



## Wellbeing board

<b>Date</b>	19 January 2018
<b>Report title</b>	Transport and health strategy
<b>Cabinet Member Portfolio Lead</b>	Councillor Roger Lawrence – Transport
<b>Accountable Chief Executive</b>	Laura Shoaf, TfWM, Managing Director Email: <a href="mailto:Laura.Shoaf@tfwm.org.uk">Laura.Shoaf@tfwm.org.uk</a> Tel: 0121 214 7444
<b>Accountable Employee</b>	Duncan Vernon, TfWM, Strategic Health Advisor Email: <a href="mailto:Duncan.Vernon@tfwm.org.uk">Duncan.Vernon@tfwm.org.uk</a> Tel: 0121 214 7230
<b>Report to be considered by</b>	Wellbeing Board and STOG

### Recommendation(s) for action or decision:

#### STOG is recommended to:

1. Agree the actions and text of the Health and Transport Strategy.
2. Endorse that the WMCA uses the principles set out in the actions within decision making processes.
3. Endorse the opportunities identified to take forward the four actions and enhance the positive health and wellbeing impact that transport schemes can have.

#### 1.0 Purpose

To update the wellbeing board on the development of the health and transport strategy and how the actions will be taken forward.

## **2.0 Background**

- 2.1 Following the secondment of Duncan Vernon from Public Health England to TfWM, The Senior Transport Officer's Group (STOG) agreed the proposal to produce a Health and Transport Strategy.
- 2.2 The aim of the strategy was to set out how to best deliver on the health objectives in Movement for Growth.
- 2.3 An outline draft of the strategy was presented to the Wellbeing Board in October 2017 for discussion and comments. This has informed the development and priorities of the strategy. A consultation was conducted with professionals working in public health and transport backgrounds in November 2017 to produce the final draft strategy.
- 2.4 The completed Transport and Health Strategy has been submitted to STOG to approve the actions and text on the 15<sup>th</sup> January.

## **3.0 Actions emerging from the strategy**

- 3.8 The full draft of the Health and Transport strategy is included as Appendix A. It sets out the evidence showing how transport can improve public health through its relationship with air quality, physical activity, traffic injury, noise, climate change and mental health.
- 3.9 The strategy identifies that the health and wellbeing impact of transport schemes can be maximised by considering all of these relationships when planning or delivering schemes, and by addressing the needs of groups who are more likely to be affected by them.
- 3.9 Four main actions were identified to enable this. These are summarised below:
- ACTION ONE: We will use data on population health to help prioritise and target interventions. This can help to make the strategic case for transport schemes that will increase health and wellbeing. In order to do this we will produce health and transport profiles for each local authority in the WMCA using the public health outcomes framework and create an interactive dashboard of health data in smaller areas. We will refer to local authority Joint Strategic Needs Assessments that identify local health priorities.
  - ACTION TWO: Through our Equality Impact Assessment process we will assess the equity of health impacts. We will incorporate questions that identify health inequalities and propose how they can be addressed through transport schemes.
  - ACTION THREE: We will understand the social impact of transport schemes. We will do this by calculating the financial value on improved health and reduced sickness absence to improve the economic case for schemes that improve health. Some schemes might benefit from a health impact assessment and to systematically understand how to increase the health benefits or reduce negative impacts and we will identify opportunities to conduct these,
  - ACTION FOUR: We will set out an evidence based statement of what makes a healthy and active street and trial the approach. The built environment can have a cross-cutting impact on health but often the evidence hasn't been drawn together in a way that will

show that. The West Midlands Cycle Design Guidance also sets out how high-quality standards for cycling can be introduced and equivalent guidance to support healthy outcomes from transport environments will place this in context.

#### **4.0 Action One: Making use on health and wellbeing data in transport scheme development and delivery.**

4.1 Data on population health and wellbeing can be used to help prioritise and target interventions. This is available for local authorities and published in the Public Health Outcomes Framework. The Public Health Outcomes Framework is a set of indicators that align with government priorities and measure health outcomes, or factors closely correlated to health outcomes.

4.2 Data for all of the indicators identified is available at Local Authority level. As the data is collected across England, statistical neighbours can be identified for each local authority and appropriate benchmarking can be carried out.

4.3 To make best use of health and wellbeing data for smaller areas within local authorities. TfWM are developing a health and transport data tool. This will show the health of people around transport corridors in the Movement for Growth 10 year delivery plan.

4.4 This data can be used to plan and help prioritise transport schemes that improve health and wellbeing. Joint working between public health and transport professionals within WMCA and local authorities can use this data to enhance the impact that transport schemes will have on health and wellbeing.

#### **5.0 Action Two: Including health and wellbeing in equality impact assessments of schemes.**

5.1 The strategy has helped to bring together the evidence about the impact of transport schemes on the health and wellbeing of people with protected characteristics, as well as people who live in areas of deprivation.

