



The Workshop Programme

- Introduction and Background (5 minutes)
- Presentation on levels of decision making for transport and health by Dr Colin Thunhurst (15 minutes)
- Discussion
- Follow up on transport and health issues raised in the Plenary Session if appropriate by Dr Stephen Watkins (as long as necessary)
- General discussion
- Summing up and conclusions



Background



Learning from Differences at UKPHA Forum 2005

A Workshop held at the Gateshead Forum to test interest in establishing a Special Interest Group on Learning from Differences

Devolution Special Interest Group (SIG) 2005-07

Established with representatives from the four countries of the Union plus the Republic of Ireland. Produced two reports – one a general comparison and the other focused on Food, Nutrition and Obesity

Devolution Strategic Interest Group (StIG) 2007-

Importance of work recognised by upgrading status to a Strategic Interest Group

Transport and Health Report

Mission Statement

The Mission of the Devolution Strategic Interest Group is to promote the dissemination of information about the developing public health policy, practice and structures in the four home countries and the Republic of Ireland with a view to determining the utility of different approaches through comparative analysis



LEARNING FROM DIFFERENCES BETWEEN THE FOUR COUNTRIES OF THE UNITED
KINGDOM AND THE REPUBLIC OF IRELAND

Transport and Health



The Third Report of the UKPHA Devolution Strategic Interest
Group

available at www.ukpha.org.uk

Differentiated Impact of Transport Policy

- Transport related ill-health has regularly exhibited the most marked social class differences
 - Childhood deaths in RTAs to non-occupants of the vehicle(s) involved
- “The decline in child death rates from injury in road traffic accidents over time has been less for children in the manual social classes than for children in the non-manual social classes, and as a consequence, the socio-economic mortality differentials have increased”.



Transport spending in Wales

- Since devolution in 1999, despite a limited national budget from Westminster, unlike in Scotland, successive Welsh Assembly Governments have allocated most of the national transport budget, and transport grants to unitary authorities, to private car use and roads, and more recently to an air link between Cardiff and north Wales.



The Transport and Health Policy Frameworks

- Transport White Paper and National Transport Strategy
- Scottish Sustainable Development Strategy
- Access and Land Reform (Scotland) Act
- 'Let's Make Scotland More Active', Scottish Strategy for Physical Activity

'Being able to travel – to see people, to get to work, to explore our world – is vital to our sense of well-being. More sustainable travel choices such as cycling and walking bring major public health as well as environmental benefits. Good transport links help places to function and communities to thrive.' – Scottish Sustainability Development Strategy, 2005.

Road Safety Authority: June 2007

- ***Figures released 5th June 2007 by the Road Safety Authority (RSA) indicate that the number of people being killed on Irish roads has dropped by almost a quarter (23%) since the introduction of Mandatory Alcohol Testing on 21st of July 2006.***
- ***In the first last eleven months of mandatory alcohol testing there have been 274 road traffic accidents deaths - previous eleven months-354 deaths***
- ***over 600 people have avoided being maimed in the same period***



The New Devolution Arrangements

- Programme for Government
 - Transport priorities
- Review of Public Administration
 - Links with voluntary and community sectors
- Proposed new Public Health Structures
 - Ongoing uncertainties



Overview

- Health Impact Assessment
- Healthy/Active Travel
- Road Traffic Accidents (drink driving)]
- Integrated Transport Policy
- Inequalities in Health
- Reducing Carbon Emissions
- Joined up thinking and policies





Contents lists available at ScienceDirect

Public Health

journal homepage: www.elsevierhealth.com/journals/pubh



e-Supplement

Transport and health – a five-country perspective[☆]

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^dDublin North East Region

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Conclusions

It would seem that although **there is prevalent rhetoric** about the links between transport and health in all five jurisdictions based on a growing body of evidence, **positive action is less evident**. A truly integrated sustainable transport strategy promoting active travel and decreased car use is the holy grail, but it is not within sight in any of the five nations.

There is a view that the **South Yorkshire transport initiative in the 1970s had a significant impact in reducing health inequalities** resulting from road traffic accidents to children and from poor access to health care and health-related facilities. A prospective **health impact and health inequalities impact assessment**, had this technology been available at that time, would, it is believed, have demonstrated this in a way that would have been highly influential on subsequent transport policy. The use of this technology to assess transport policy, including the current innovations of the London Regional Assembly Government, is fundamentally important to promoting the transport and health agenda.

