



# Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## Faculty of Public Health Transport Special Interest Group response to MTS consultation

### About the UK Faculty of Public Health

The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. The FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With close to 4,000 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

### Introduction

The FPH has long recommended that transport authorities should recognise the health impacts of motorised transport and their central role in improving the health of the populations they serve: "The underpinning principle of a public health approach to tackling the complex health issues relating to transport should be a **major shift away from cars** in favour of active travel: walking, cycling and public transport."<sup>i</sup>

Motorised transport has the following main impacts on health in London, as detailed in the TfL report *Improving the health of Londoners: transport action plan*:<sup>ii</sup>

- Deterring people from travelling on foot or cycling
- Road traffic injuries and deaths
- Noise
- Severance
- Air pollution
- Climate change

The transport system, as currently organised is a major contributor to inequalities of health, access to services and access to employment and educational opportunities.

### Response

- 1. The FPH welcomes the commitment to put human health at the centre of the Mayor's Transport Strategy (MTS).** A transport strategy must ultimately aim to improve the lives of the people served by its transport network. For too long the transport sector has focussed on maximising the efficient movement of an ever-growing fleet of privately owned vehicles, rather than the movement of people and streets as

places for people without recognising the impacts that car-based transport and planning have on health. It is extremely welcome that the MTS commits the Mayor to making London a “fairer, greener, healthier” city by putting people and their health at the heart of his Transport Strategy.

- 2. The FPH welcomes Healthy Streets as the overarching framework for the MTS. The Healthy Streets Approach takes the public health evidence base of what is required to reduce health harms and maximise health benefits and wellbeing and translates it into a set of outcomes to deliver a wide range of co-benefits and a more liveable city.** For too long, the relationship between transport and health has been considered only in silos of promoting active travel, reducing the health impacts of air pollution, or road safety measures. By taking the Healthy Streets Approach, TfL is showing leadership in taking an integrated approach to improving health by putting the human being as the central focus and addressing the range of health impacts through a systems approach including noise and community severance<sup>1,iii</sup>. Furthermore, the FPH welcomes the focus on health across the entire strategy, recognising the need to change the whole transport system in order to maximise the health benefits of transport as well as improving how streets are experienced.

The focus on the whole public transport journey in the chapter *A Good Public Transport Experience* and recognition that ‘*all public transport journeys start or finish on foot or by bicycle*’ are particularly welcomed. The FPH supports the distinction made between sustainable and non-sustainable modes, recognising the considerable contributions that public transport makes to people being active and socially connected.

The FPH also endorses the Mayor’s commitment to the ‘good growth’ principles for the strategic measures needed to deliver the Healthy Streets Approach and his focus on health in the chapter *New Homes and Jobs*. Many people do not have the choice to travel actively as they live in low density, car-dependant areas. Unless development of these areas improves public transport connectivity as well as walking and cycling facilities, people will continue to drive. The FPH welcomes TfL’s recognition of its fundamental role in regeneration and in planning sustainable growth that benefits all Londoners. The importance of mixed land use in spatial planning cannot be overemphasised in creating environments in which people can readily walk or cycle for transport. The FPH also supports the release of TfL land for affordable housing.

- 3. If the Healthy Streets Approach is to fulfil its full potential to improve health, the Mayor must challenge all TfL directorates to adopt the Approach, particularly those that may not historically have seen health as within their remit.**

The recent focus on walking and cycling, as demonstrated by a number of cycling projects and the appointment of the Walking and Cycling Commissioner has been hugely positive. But a commitment to increasing active travel should not be restricted to cycling and walking projects. The FPH fully supports the MTS ambition to increase use of all public transport modes for those journeys that cannot be undertaken on foot or by cycling as a means to increase walking and cycling as part of longer journeys. The engagement in Healthy Streets from TfL Leadership and all teams will be critical in making public transport a more attractive choice than car use. Teams that have not

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<sup>1</sup> ‘Community severance’ is the barrier effect of the speed and/or volume of motor vehicles on busy roads or of transport infrastructure, which can deter people from walking along the road or being able to cross. It can therefore reduce access to the goods, services and social networks that are important for a healthy life and good mental wellbeing. For more details, see [www.ucl.ac.uk/street-mobility](http://www.ucl.ac.uk/street-mobility).

historically considered health within their remit will need to be engaged. This will require adequate training and ongoing support.

**Recommendation:** TfL should ensure all TfL teams are given high quality training, tailored to their work, in how to deliver the Healthy Streets Approach.

**Recommendation:** The Mayor should require all teams in TfL to demonstrate how they are delivering the Healthy Streets Approach and have clear accountability and governance structures to oversee this delivery.

- 4. To deliver real change through the Health Streets Approach, TfL will also have to transform many of its existing ways of working. For example, historic methods used to prioritise investment in schemes may need to be adapted to remove the benefit:cost ratio (BCR) incentives to invest in 'unhealthy' schemes.** For example, a method to prioritise investment that focusses on maximising journey time savings for general traffic may result in funding for schemes that are counter to the MTS objective of increasing the sustainable transport mode share because of the inappropriateness of values of journey time reliability in the London context. It is not the concept of BCR that is flawed, but the inputs that are generally used. Time savings for motor vehicle users are counted and costed but other benefits to people are often ignored.

