



A REPORT OF A HEALTH IMPACT ASSESSMENT OF THE MAYOR'S DRAFT TRANSPORT STRATEGY BY THE LONDON HEALTH COMMISSION

1. INTRODUCTION

This report presents the results of a two-stage rapid appraisal health impact assessment, by the London Health Commission, of the proposals contained in the Mayor's draft Transport Strategy for London. The health impacts of the draft strategy were considered at a meeting of the London Health Commission transport sub-group on 14 November 2000 and a full meeting of the London Health Commission on 23 November 2000. As a result of these assessments a number of key areas within the strategy were identified which will have significant effects on the health of Londoners. These findings form the basis for the London Health Commission's input to the re-drafting of the public consultation draft of the strategy. Detailed reports of the output of the London Health Commission's assessment of the proposals and the transport sub-group with the papers considered by that group are available.

2. HEALTH IMPACT ASSESSMENT FINDINGS

The London Health Commission was very positive about the potential for health improvement afforded by the proposals outlined in the strategy. Their discussions led to them making suggestions for some modifications to the strategy, which could lead to an enhancement of the positive effects and mitigation of some potentially harmful effects. Many of the strategy proposals will have a positive effect on health inequalities, however in a few areas the proposals could widen the inequality gap, and suggestions to mitigate these effects are included.

2.1 Key themes where the proposals have the potential to improve health

- Promoting other modes of transport – public transport, walking and cycling – and reducing reliance on private cars.
- Linking transport, economic development and spatial development to encourage the development of economically and socially sustainable communities
- Linking proposals for the greatest benefit to health e.g. linking congestion charging with emissions and with low emission zones
- Segregating modes of transport e.g. through road re-allocation.
- Involvement of boroughs in the development and implementation of plans to improve transport
- Development of baseline statistics and targets for transport improvement and health gain

3. HEALTH IMPROVING AREAS IDENTIFIED IN THE STRATEGY

3.1 Promoting other modes of transport.

3.1.1 Increased physical activity through the promotion of cycling and walking

Physical activity reduces the risk of cardiovascular disease, the biggest cause of premature death in the UK, and many other diseases including diabetes and some cancers. In addition walking can lead to improved social networking; greater 'ownership' of the community; a consequent reduction in social exclusion; and a resultant improvement in well being and in mental and physical health.

3.1.2 Sustainability of the positive effects of the strategy proposals. Greater use of public transport and of walking and cycling could bring about a cultural shift especially in the young and their reduced reliance on the car as adults

3.1.3 Reductions in social exclusion and isolation, which can lead to mental illness and reduced quality of life should result from:

- Improved access to public transport, through the use of modern accessible buses, and fare reductions. This will especially benefit the elderly, those with impaired mobility, people on low income and young families.
- Improvements to the waiting environment and plans to make areas safer with better access and lighting. At present a perceived fear of attack prevents many going out and using public transport especially during the hours of darkness. This leads to social isolation especially for the older people, and women.
- Accessibility of streets for all especially those with impaired mobility will help to reduce social isolation. This may be achieved by improving conditions for walking, and for wheelchairs and pushchairs as a result of having more dropped kerbs, improved lighting better signage, and fewer broken paving stones.

3.1.4 Reductions in stress due to more efficient transport and better information through use of indicator boards at bus stops. This effect could be enhanced by the development of information for buses across the whole of London similar to the underground maps and colour coding.

3.2 Linking transport, economic development and spatial development

3.2.1 Improved ability to access all services e.g. retail, health, leisure, education, and employment, as a result of improved public transport services. This will have a number of health benefits through the reduction of current inequalities if carefully targeted. The health benefits include:

- Potentially improved diet with easier access to stores selling affordable healthy food for those currently living in 'food deserts'.
- Ability to access health services both for treatment and preventive care
- Ability to access facilities for physical activity and other leisure activities that benefit physical and mental health

- Education is a very important determinant of health, improved public transport will help adults as well as children to access educational facilities
- Employment is a major determinant of health – accessible, affordable public transport allows those on low incomes to access places of employment, but this is dependent on the linking transport strategy proposals with economic and spatial development.

3.2.2 Redressing the inequalities in society through social and economic regeneration, which enhances equity. Social and economic inequality has been shown to be one of the principal determinants of health or ill health.

3.2.3 Community severance should be addressed by transport improvements that improve access within communities and reduce traffic flow and traffic congestion through communities. The current fragmentation of neighbourhoods, which results from traffic flow patterns, makes it difficult to look after people in their own homes, there is an opportunity to use the transport strategy to rebuild communities

3.3 Linking proposals for the greatest benefit to health

e.g. linking congestion charging with emissions and with low emission zones

3.3.1 The Congestion Charging proposals will benefit health in the following ways:

- Reduced air pollution – reductions in hospital admissions for respiratory and cardiovascular disease, and fewer exacerbations of asthma.
- Reduced noise – with consequent effects on mental health.
- Reduced numbers of collisions – reductions in the number of injuries and fatalities caused by collisions
- Increased physical activity due to an environment that is more attractive to walking and cycling.
- Funds raised by the charges could be used to further improve public transport in London.