In the UK, the **Westminster Government retains control of the carbon emission aspects of the sustainable development climate change portfolio**, which serves to undermine the role of the devolved governments in developing their own transport policies.

Road deaths and injuries are clearly major issues. **Action to curb the toll from drink driving** is necessary in all jurisdictions, and should include mandatory alcohol testing and reducing the drink drive limit to 50 mg/100 ml.

The message that is clear from this overview of all five jurisdictions is that the links between transport and health do not seem to have provoked the cross-departmental thinking and action at either central government level or local governmental level that is the necessary precursor to effective action.

Who's Got the Power?

Colin Thunhurst PhD

Coventry University

UKPHA Devolution Sub-group



S Yorks Cheap Fares Policy

- “The most effective public health policy since the clean air acts”
- A cheap efficient public transport system ensures:
 - Access to affordable nutrition
 - Reduced road traffic accidents
 - An environment which promoted more walking and cycling
- But, this went largely unrecognised at the time



Since then, responsibilities have become confused

- Swindon bans speed cameras
 - Argued that “the money would be spent on road safety projects that save lives”
 - However, lacked the power as speed cameras were funded by a consortium
- Manchester TIF rejected at referendum
 - Health not a significant plank in the case
 - despite late intervention from FoE, Greenpeace, Campaign for Better Transport, Asthma UK



Requirements for an Upstream Public Health Policy

- Inter-connectedness of different policy domains and their impact on health outcomes is understood
 - The importance of HIA
 - How the Foresight Report shifted understanding of the determinants of obesity
- There is the will and the powers to intervene in critical policy domains/sectors
- Public Health is organised to maximise its powers of intervention/influence



Who *does* have the power to instigate health promoting transport measures

- Who has the power to:
 - make neighbourhoods pedestrian and cyclist permeable
 - redesign residential areas to give precedence to pedestrians
 - restrict vehicle access to specified areas
 - ensure adequate provision of recreational space
 - use local revenues to subsidise public transport
 - regulate public transport for safety standards
 - control routing of public transport to underserved areas
 - ensure compliance with existing emission standards
 - introduce legislation on seat belts/crash helmets/child restraints
 - ensure compliance with existing legislation on seat belts etc.
 - ensure that carbon emission standards are met
 - conduct a health impact assessment of transport plans
 - reject/amend planning proposals for their health impact



How does it vary across the respective jurisdictions of the British Isles?

Who has the power to:	Jurisdiction						
	EU	RoI	UK	NI	Scot	Wales	English Regions
make neighbourhoods pedestrian and cyclist permeable							
redesign residential areas to give precedence to pedestrians							
restrict vehicle access to specified areas							
ensure adequate provision of recreational space							
use local revenues to subsidise public transport							
regulate public transport for safety standards							
control routing of public transport to underserved areas							
ensure compliance with existing emission standards							
introduce legislation on seat belts/crash helmets/child restraints							
ensure compliance with existing legislation on seat belts etc.							
ensure that carbon emission standards are met							
conduct a health impact assessment of transport plans							
reject/amend planning proposals for their health impact							

