

How the transport sector works: a guide for health professionals

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

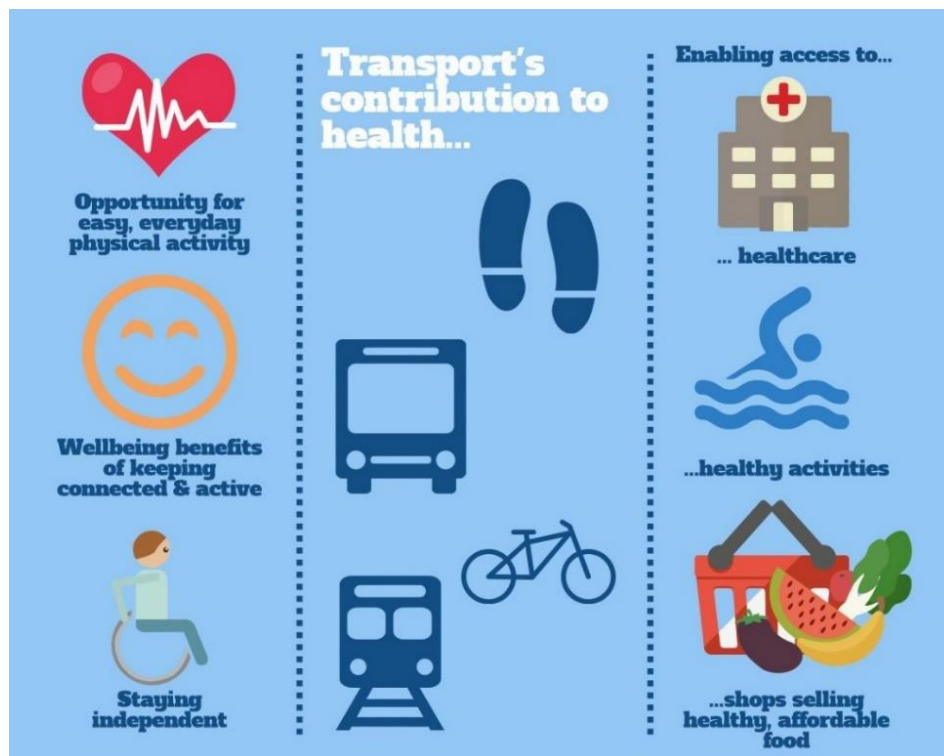
It covers the following questions:

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

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

Why connect with the transport sector?

Transport is among the key factors determining whether or not a person leads a healthy lifestyle, as summarised in the diagram below.



Public transport, cycling and walking are among the cheapest, most accessible and most effective ways of encouraging physical activity. It is something that most people are able to incorporate into their daily routine, meaning they are more likely to keep it up. Evidence suggests that switching to active travel modes for short motor vehicle trips could save £17bn in NHS costs over a 20-year period, with benefits being accrued within two years for some conditions¹.

There are also mental health and wellbeing benefits, and not just from the 'feel good factor' associated with walking and cycling. [Public transport can also contribute to the five ways to wellbeing²](#).

Public transport, walking and cycling play a crucial role in connecting people - particularly those without access to a car - to health care settings, healthy activities, employment, shops selling healthy food and to friends and family. There are examples where introducing the right bus service reduced missed appointments in health settings by 60%³.

Access to public transport and accessible, attractive walking and cycling routes to key services also helps people to retain their independence. Just one door-to-door Ring and Ride bus service, serving 31,000 blind and disabled users, saved the health sector between £13.4m and £58.5m due to reduced need for care; avoiding the use of taxis and NHS transport; and improved access to employment⁴.

¹ Jarrett, J, Woodcock, J, Griffiths U et al (2012) Effects of increasing active travel in urban England and Wales on costs to the NHS.' The Lancet, 379: 2198-2205 cited in Public Health England (2016) Working Together to Promote Active Travel: A briefing for local authorities

² Government office for Science (2008) Five ways to mental wellbeing

³ pteg (2014) Making the connections: The cross-sector benefits of supporting bus services (p.113).

⁴ West Midlands Integrated Transport Authority, Internal Briefing.

In addition to promoting healthy lifestyles and access to key services and social networks, transport choices and policy also influence levels of exposure to harmful emissions and risk of injury.

Working with colleagues in planning and health, the transport sector can shape urban environments around people and their health, using techniques such as the Healthy Streets approach. Embedded in policy in London and rapidly gaining traction elsewhere, Healthy Streets principles and tools can be used by any town or city wishing to place people and their health and wellbeing at the centre of decision-making on transport and urban planning. The ten Indicators of a Healthy Street are shown in the diagram below.



Source: Transport for London

By planning healthy environments; investing in greener, safer vehicles and infrastructure; and by implementing behaviour change activities to encourage healthy lifestyles, the right transport interventions can reduce costs for the health sector, including reduced levels of long-term health conditions and disease.

Engagement with the transport sector should also be key in deciding the location of healthcare settings. Without close joint working and consultation, the opening, closure or merging of healthcare settings could mean that patients (particularly those without a car) are cut off from services or face lengthy journeys to reach them. Involving transport professionals in decision making at the earliest opportunity can ensure access for all and avoid costly 'retrofitting' of transport services.

In addition, the transport sector has much to offer the health sector in terms of expertise in getting people from A to B. Engaging the transport sector in the design, planning, coordination and delivery of non-emergency patient transport (NEPT) could uncover efficiencies, reduce missed appointments and deliver improvements in patient's experiences⁵.