3.4 Segregating modes of transport e.g. through road re-allocation

3.4.1 Reductions in deaths and injuries in road traffic accidents, due to traffic reduction and moves to promote cycling through greater availability of specific cycle lanes or paths. Reduction in traffic should seek to lead to smoother traffic flow rather than speeding up traffic.

3.5 Involvement of boroughs

3.5.1 The strategy and the health impact assessment workshops have produced a lot of good ideas, which can be built upon at borough level (see 4.5 below). The role of the boroughs will be crucial to the delivery of the health gain identified.

3.6 Development of baseline statistics and targets for health gain

It was noted that there are no actual targets set for health gain in the strategy. The London Health Commission identified a number of possible targets for

which baseline measurements are available, and which could be monitored to demonstrate the success of the strategy.

4 RECOMMENDATIONS FOR MODIFICATIONS TO INCREASE THE POTENTIAL FOR HEALTH IMPROVEMENT

4.1 Promoting other modes of transport.

4.1.1 Promote and facilitate walking

- Provision of safe routes to school e.g. walking ‘caravans / buses’
- Better use of parks for pedestrians
- Pedestrianisation
- Segregation of cars, cycles and pedestrians
- Address safety concerns of pedestrians

4.1.2 Promote and facilitate cycling

- Improve cycle routes and paths. Improve the design of cycle lanes considering real and perceived safety concerns, with better management of junctions to benefit cyclists.
- Reallocate roads
- Allow dual use by pedestrians and cyclists of pavements that are under-used.
- Encourage the provision of secure cycle parking facilities in all communal places.
- Facilitate cheap insurance for cyclists, and financial incentives to encourage walking and cycling e.g. help with purchase of equipment
- Facilitate the development of second-hand bike exchange schemes and/or bike leasing schemes
- Encourage train companies, which provide commuter services into London from the shires to allow bikes on trains at all times,
- Encourage employers to provide safe cycle parking and showers at work – the GLA and Transport for London can lead by example.
- Provide cycle routes to health and leisure centres, schools and places of employment.

4.1.3 Promote the use of public transport, this should have the effect of reducing social isolation for many especially those with impaired mobility; reducing inequalities by improving access to services, employment and education; and enabling those who have concerns about their security to get out especially at night.

Improvements such as these may be achieved by improving the services and the training of staff as well as by addressing the real and perceived safety concerns of passengers.

- Provide training for transport staff about the needs of older people, and those with impaired mobility, mental illness and learning disability. This training should include all aspects of safety
- Consult with users, including those with impaired mobility, parents of young children and women about the design of public transport vehicles.
- Maintain the current public transport infrastructure to ensure that it works well e.g. repair lifts when they go out of order
- There is a need to encourage maximum use of existing public transport systems, an ambassadorial role for some front line transport staff was suggested

- Improve the planning of bus routes – more direct routes and more orbital routes - and integrate systems to ensure actual travel patterns are addressed. Consult users, including marginalised women and the young, when planning routes in order that routes can be designed around the needs of users.
- Introduce more off-peak public transport services to benefit those working unsocial hours and others needing to travel at these times. Improved safety and frequency of late and very late services will encourage their use and will allow better access to cultural events as well as services and jobs
- Introduce cross ticketing arrangements for buses and between buses and other forms of public transport. This will reduce cost, and benefit all especially those on low income.
- Provide better information on bus services, bus routes are difficult to understand. Improved information e.g. tube type maps for journey planning, with colour or other coding of routes, would encourage their use. The use of bus indicator boards, giving details of expected arrival time of bus, helps to allay anxieties about long waits.
- More visible frontline staff in public transport especially female staff. The presence of conductors on buses can lead to more safety. Consider introducing safety areas on trains at night – in Australia a member of staff is located in front carriage.
 - Improvements and regulation of mini-cabs – often used by women
 - Improved quality and safety at interchanges. The provision of public toilets e.g. at interchanges, which are safe and clean, could encourage greater use of public transport, especially for older people and young children
 - There is a need to explore further the balance between real and perceived risks of walking / cycling etc– information, education and publicity can all help
 - Public transport providers should reimburse delay costs e.g. taxi fares, when bus fails to arrive – this system is operated in Stockholm
 - Outer London must also benefit from public transport improvements, especially orbital routes.

4.1.4 Reducing the use of private cars

- Regulating mini-cabs and/or being able to get black cabs anywhere in London
- There is likely to be a negative health impact resulting from new traffic based river crossings and resultant facilitation of car travel, although this may be outweighed by the benefits of regeneration.
- The strategy promotes the use of motor cycles, which may be used as an alternative to cars, but they can be dangerous. The amount of morbidity and mortality resulting from motorcycle accidents is disproportionate to the amount of use of motorcycles. (Ref. On the Move)

4.2 Linking transport, economic development and spatial development

4.2.1 Reductions in inequalities as a result of economic regeneration.

- It is important to create cohesive regeneration; this needs to link to spatial development and economic development in areas such as land use, and retail and housing developments.
- Ensure that regeneration benefits those in deprived areas of London and does not just bring in more commuters.
- There is a further potential to reduce car usage with economic development as greater numbers of people use internet and phone ordering of goods.