Republic of Ireland

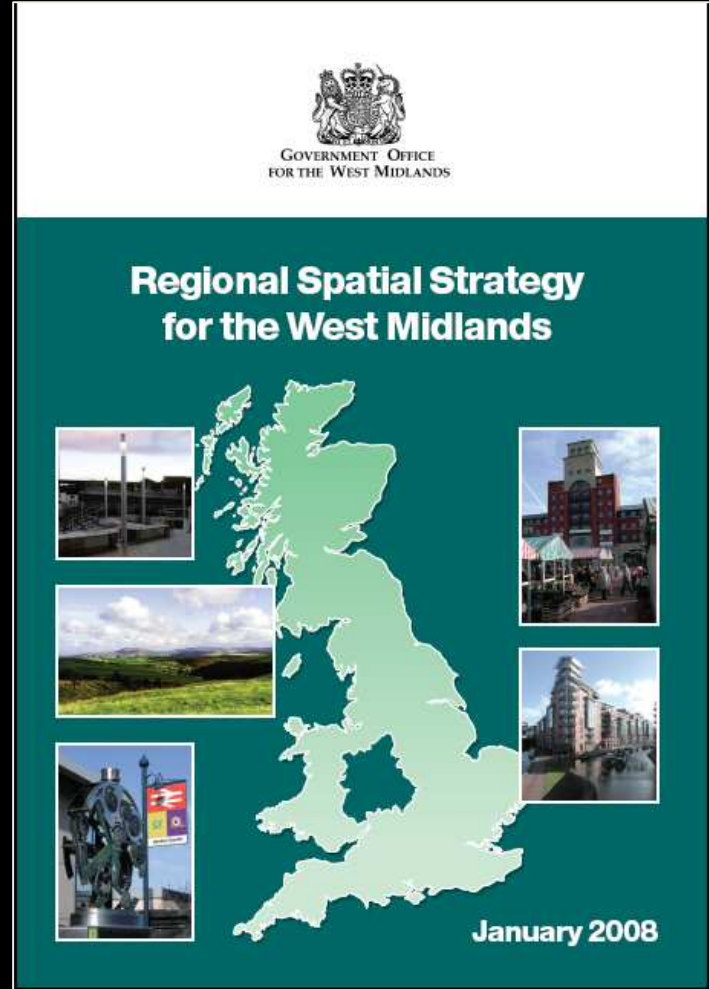
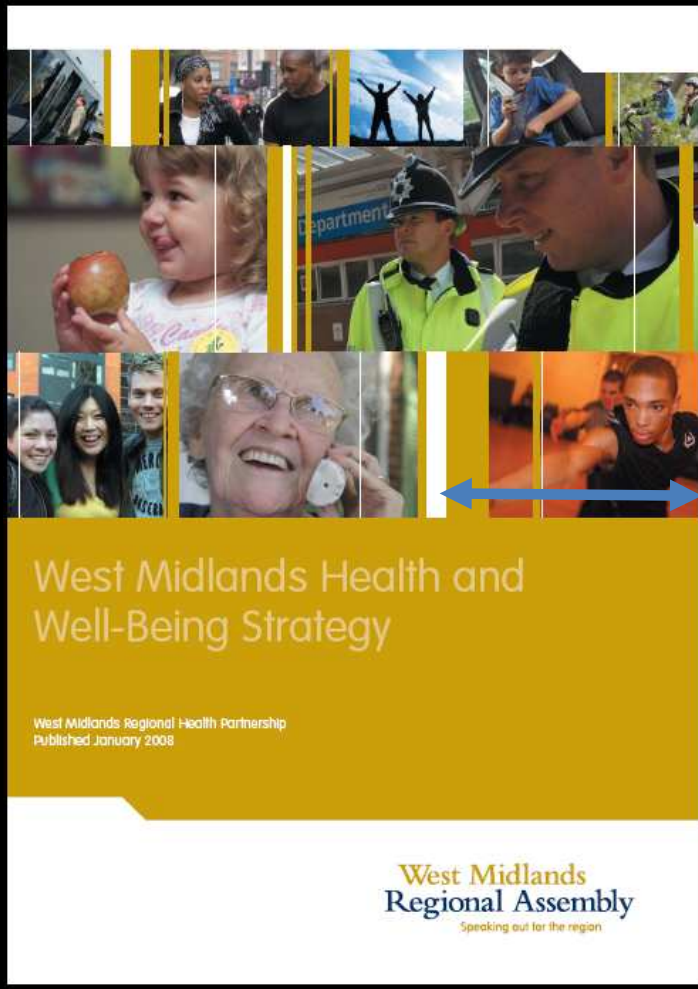
Who has the power to:	Jurisdiction
	RoI
make neighbourhoods pedestrian and cyclist permeable	Local Authorities Dept of Environment
redesign residential areas to give precedence to pedestrians	Planning Dept – Local Authorities Dept of Environment
restrict vehicle access to specified areas	Local Authorities Dept of Environment
ensure adequate provision of recreational space	Planning Dept – Local Authorities Dept. of Environment
use local revenues to subsidise public transport	N/A
regulate public transport for safety standards	Dept of Transport
control routing of public transport to underserved areas	Joint Working Groups including Bus Eireann/Bus Companies, Gardai, Local Authorities, R.S.A. etc. Dept of Transport
ensure compliance with existing emission standards	Dept of Environment
introduce legislation on seat belts/crash helmets/child restraints	Road Safety Authority Dept of Transport
ensure compliance with existing legislation on seat belts etc.	An Garda Siochana Dept of Justice
ensure that carbon emission standards are met	Dept of Environment
conduct a health impact assessment of transport plans	
reject/amend planning proposals for their health impact	

