

COMMENTS BY THE TRANSPORT AND HEALTH SCIENCE GROUP UK

ON THE DHSC CONSULTATION

ADVANCING OUR HEALTH – PREVENTION IN THE 2020s,

JULY TO OCTOBER 2019

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These comments on the prevention consultation paper come from the Transport & Health Science Group which is one of the two main public health bodies in the transport field, along with our sister organisation the International Professional Association of Transport & Health, of which we are the UK agent and which in turn represents us in North America.

THSG is an international scientific society, originally founded in the UK, now active across Europe and Latin America and with some members in other countries across the world. We have in membership health professionals, transport professionals and community members interested in all the links between transport and health. Our UK Council also manages the Transport Special Interest Group of the Faculty of Public Health.

Given our special interest these comments will focus on the contribution of transport.

1. Question: Which health and social care policies should be reviewed to improve the health of people living in poorer communities or excluded groups?

The policy of centralising health and social care facilities should be reviewed.

It has the potential to adversely affect access to care for those who do not own a car, or those who are unable to use a car.

Although there can be valid reasons for centralisation, attention should always be paid to transport. Health and social care facilities should always be accessible by walking, cycling, public transport and public transport accessible to disabled people. They should also be readily accessible to carers.

There is scope to recast non-emergency patient transport services as a comprehensive system of public transport for those travelling to hospital, or (by interchange) those travelling elsewhere if they need door to door transport or care in transit. This would considerably improve access to health care, would reduce the need for hospital car parking, and would dramatically improve transport for older, frailer or severely disabled people.

4. Question: How can we do more to support mothers to breastfeed?

We support the call for a legal right to breastfeed in all places accessible to the public and in all workplaces. This should include public transport vehicles. “Breastfeeding friendly” signs should be displayed on buses and trains.

5. Question: How can we better support families with children aged 0 to 5 years to eat well?

We should ensure local availability of cheap healthy food. All too often healthy food is expensive in local shops and is only available cheaply in out of town shopping centres which are less accessible to people dependent on public transport. This was the issue which first led to THSG being founded in 1989. It remains an issue.

We should also plant public fruit trees, from which people can pick and eat the fruit. There are many opportunities to do this, but from a transport standpoint it should form part of Living Streets initiatives, street tree schemes (except in heavily-trafficked schemes) and station redevelopments.

Food sold on the transport system should always include healthy options, especially in view of the fact that there is often a captive consumer.

6. Question: How else can we help people reach and stay at a healthier weight?

The promotion of physical activity is an important component of an obesity strategy and the promotion of walking and cycling as transport modes is an important component of a physical activity strategy.

Transport strategy should be focussed on walking and cycling for shorter journeys and on the train/cycle combination for longer journeys.

The Road User Hierarchy which places pedestrians, and cyclists and bus users over car occupants should be adopted.

There should be proper funding of walking and cycling strategies - good practice elsewhere would suggest at least £20 per capita per annum.

The train/cycle combination should be developed and promoted as a distinct transport mode, not just seen as a minor aspect of rail policy. In areas without trains, cycle-carrying buses should fill the gap. Indeed, generally there would be value in having bike racks on buses. Everywhere should be within 5 miles of a station for a train, tram, express bus or demand-responsive-transport service which will carry cycles. There should be cycle vans on all trains – the experience of Cal Train in California has been that this is highly successful.

We support Living Streets initiatives which use the space between houses not just for traffic but also for community use, gardens etc.

To promote Living Streets, and also to make the street system safer for pedestrians and cyclists, we believe that rat running should be prevented. We suggest that, with certain exceptions (such as buses, invalid carriages, cycles which are being pedalled with electric or motor assistance,

maintenance vehicles and vehicles controlled by a pedestrian) all motor vehicle rights on all highways except classified roads or designated throughways, should be extinguished except for access.

Walking and cycling would be made safer if there were a 20mph speed limit on all roads or streets which do not have a pedestrian-friendly cycle-friendly design. As a first step this should be the default urban speed limit.

Considerably more attention needs to be paid to the role of roads in community severance and to the need for proper facilities for pedestrians. For example, most pedestrian crossings end the pedestrian phase before older people have had time to cross.

To ensure that road danger does not discourage walking and cycling, and that drivers are forced to consider pedestrians and cyclists, we should introduce a civil compensation system based on presumed liability. This would ensure all old and young pedestrians and cyclists were compensated for any injuries they incurred whilst walking or cycling. In last year's Cycling and Walking Investment Strategy consultation response, the DfT and MoJ said they were to undertake a scoping study on the benefits of presumed liability.

[7. Question: Have you got examples or ideas that would help people to do more strength and balance exercises?](#)

Publicise strength exercises that people can carry out whilst seated on public transport.