4.2.2 Transport as an integral part of sustainable development of communities.

- An example of good practice is the SALSA (sustainable access to leisure sites and amenities) project in Ealing, which is part funded by the EU Life Environment Programme. The project targets children aged 9 – 14 and aims to influence travel behaviour by implementing locally desired road improvements to create safe routes from densely populated residential areas to local parks, swimming pools, libraries and other leisure facilities. These routes are designed to enable walking and cycling. The project prioritises consultation, research and publicity to encourage use of these routes.
- The emphasis on Inner versus Outer London could give rise to some new inequalities; a change of focus to one, which views London as communities and allows prioritisation in some areas, would help to tackle inequalities.

4.3 Linking proposals for the greatest benefit to health

e.g. linking congestion charging with emissions and with low emission zones

4.3.1 Issues for further consideration - congestion charging.

- For those living just outside the boundary of the charging zone, disbenefits could result from increased traffic, noise and pollution, and need to be mitigated in the design of the scheme.
- There is too great an acceptance that the car will remain a major form of transport in outer London producing a divide between outer and inner London in the strategy. Good orbital public transport routes could overcome too much reliance on the car in outer London
- There will be a disproportionate effect of charges on low-income groups, especially parents with young children and those who are carers. While wanting to keep the exemption categories tightly defined some groups e.g. carers, would need to be considered carefully.
- It was considered that there could be an increase in number of crime hotspots due to improved accessibility resulting from improved traffic flow. A possible solution is the alignment of traffic and crime enforcement.
- By getting people out of their cars there will be an increase in the use of diesel powered public transport – diesel is defined as a carcinogen by the World Health Organisation. Encouraging the use of ‘clean’ fuel by buses and strengthening the regulation of taxis could mitigate this and other diesel engined vehicles. It may be helpful to consider the use of trams and electric powered vehicles in some areas.
- There is a need to understand the car user in order to help them to relinquish their cars e.g. women who use cars to help them balance the demands of job and family.
- It is important to encourage use of low pollution “really clean” clean fuels such as LPG and electricity.

4.4 Segregating modes of transport e.g. through road re-allocation

There was a considerable amount of discussion about the need to segregate cars, cycles and pedestrians to ensure safety and thus encourage people to give up their reliance on their cars. The management of junctions and the lack of safety for cyclists is important, segregation could mitigate this effect

4.5 Involvement of boroughs

4.5.1 Improved safety and reductions in deaths and injuries through road traffic accidents.

- A reduction in traffic speeds especially in residential neighbourhoods will ensure a safer environment and assist in the rebuilding of those neighbourhoods. Local authorities have the power to set reduced speed limits, an overall speed limit of 20 mph was suggested or, at least, 20 mph limits in school zones.
- Improvements in road design, with segregation of motorised and non-motorised traffic and better arrangements for cyclists and pedestrians at junctions, will increase safety and encourage cycling and walking.
- Local authorities can assist in promoting the use of safety equipment e.g. cycle helmets and reflective strips, through schools, leisure centres and other facilities, as well as by directly encouraging their staff and organisations which have contracts with them to use these.
- Improved enforcement of traffic laws, in which traffic offences are viewed as criminal offences could change the culture, which appears to tolerate traffic infringements. Consider using mechanical speed reduction options.
- It is important for the GLA and Transport for London to work with the boroughs to plan for overall traffic reduction and to make orbital travel by car more difficult.
- The development of more community and / or complementary transport, to complement mainstream public transport and provide for special needs, will help to reduce inequalities and social exclusion for these vulnerable groups

4.5.2 Local authorities can play a vital role in delivering health improvement

- There are existing targets for local authorities which relate to transport, e.g. the 40% reduction in road accidents applies to all local authorities
- Local authorities must develop performance indicators, it may be possible to encourage all London local authorities to use certain transport and health related indicators.
- Use public transport to rebuild communities, fragmentation of neighbourhoods makes it difficult to look after people in their own homes. Boroughs will have a very important role in this.

4.6 Development of baseline statistics and targets for health gain

Many suggestions were made about possible transport improvement and health targets for which baseline data already exists or could be readily collected. Some of the areas in which targets could be set are given here. This is not an exhaustive list, and it is hoped that there will be continued dialogue with Transport for London, to draw up some firm targets in the final version and implementation of the strategy.

- Road accident deaths and injuries
- Respiratory hospital admissions
- Cardio-vascular and cerebro-vascular hospital admissions
- Other respiratory illness e.g. using data on prescribing for asthma
- Wrist and thigh fractures in the elderly using buses

Most of the above targets could be measured using available health data. The following targets could be included, but the data may be more difficult to collect.

- Proportion of all journeys to school completed by walking / cycling
- User satisfaction survey for public transport
- Sickness absence from work due to respiratory illness
- Survey of employers to assess provision of cycle parking and showers