English Regions

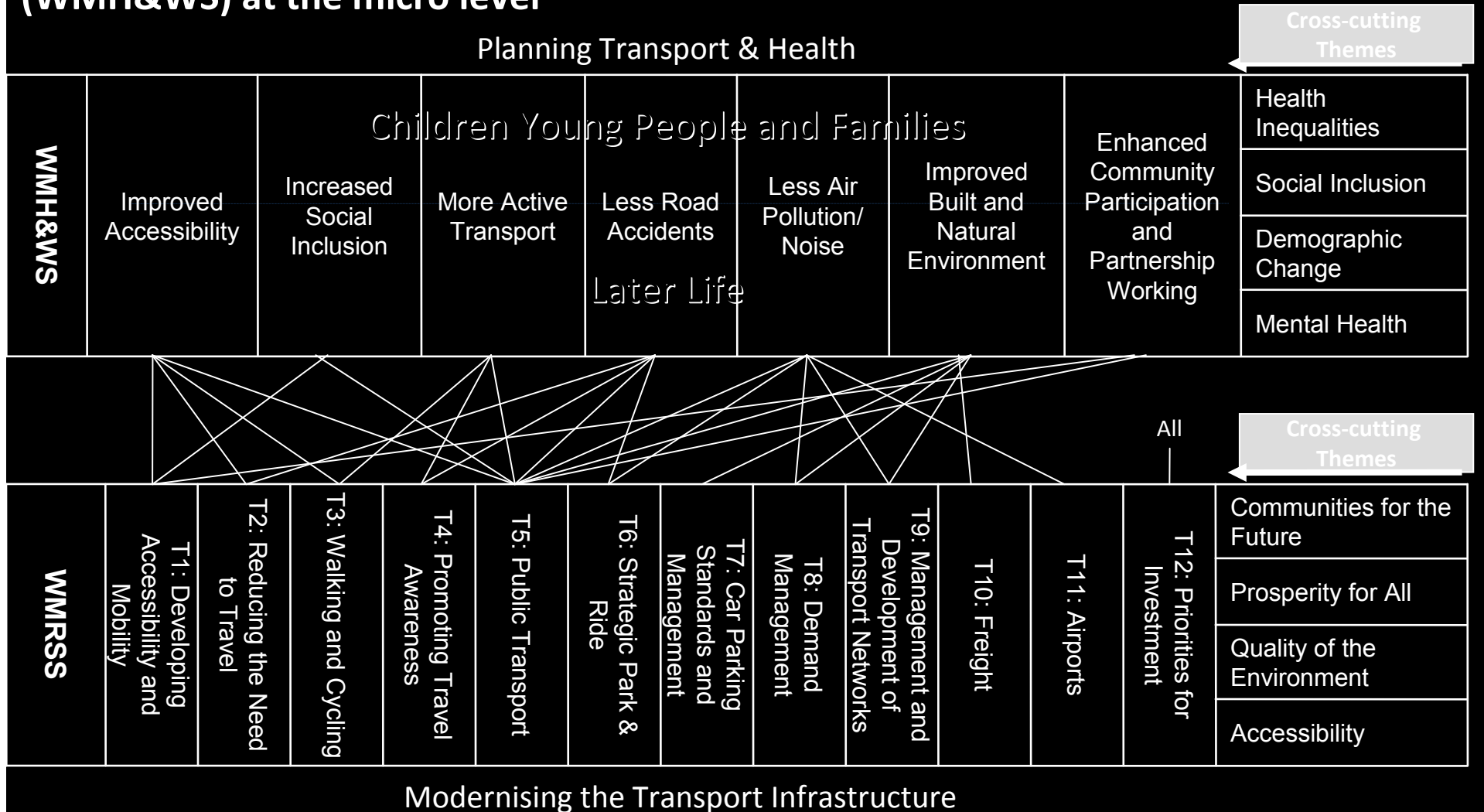
Entry in italics represents limited powers only

