

### Case-study 8.3.4

## Health impact assessment of the local transport plan or health sector involvement in transport planning ? ... work in progress

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### Why should the health sector be involved in transport policy in Luton now?

There are many reasons at both a national and local level for involvement of the health sector in transport planning, as follows.

- Transport has large impacts on health, both positive and negative.
- In the White Paper *Saving Lives: Our Healthier Nation*, it is recommended that health authorities are involved in the development of policies affecting health.
- Access issues affect marginalised groups who often also have the poorest health experience. In the Luton health action zone (HAZ), access for women, the disabled and those suffering economic deprivation has been identified as a priority.
- Air pollution is also a HAZ priority in Luton, which is a densely populated town adjacent to an airport, major manufacturing industry and the M1.
- Local transport plans (LTPs) are being developed throughout the country. These must be submitted by July 2000 and will guide transport policy for five years.
- The guidance to transport planners in the white paper *A New Deal for Transport: better for everyone* (1998) advises that they should consult widely, including with the health sector in developing LTPs.

The main issue, therefore, is not whether this involvement should take place but rather how.

### Nature of involvement

At what level and stage in transport planning and in what capacity should public health involvement occur?

A health impact assessment (HIA) of the Merseyside Integrated Transport Strategy was conducted focussing on the health impacts of high level strategic policies such as a policy “To increase the relative attractiveness of public transport, cycling and walking”<sup>2</sup>. This has the advantage of considering the highest level of policy. Effecting change will then guide other policies at lower levels. However, it becomes difficult to be specific about health effects and certainly very hard to quantify them. Reviewing specific projects allows more detailed conclusions to be drawn, but focuses on a narrower area.

Similarly, in terms of “stag” or timing, HIA before implementation is essential if the HIA is to have an effect. However, it could be argued that much earlier involvement, HIA conducted on policy options during the policy-making process, is better still. The output in terms of a concrete HIA report on a specific policy may be weakened because it will involve estimating the health effects of many partially formed policies rather than more thorough assessment of a few well-formed ones. But HIA at this policy formation phase maximises the potential to include health impacts in decision-making. In addition, a potential weakness of HIA is that it focuses on defined policies and assesses their impact but gives less consideration to what isn’t there, alternative policies that may have been considered in policy formation but not in the final plan. Early involvement increases the likelihood that policy formation will be informed by an understanding of how transport policy can solve health issues. This alters the relationship of the public health input to the planning process. It is now in the form of a partner in planning, rather than an assessor, slightly outside the process, giving an independent view on the health impact.

These questions arise in planning the role of Bedfordshire Health Authority in contributing to the Luton LTP. The health authority has been invited as a partner in the consultation process to form the LTP. This will involve HIA methodology in giving opinions on the various scheme. But should this be within the planning process or in a more external capacity?

### **Mechanism for involvement**

Fleeman who completed a transport HIA in Merseyside (2) emphasised the importance and difficulty of obtaining input from a broad range of interests. A process of extensive public consultation must be undertaken by local authorities in developing all LTPs. Participation in these consultations by ensuring that health impacts are included for consideration should allow access to a broad range of opinion on likely health effects. This will be with very mixed audiences which also have other agendas outside health. The depth of consideration given to health aspects may be limited in these settings.

More in depth work with stakeholder groups would complement participation in meetings organised as part of the general LTP consultation process. The main groups identified to date are:

- the “Access subgroup” of the HAZ. This has formed to work on access issues for several population groups (disabled, elderly, women with children).
- the “Healthy Environment” group of the HAZ, which includes air pollution within its remit.

Many other stakeholders of relevance to health may be able to contribute including:

- the ambulance service (for instance with respect to issues such as response times);
- hospitals/GPs/community Trust (with respect to patient and visitor access to services);
- day centres, schools, community centres, social services, and retailers (with respect to access for their client groups);
- transport employees (bus, taxi, private hire, etc - effects of policies on their work and health);
- Automobile Association (health impact of LTP policies on motorists’ stress etc);
- community representatives (access issues and noise /pollution /community severance, etc., of particular schemes / policies being proposed).

Areas identified as important to health could then be followed with a more in-depth report attempting to quantify the likely impacts of particular policies and schemes and offering recommendations.

### **The local situation: Luton, Dunstable and Houghton Regis LTP**

Luton now merges with Dunstable and Houghton Regis to the west. As the three towns function as a single conurbation, transport planning is combined. This involves the Luton Unitary Authority, Bedfordshire County Council and South Bedfordshire District Council in joint planning. They have already produced shared bids under the old Transport Policies and Programme structure and have now submitted their first joint LTP to the DETR. This will form the basis for their submission in July 2000, but will be modified by feedback from:

- the DETR;
- the local consultation process;
- other factors arising before the next submission.

There is a commitment from all three authorities to develop transport in line with other long-term development plans for the area, including:

- supporting economic development including likely expansion of London Luton Airport and continued extensive manufacturing industry such as Vauxhall Motors,;
- further housing provision to meet existing and future needs;
- maintaining the green-belt surrounding the conurbation;
- enhancing the viability of the town centres.

