

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

Transport and Health



The UKPHA Devolution Strategic Interest Group

Background

Celtic Nations Collaboration 2002-05

An annual meeting of delegates from the Celtic Nations at the UKPHA Annual Public Health Forum

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

Nuffield Round Table on Learning from Differences – June 2008

The Next Step?

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



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”.

Modelling Complex Causal Relationships

- The causal relationships linking transport policy to health outcomes are complex
 - Cross European HEARTS Project
 - Scottish Government study
- A conventional single linkage study will fail to capture the interactions in policy areas and policy benefits
- Causal models relate multiple causes to single impacts
- Can fail to capture the multiplicity of impact

South Yorkshire Cheap Fares Policy

- Mono-causal analysis (impact on RTAs) has proved inconclusive
- However, the major health promoting factor was, almost certainly, improved access (and an environment that was conducive to higher rates of cycling, walking, etc)
- Improved access directly reduced social isolation, but it also provided an increased availability of cheap nutritious foods

Retrospective Health Impact Assessment

- Undertaking a retrospective health impact is difficult because of the lack of historical data
- Would require a putative (hypothesised) causal model that can handle qualitative data (obtained, inter alia, from key informants)
- Bayesian networks have been used to make inferences in causal maps develop using approaches such as cognitive mapping

The Case for Devolution within England

- Local sensitivity is critical – both in terms of developing and analysing causal models and in terms of developing a local policy response
- Not just the elevated nature of ‘the problem’ but the more localised nature of the decision-making process that has given transport a higher political profile in London
- Devolution *within* England should provide a central plank in a model of governance – not an ‘optional extra’



Republic of Ireland

- *Submission draws from a number of reports, research findings, and strategic papers and aims to present an encompassing panoramic view of the scale of complexity that this problem represents in the Republic of Ireland.*

Irish Times August 8th 2007: main points

- ***Road Collision Facts 2005***
- ***RSA figures show that cost of crash deaths and injuries in 2005 was E1.44 billion***
- ***396 fatalities, with 9318 persons injured, -the period with the highest number of fatal crashes was in the early hours of the morning, particularly at weekends***

H S E: Alcohol in Fatal Road Crashes in Ireland in 2003

- ***21% of fatal road crashes that happen between 6AM and 12 noon are alcohol related.***
- ***since the introduction of Mandatory Alcohol Testing on 21st July 2006 a total of 58 deaths and over 460 injuries have been prevented - a 28% drop in road deaths***
- ***report confirms that the morning after is a real danger zone for drink driving related death and injury on Irish roads.***

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***

Protecting our Health (2004)

- ***Report of the Director of Public Health of the Eastern Regional Health Authority-Main Points***
- ***Ireland has the sixth best rate out of 15 EU member states in relation to road deaths per 100,000 of population***
- ***Irish Independent February 6th 2008: Bad drivers leaving annual crash clean-up bill of E1.33bn***
- ***Ireland now lies in 12th place out of 25 EU countries for road deaths.***
- ***Almost one third of all deaths occurred in single vehicle crashes, mostly involving young male drivers.***



Restored Devolution and Visibility of Transport in Public Health Policy in Northern Ireland

Dr Paul Fleming
Associate Dean,
Life and Health Sciences,
University of Ulster

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

Transport and the Public Health Agenda

- Investing for Health
- Other public bodies
- The voluntary and community sectors
- Exemplars of public health practice

The Future

- How many assessments are sustainable?
 - Health impact
 - Equality
 - Environmental
 - Transport
- Do we need to rationalise the Impact Assessment culture?
- How does transport fit into wider public health planning agendas?



“41% of all trips are less than two miles - a distance easily cycled in less than 15 minutes”

Country: Wales

**Authors: Eddie Coyle, Dyfed Wyn Huws,
Stephen Monaghan**

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.

Legal and civil service transport framework

- Despite the unique legal duty to consider sustainable development, not done by Welsh Assembly Governments, particularly in terms of transport and in terms of health. To date this lack has not been legally challenged by any individual or body.
- The structure of the transport civil service in Wales continues to reflect the provider roles of managing motorways and trunk roads, rather than serious national strategic transport policy making. This is reflected in some local authorities.

Better transport. Better health. Better Wales

- Considerable scope for improvement in transport and health.
- New primary law making powers and new coalition government.
- Laws and duties need to be used to ensure sustainable development and health and wellbeing impact considered in all Welsh Assembly Government policies and plans
- Entirely possible to spend most of the existing transport budget in Wales on integrated walking, cycling and local and national bus, coach and rail systems.

Possible local action

- Need to ensure sustainable development and health and wellbeing impact considered in all local authority and local partnership plans – especially transport, planning, and economic development and budget allocation
- Possible context for local inter-sectoral action on health, well-being and sustainability is WHO Healthy Cities in Wales
- Need to increase local public health autonomy and capacity
- Need to increase local capacity for sustainable spatial and transport planning



Active Travel and Health in Scotland

An Overview of Policy and Practice

Petra Staats
Programme Manager
Active Travel
Sustrans Scotland

The Active Travel 'Climate'

- 70% of all trips are made by car
- ~ 50% of car trips are less than 3 miles
- 40% of all trips < 2 miles are made by car
- 25% of all trips < 1 mile are made by car
- < 2% of pupils cycle to school
- 1 in 5 trips is work related; we travel more for other purposes
 - 25% of adult Scots are obese
 - We are 2nd!

The Growing Evidence

‘The top five policy responses assessed as having the greatest average impact on levels of obesity across the scenarios [include]:... increasing walkability/cyclability of the built environment.’ – Foresight: Tackling Obesities: Future Choices, Government Office for Science, 2007.

‘Promoting and creating built or natural environments that encourage and support physical activity’ – National Institute for Health and Clinical Excellence (NICE), ‘Physical Activity and the Environment’, 2008.

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.

Devolution – Benefits and Challenges

- Better Access to Government
- Fundamental Shift in National and Local Government Relationship
- New Concordat, Funding and Single-Outcome Agreements
- The Climate Change and Economic Development Debacle
- Who Needs to Lead?
- Some things remain to be seen.

Overview

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

But what about social capital and obesity?