	Jurisdiction
Who has the power to:	West Midlands Region
make neighbourhoods pedestrian and cyclist permeable	<i>WMRA</i>
redesign residential areas to give precedence to pedestrians	<i>WMRA</i>
restrict vehicle access to specified areas	<i>WMRA</i>
ensure adequate provision of recreational space	<i>WMRA</i>
use local revenues to subsidise public transport	X
regulate public transport for safety standards	X
control routing of public transport to underserved areas	X
ensure compliance with existing emission standards	X
introduce legislation on seat belts/crash helmets/child restraints	X
ensure compliance with existing legislation on seat belts etc.	X
ensure that carbon emission standards are met	X
conduct a health impact assessment of transport plans	<i>WMRA</i>
reject/amend planning proposals for their health impact	<i>WMRA</i>

Mapping and Aligning Policies at the Respective Levels



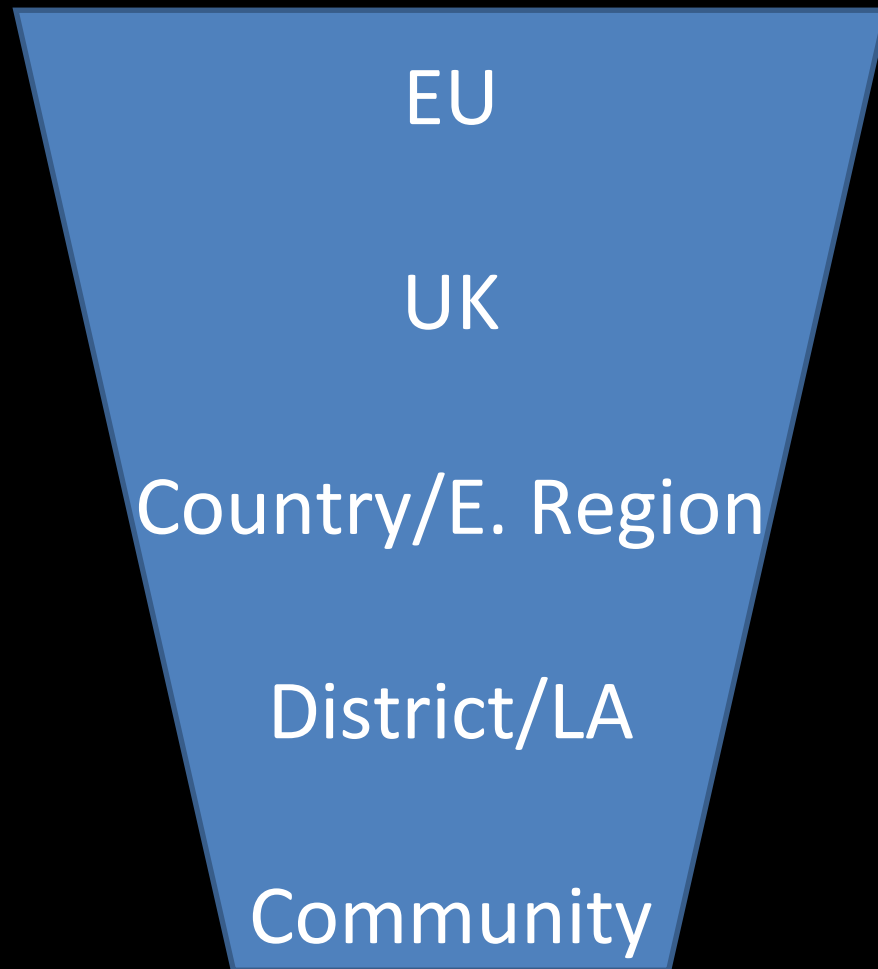
Mapping the Objectives of the *West Midlands Regional Spatial Strategy (WMRSS)* and the *West Midlands Health & Well-being Strategy (WMH&WS)* at the micro level



