress on the Action Plan.

Information and Data collection

Information requests between Memorandum of Understanding partners will be managed as quickly as is reasonable depending on the complexity of the request and information available. Requests are to be as specific as possible.

Communications

A joint framework on communications will be established in order to promote levels of engagement and partnership working between the Memorandum of Understanding partners.

Timescale and review

The Memorandum of Understanding shall come into immediate effect. The West of England Partnership authorities and Health Sector for the West of England area will jointly review the arrangements set out in the Memorandum of Understanding at two yearly intervals.

Dated 17 September 2010





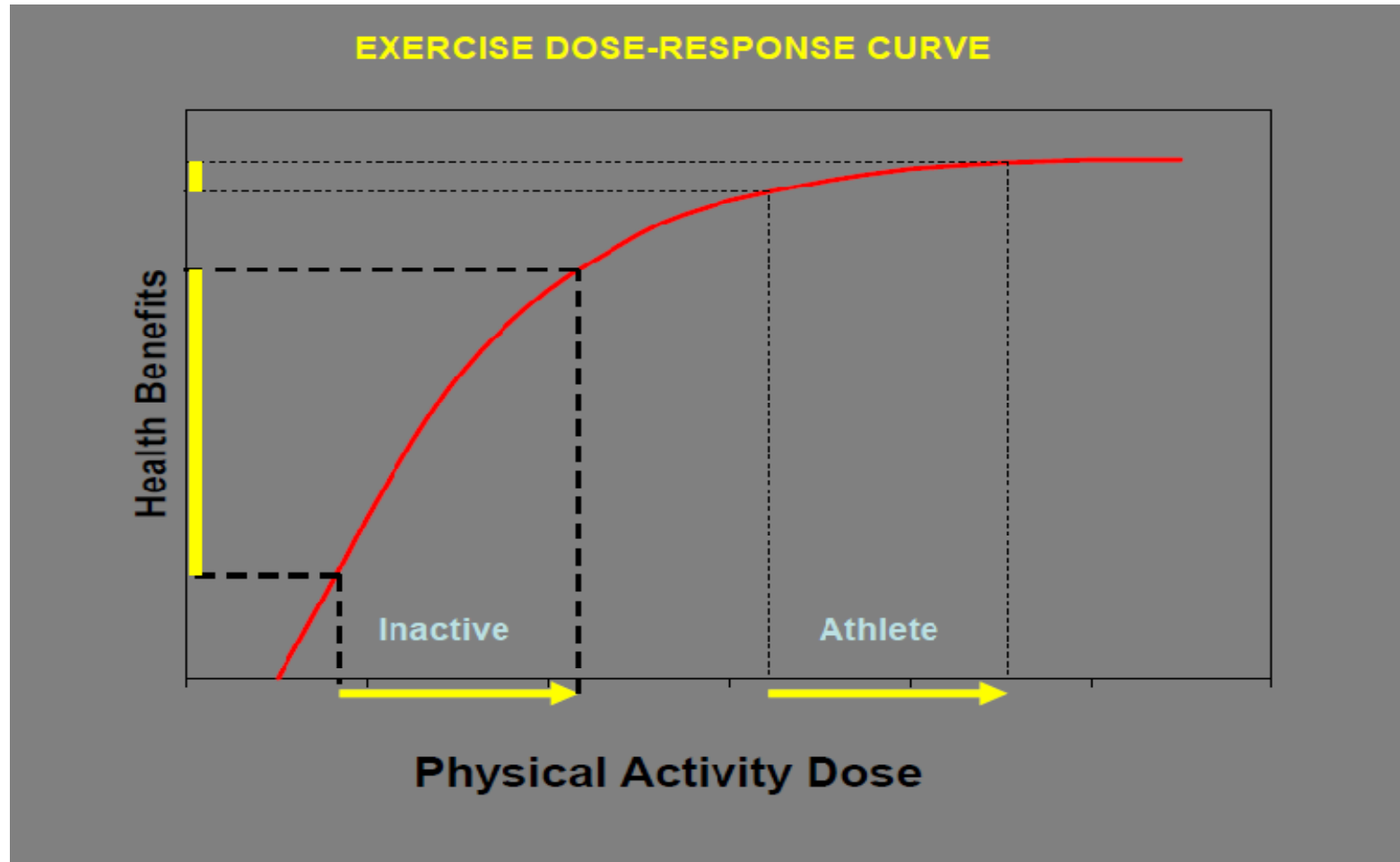
GOVERNMENT OFFICE
FOR THE SOUTH WEST



**Value *for* Money:
An Economic Assessment of Investment in
Walking and Cycling**

Dr Adrian Davis
March 2010
v2

Dose response curve: physical activity



Ill-health costs = damaged economy

- Illness as outcome of physical inactivity conservatively calculated at £1.08bn pa in direct costs to NHS alone (2007 prices).
- Indirect costs estimated as £8.2B per annum (2002 prices) (£1.7bn NHS, £5.4bn work absence **(66%)** and £1bn early mortality)
- Obesity costs: additional £50bn pa by 2050 (2007 prices)

What counts as value for money?

BCR	VfM
Less than 1	Poor
Between 1 and 1.5	Low
Between 1.5 and 2	Medium
Over 2	High

WebTag Guidace, DfT <http://www.dft.gov.uk/webtag/topics/cost.php>
[TAG Unit 3.5.4](#)

Scheme 1: CBA of Links to Schools

- Bootle: series of improvements to existing route close to number of schools.
- Improvements include resurfacing, new construction, road marking, signing and lighting.
- Overall project cost £231,000.
BCR 29.3:1



Scheme 2: CBA of Links to Schools

- Hartlepool: involved construction of toucan crossing close to primary and secondary school, with general infrastructure improvements in immediate vicinity.
- Overall project cost of **BCR 32.5:1**.



VfM conclusions (1)

- Unequivocal economic justification for investments to facilitate cycling and walking *yet undervalued or not even considered*
- Almost all studies report highly significant economic benefits
- 2/3 of BCR derived from health benefits

VfM conclusions (2)

- Greatest benefits from physically inactive becoming active
- BCR mean of 13:1 UK and non-UK schemes
- BCR + speed of delivery (within 2 years compared to 8-12 for major schemes) means active travel interventions highly attractive
- **Evidence alone is insufficient. Need to combine with advocacy.**

Bristol: Lessons learnt

- Leadership from Tier 1 is vital
- Need for specialist with sufficient knowledge/training in both disciplines
- Embedded post enables dialogue with all staff. Regular Tiers 2 & 3 briefings essential
- Public health USPs - leverage in support of transport case for low carbon economy

The future

Return to local government offers chance to:

- embed public health across Councils to improve pop. health
- break through 'silo' mentality
- build trust and effectiveness/synergy
- improve cost effectiveness