5.2 The PHE Health Equity Assessment Tool has been used to develop the questions around health that are used within the WMCA Equality Impact Assessment process, so that health and wellbeing is considered as a specific issue.

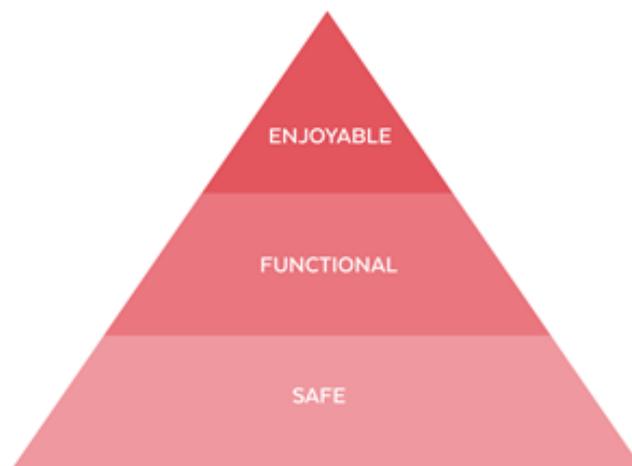
5.3 Sharing of assessments, good practice, and data and evidence about the use of this tool between PHE and WMCA will help to develop this process.

#### **6.0 Action Three: Understanding the social impact of transport schemes.**

6.1 There are several tools that can be used to place a financial value on improvements in health that are approved for use by the Department for Transport in formal business cases. Whilst these have been more commonly used for cycling and walking schemes, the health benefits from walking to public transport can also be estimated.

- i. The World Health Organisation have produced a tool that will estimate the social value on preventing deaths by increasing physical activity.
- ii. Sickness Absence Reduction Tool (SART) estimates the lost productivity from sickness absence that can be avoided.

- 6.2 By using health evidence and working with transport planners in TfWM, methodologies have been developed to apply these tools to proposed walking and cycling schemes, and public transport schemes in the 10 year delivery plan. This has been applied to series of case studies such as proposed train station openings, the SPRINT bus network, and the West Midlands cycle network.
- 6.3 Other tools have been developed that are not approved by the DfT for use in business cases. These include Sport England's MOVES tool that estimate NHS costs saved from increased physical activity, and a forthcoming PHE tool to estimate the health and social care costs saved by reducing exposure to air pollution.
- 6.4 The Sport England MOVES tool was used to calculate the potential NHS cost savings in the West Midlands if every adult cycled once a week. This would meet the cycling charter target to reach 5% of trips by bike. There would be a predicted £1billion NHS saving over 25 years from this amount of cycling.
- 6.5 There is the potential in future to share data and intelligence that allows the calculation of these costs.
- 6.6 The strategy sets out the role that health impact assessments play in understanding the health and wellbeing impact from transport schemes. There is the opportunity for TfWM to | work with public health professionals to conduct health impact assessments. The evidence in the strategy and data tool will support the conduct of future assessments.
- 7.0 **Action Four: Understanding what makes a healthy and active street, and trial the approach**
- 7.1 The design of streets to encourage and support healthy behaviours is one of the ways that transport can have the greatest impact on health. This is because of the large number of people who might benefit from interventions over a long period of time. There is now a large and growing evidence base that sets out what street characteristics encourage walking. This has a wider impact on mental health, as greater amounts of walking for transport improve the sense of community and community cohesion.
- 7.2 A large evidence review on how to increase the walkability of streets was conducted and included as Appendix B. This identifies people's enjoyment of the environment, the functional ability of the street, and the safety and perceived safety as important concepts. More specific characteristics have been identified in the review.
- 7.3 The concept can be trialled by identifying a series of locations where there is the opportunity to increase walking, implementing several of the characteristics, and evaluating the impact that this has on health and travel.



Walking and cycling is a pleasure	The street carries people efficiently and wayfinding is clear	The air is safe to breath and the noise does not interrupt daily life
The design of the street promotes wellbeing	People of all abilities are able to use and cross the street	Traffic speeds are set to not cause fatal injuries in a collision
People living there know each other and there is opportunity to socialise	The street is well connected to places people want to go	The street is designed to protect the most vulnerable from harm

*Characteristics of a healthy and active street identified in the evidence review*

## 8.0 Financial implications

8.1 No financial implications envisaged in relation to this report.

## 9.0 Legal implications

9.1 No legal implications envisaged in relation to this report.

## 10.0 Equalities implications

10.1 One result of the strategy was to embed questions about health into the Equality Impact Assessment process used within the WMCA, and identifying published research that showed how the health of groups with protected characteristics might be effected by transport.