Who does what on transport and who should I contact to discuss collaboration?

To connect with the transport sector, you will need to identify what arrangements are in place in your area for transport governance and then make contact with the relevant body.

The drive towards greater devolution of powers from central to local government means that transport governance arrangements are complex and evolving and will vary depending on geographical location and what has been agreed with national government.

In London, **Transport for London** is the transport authority.

Outside of London, the largest urban areas (Greater Manchester, Liverpool City Region, Sheffield City Region, Tyne and Wear, the West Midlands and West Yorkshire) all have either **Combined Authorities (CA) or Mayoral Combined Authorities**. CAs have also been created in Cambridgeshire and Peterborough, Tees Valley and the West of England. More could follow.

CAs are responsible for transport planning, as well as other policy areas, depending on local arrangements. Among Greater Manchester Combined Authority's powers, for example, is control over long-term health and social care spending, increasing opportunities for joined-up working across sectors.

In many CA areas, there is also a **Passenger Transport Executive**, which acts as a delivery arm for the CA on transport and would usually be the first point of call for collaborative working (for example, Merseytravel is the transport delivery arm of Liverpool City Region CA).

The exact responsibilities of the CA on transport will vary depending on the deal struck with national government. The individual District Councils that form the CA may retain certain transport powers in their own right. Again, this varies, but typically districts are the Highway Authority and are responsible for local roads and pavements. This means, in addition to the CA, individual districts may work on encouraging walking and cycling, tackling poor air quality and improving road safety.

Elsewhere in England, the Local Transport Authority is either the **Unitary Authority or the County Council** for that area. More urban areas tend to have a single 'unitary' authority whilst more rural areas are often two-tier authorities with both a County Council and a District Council. In these areas, the County Council is where responsibility for transport sits.

⁵ See for example Community Transport Association/Urban Transport Group (2017) Total Transport: a better approach to commissioning non-emergency patient transport?

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

Public health professionals can make contact with transport authorities at any time to discuss opportunities to work together. However, the local transport planning process offers a particularly useful intervention point.

All local transport authorities work to a local transport plan (LTP), or, in the case of London boroughs, local implementation plans. The latest round of these started in 2011 and all LTPs have a minimum timescale to 2026 with each being 'refreshed' after three years. These refreshes provide the opportunity to advocate for policies that maximise health benefits.

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

A primary tool transport authorities use to appraise potential transport schemes is WebTAG, a suite of software tools and guidance developed by the Department for Transport. Analysis using WebTAG is a requirement for all interventions needing government approval and is considered best practice for all other transport schemes. It is a publically available tool.

WebTAG enables options generation, development and evaluation of intervention impacts. It is based on the Treasury's Green Book which sets the framework for appraisal and evaluation of policies, programmes and projects across all Government departments and executive agencies (although analytical techniques required will vary by department).

Analysis from WebTAG is used to develop the business case for the intervention, encompassing the strategic, economic, commercial, financial and management aspects. Early options development and appraisal of smaller schemes is recommended to be 'lighter-touch'.

The guidance recommends early engagement with stakeholders (which could include health professionals) in options generation and development.

Increasingly, transport is making use of HEAT (Health Economic Assessment Tool). Developed by the World Health Organisation, the tool 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.

What standard of evidence does the transport sector work to?

The standard of evidence used in the transport sector differs from that used in the health sector. Research suggests⁶ that transport professionals look at precedence – whether something has been done before and 'worked' elsewhere. This is considerably different to the systematic evidence synthesis favoured – or required - by the health sector.

⁶ Dr Adrian Davis (2017) Essential evidence on a page: No.163 Negotiating multi-sectoral evidence on transport and health. <https://travelwest.info/project/ee-163-negotiating-multi-sectoral-evidence-transport-health> accessed 11th June 2018.

The nature of the transport sector means that gathering this level of evidence is often not possible or practical. For example, available land will be a key determinant of where a cycle route is placed as opposed to purely where the route should go to target the largest number of inactive people. The time and money to carry out large scale trials prior to an intervention are usually not available. Transport professionals must therefore use the best available evidence, taking a practical and proportionate approach to what standard of evidence is acceptable.

These differing standards can create tension in joint working and are worth being aware of and discussing at the outset of any collaboration. To work effectively with the transport sector, public health professionals may need to be open to 'evidence-informed' as opposed to purely 'evidence-based' practice.

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

There has been an upward trend in local transport capital grant funding from central government (used for infrastructure projects, such as new bike lanes), in recognition of transport's role in supporting economic growth. However, there has been a sustained decline in resource funding (used for things like providing travel advice and promotion of walking and cycling) driven by cuts to the Ministry of Housing, Communities and Local Government.

However, moves towards local devolution mean Combined Authorities in particular have increasing flexibility on how funding is spent, opening up opportunities for more cross sector working. The fact that CA responsibilities cover a range of policy areas (including both transport and health in some places) add to these opportunities.

What could health and transport work collaboratively on?

There are numerous opportunities where it makes sense for health and transport to collaborate. For public health practitioners, Public Health England⁷ highlight the following opportunities in particular:

- Engage with local transport planning team and contribute to any refreshes of the 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.
- Provide evidence-based summaries and modelling tools, such as HEAT, on key transport issues and/or work with local university departments in providing this function.

⁷ 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.

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 be 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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August 2018