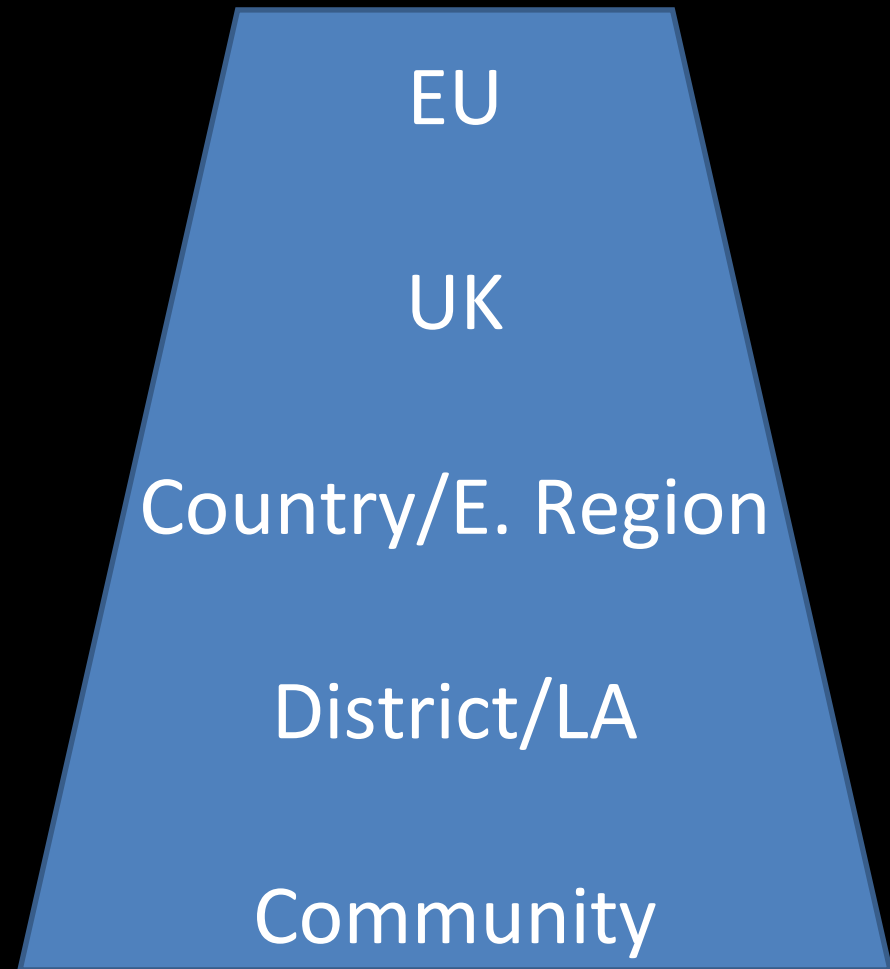
Key: + indicates WMRSS supports objectives of WMH&WS
 - indicates WMRSS conflicts with objectives of WMH&WS
 +/- indicates WMRSS may either support or conflict with objectives of WMH&WS

Organising Public Health in Alignment with Decision-Making

Decision-Making



Public Health



Embedding PH within decision-making structures

- Devolution is probably the one irreversible achievement of 10 years of New Labour
- Devolution provides a valuable 'natural experiment' in the alignment of Public Health and other (health impacting) d-making powers
- Public Health requires intervention across all levels of the Rainbow/layers of the Onion
- Notwithstanding devolution, the centralisation of powers has increased in the UK since the 1980s
- Poses a conundrum for Public Health
- Decentralisation is a Public Health Issue



Jurisdiction	Wales	England	Scotland	Northern Ireland	Republic of Ireland	THE IDEAL
Function						
Health Promotion	Local	Local				<i>Local</i>
Health Protection	Centralised	Regionalised				<i>Regionalised</i>
Health Intelligence	Centralised	Regionalised				<i>Regionalised</i>
Observatory function		Regionalised				<i>Centralised/ regionalised</i>
Health and healthcare planning	Centralised	Local				<i>Local</i>
Health and healthcare policy development	Centralised	Local and Regional				<i>Regionalised</i>
Research and Development						<i>Networked</i>
Links with local government	Weak	Strong				<i>Local and Strong</i>
Director of Public Health role	Attenuated	Strong – joint appt with local government				<i>Strong and based in local government</i>