[9. Question: There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?](#)

We should recognise the cause of traffic as a cause of stress. Road congestion will never be eliminated by building more road capacity as this simply facilitates relocation which attracts more traffic until traffic levels rise back again to the levels they were previously. Traffic planning methodologies were developed on the assumption of a free-flowing system with bottlenecks but are inappropriate to a saturated system with unmeetable suppressed demand for relocation.

A better work/ life balance would be achieved by a shorter working week and this is also of value for transport if it reduces the number of days on which people travel to their workplace.

Working at home can also reduce travel and make work easier to integrate with other aspects of life. However working at home can be lonely and we have suggested the development of neighbourhood work stations to provide companionship and better facilities.

Physical activity improves mental health so policies that promote physical activity, including active travel are important to mental health.

Childcare requirements can add to stress for the primary carers, who are still disproportionately female. There is a transport implication here because of trip-chaining, in which people make a succession of short trips, like dropping children off on the way to work and then calling in to shop on

the way home. Public transport systems focused on radial travel on major corridors, with infrequent services elsewhere, do not cater for this.

Social networks are of central importance to mental health, and also to physical health. There should be a coordinated strategy of promoting social networks. This would include a wide range of measures, from workplace measures to funding of community groups and leisure facilities to community development to planning policies relating to neighbourhoods. The contributions of transport to this strategy are also important as follows:-

- There is now clear evidence that traffic in streets diminishes the strength of social networks in that street. This is an argument for Living Streets
- Communal use of Living Streets promotes social interaction, especially if communal meeting areas are built into the street design.
- Street trees contribute to having more trees in the environment which is important for clean air, climate change and raising the human spirit.
- There is more casual social interaction walking than there is on car journeys
- Transport to and from events and meetings is an essential component of social networking. Lack of transport aggravates loneliness.

[10. Question: Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?](#)

Better broadband connectivity is an important element of reducing the need for business travel, including international business travel and aviation. It can also contribute to other forms of social connection.

Computerised personal transit systems could assist in making transport systems easier to operate on a 24/7 basis and on supporting trip-chaining.

[11. Question: We recognise that sleep deprivation \(not getting enough sleep\) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?](#)

Reduced traffic noise. Better work/life balance.

[14. Question: What would you like to see included in a call for evidence on musculoskeletal \(MSK\) health?](#)

Consideration of the ergonomic impact on women of car designs that are designed for male body size.

[15. Question: What could the government do to help people live more healthily: in homes and neighbourhoods, when going somewhere, in workplaces, in communities?](#)

Clean air should be a priority.

There is a need for more trees, bushes, hedges and other vegetation (such as green walls) alongside roads to absorb emissions and to raise the human spirit. There is evidence that this increases the effectiveness of physical activity.

Road safety programmes should be based on road danger reduction which includes tackling danger at source and promoting walking and cycling.

We have already mentioned the promotion of social networks and the development of healthy neighbourhoods. These should be absolutely central features of a healthy living strategy and transport has the contribution that we have already referred to.

16. Question: What is your priority for making England the best country in the world to grow old in, alongside the work of PHE and national partner organisations?

We should promote higher expectations of the quality of life in old age so that people do not think they have to accept inadequate provisions.

We should develop Age Friendly and Dementia Friendly cities.

We should publicise the fact that physical activity is the only known effective treatment for frailty – at the moment there is a tragically widespread belief in the incorrect reverse idea that frailty is a reason for not being active.

Transport is important for older people and not only should the bus pass be retained but it should be extended to trams and local trains, there should actually be buses, trams and trains to use it on, and there should be reciprocity between the English, Welsh, Scottish and Northern Irish schemes.

Falls prevention is an important element and there are transport implications for this. Snow clearance and gritting should cover pavements as well as roads. At pedestrian crossings and road crossings, only part of the width should be bobbed for visually-impaired people – there needs to be an unbobbed part for those with balance problems. There is a risk of falling if older people have to rush to clear a pedestrian crossing which has too short a pedestrian component.

17. Question: How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda?

Health impact assessment of all plans for the use of existing assets, including transport assets, would be important.

There should be adequate funding to retain assets which are valuable for health, instead of them being casualties of austerity programmes.

18. Question: What more can we do to help local authorities and NHS bodies work well together?

Fund local authorities adequately. Many of them would love to pursue effective public health strategies, including the healthy transport and social network policies that we have advocated herein, but are unable to do so because of lack of money. It is not just public health grant and social care but also money for youth services, environmental policies, age-friendliness, and community organisations.

From a transport standpoint, they should both realise they have common objectives of getting people out of their cars and onto their feet and bikes. There are many instances where NHS Trusts

have been uncooperative with local authority transport strategies, for example prioritising management of car parking or security over pedestrian access or pedestrian routes across their site.

20. Question: What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Healthy transport policy. Healthy development control policy. Health impact assessment of all policies (including impact on mobility and active travel). Health as an additional objective in alcohol licensing (this has transport implications in terms of drink-driving). We also need healthy justice policy with the police prioritising reducing harm posed to those more vulnerable.