The problems faced by the area that arise from traffic include:

- pollution;
- traffic levels approaching and exceeding design capacity of the road network;
- low levels of cycling;
- poor pedestrian access to parts of the town centres

In the first LTP, there was a commitment to reducing the numbers of cars on the roads. This is necessary to allow reallocation of road space to bus priority schemes. There are also specific plans to facilitate cycling and pedestrian access. However, there is an assumption that even with improved modal split towards public transport there are some areas where increased road capacity will be needed.

In addition to such an overview, the LTP describes specific schemes that are ongoing and planned. The purpose of each scheme, the proposed timescale, expected effects and cost are included. Information on similar schemes in the past is also included.

In terms of spending, the LTP is dominated by one project known as “Translink”, in which a bus corridor running east west through the conurbation is proposed. This is costed at £50 million over 5 years compared with £35 million for all other projects combined. Translink represents a total investment of 100 times the amount planned for “Provisions for pedestrians”, and 2000 times the amount planned for “Provisions for disabled”. Specific spending in obviously health-related areas is thus comparatively low. However, projects such as Translink may have important health impacts including benefits for these particular groups.

Other proposals with estimated spends of £3 million or more include:

- the development of an “Urban Traffic Management and Control” system to optimise traffic flows;
- Park and Ride development;
- completion of an inner ring road;
- road maintenance;
- street lighting and local safety schemes.

Infrastructure to support cars and buses is thus responsible for most of the expenditure within the plan.

### **HIA framework to be applied**

Frameworks to allow scoping of a policy usually consider each aspect of the policy under headings describing the various ways in which the policy may affect health. These range from determinants of health that arise from a biomedical model of health (that is, physical environment, fixed biological factors, etc.)<sup>3</sup> to those arising out of a social model of health comprising a series of prompt questions (Will there be an impact on: Healthier beginnings for children? Peoples sense of control? etc)<sup>4</sup>. There are completed studies in which the potential health effects of transport policies are described thoroughly (1, 2, 5).

It is proposed that existing completed studies be used as the main resource. In the general consultation phase the LTP should be appraised against a list of known potential health impacts for transport policies rather than conducting a true HIA using one of the more open but less specific grids or series of prompt questions. The list of health impacts to be used is shown in Box McCN1.

**Box McCN1:****Health impacts against which the Luton LTP is to be appraised**

- Access:
  - to healthcare
  - to social support networks/social activities
  - to work, especially for those working anti-social hours
  - to reasonably priced sources of healthy food/wide choice of food
  - to leisure facilities
  - to other health promoting services (social services etc)
  - for groups with special needs
    - mothers with young children
    - women travelling alone
    - those with disabilities
    - the elderly
- Exercise:
  - for adults
  - for children
- Air quality
- Accidents/injuries
- Noise
  - schools (day)
  - domestic (night)
- Community severance
- Safety and perception of safety when travelling
- Stress and other negative aspects of travel (public and private)
- Employment:
  - of local people in transport services at all levels;
  - facilitation of employment for areas with high levels of unemployment (access);
  - quality and safety of employment in transport sector (stress, etc.)
- Ambulance response times
- Other

This approach of starting with relevant health issues based on the work of others and then assessing the role of the LTP in relation to each of them reverses the direction of standard HIA. This may help to detect gaps in the current plan from a health viewpoint more effectively and efficiently than starting with what is present in the plan and assessing the health impact of that. It does limit the scope for finding “new” health impacts not described in the work of others.

For each of the areas of health impact listed above the following process is recommended.

1. Consultation with the community and relevant groups to prioritise and explore its importance
2. Assessment of how the LTP will impact on any areas that are considered as priorities
3. Quantification of the extent of impacts (positive and negative) of the LTP for the most important issues identified during Steps 1 and 2.
4. Recommendations of how health benefits can be maximised

**Step 1** will be a scoping exercise compared against the health impacts listed above.

**Step 2** will be involve considering both overall policies and specific projects within the LTP in terms of their impact on health to allow selection of policies and projects that appear of particular relevance to health which are in the plan or notable by their absence.

**Step 3** will use the rating described by Ardern (6) (Calculable; Estimable; Definite but not measurable; Speculative) as the first stage in quantification.

**Expected outputs**

- Reports on particular issues
- An overall report to the group responsible for the LTP

It may also enable some of those affected in different ways by the LIP to become organised to further their case.

### **Conclusion**

Early involvement in the planning process is best to direct the LTP towards health-promoting policies. This means joint planning before the LTP is written rather than a HIA on the LTP. Starting from the health effects of transport policy and examining the potential impact of the LTP in these areas is a slight modification of standard HIA methodology, which usually starts with the proposed policy.

### **Next steps**

The next steps are to address the areas of health impact listed above. This will be by clarifying the priority of each in this area and then assessing the impact of different policy options on each of these. Appendices can then be added to this document for any area considered in detail.

### **References**

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