**Recommendation:** The Mayor should challenge TfL to demonstrate that the business planning process and business case development process and methods to prioritise schemes are fit for purpose to deliver the Healthy Streets Approach.

**Recommendation:** TfL should monetise the health benefits of schemes for all business cases, including use of the World Health Organisation's Health Economic Assessment Tool (HEAT) and consider the potential short and long-term social impacts and distributional effects of transport decisions.<sup>iv</sup>

- 5. To deliver the strategy's health commitments, the Mayor and TfL must ensure that there is robust governance of the Healthy Streets Approach within TfL, including Public Health leadership, sufficient public health expertise among TfL staff, and robust monitoring of the health impacts of schemes.**

For the Healthy Streets Approach to have a meaningful impact on the health of Londoners, TfL must be able to:

- understand its impacts on health;
- develop metrics to monitor the impact of its schemes;
- keep up to date with the latest research on health and transport;
- obtain and undertake expert analysis of health data;
- develop metrics to monitor health impacts;
- undertake Health Impact Assessments; and
- have specialist expertise in the health impacts of air pollution, noise and other environmental impacts of transport.

To meet this need, TfL must ensure it has sufficiently qualified and experienced public health staff.

A critical part of Healthy Streets governance should be the ongoing monitoring of the impact of schemes on health and health inequalities, including on patterns of walking and cycling amongst disadvantaged and vulnerable groups including older people, children, disabled people and those living in deprived communities. Without this data, TfL will be unable to prove that it has delivered its health commitments and unable to learn from past schemes.

**Recommendation:** TfL should appoint a Director of Public Health, accredited as a public health consultant by the Faculty of Public Health, to oversee the delivery of the health commitments made in the MTS. The Director of Public Health should report to the Commissioner and oversee delivery of Healthy Streets across TfL.

**Recommendation:** TfL should recruit qualified and experienced public health staff to support delivery of Healthy Streets.

**Recommendation:** TfL should allocate a budget for evaluation of schemes and plan robust monitoring of their impacts on health and health inequalities. The greatest health gains will be delivered by an uplift in walking and cycling so TfL must prioritise the development of ways to measure the impact of schemes on active travel, particularly walking.

- 6. The FPH supports the Mayor's ambition for all Londoners to be active everyday and the inclusion of a target aimed at reducing the inactive population through increasing the proportion of people regularly walking and cycling.** Physical activity has the potential to be the greatest positive impact of London's transport system on health as Healthy Streets will enable Londoners to integrate physical activity into their everyday routines. There is increasing evidence that those who travel actively (whether for their main travel mode or to access public transport) are not only more likely to meet the minimum aerobic physical activity targets but accumulate more moderate and vigorous physical activity per week than those who do not travel actively, even compared with people in that latter group who spend considerable time undertaking sport and exercise, such as using a gym. As most people leave their house most days, this will include most Londoners, including those who are currently the most inactive and most difficult to reach through sporting activities.

**Recommendation:** To ensure that this target is met, TfL must allocate adequate funding and staff to measure progress towards its fulfilment and ensure equity in the target's impact.

**Recommendation:** To ensure progress towards this target does not increase inequalities, the Healthy Streets Approach must be effectively embedded in all decision making. For example, to ensure that older people and those with impairments are enabled to walk, the provision of the following is essential: free-of-charge and well-maintained public toilets and drinking fountains; adequate public seating; clutter-free, well-maintained pavements; and sufficient numbers of pedestrian crossings, each with adequate crossing time allowed.<sup>v</sup>

**Recommendation:** To support the least active Londoners become more active TfL should run effectively targeted promotional campaigns

- 7. The FPH welcomes the emphasis on reducing car dependency and the target to reduce the mode share of non-sustainable modes (car, taxi and private hire vehicles) from 36 percent to 20 percent by 2041. This is crucial if TfL is to make improvements in the health impacts of transport in London.**

Mode shift is an imperative, both to build sustainability into London's transport system, and to build physical activity back into the lives of all Londoners. As recommended by The Academy of Medical Royal Colleges (AoMRC), "*a change in culture is needed so that it is no longer considered 'normal' to spend a large amount of time sitting in cars*",<sup>vi</sup> The Faculty of Public Health has produced guidance on *Local action to mitigate the health impacts of cars*<sup>vii</sup> and welcomes the close alignment of policies in this strategy with this guidance.

**Recommendation:** TfL and London boroughs should move swiftly to reducing the dominance of motorised transport on streets through bold and innovative measures to reduce the indiscriminate use of private vehicles and the parking of private vehicles in London.

- 8. A focus on reducing inequalities:** Making changes to the street environment and transport system has significant potential for reducing health inequalities in London. There are unfair differences in health in London that are caused by differential exposure to road danger and poor air quality, opportunities for active travel and social interaction, and a range of other factors. It is the most deprived people who are least likely to contribute to the negative impacts associated with private vehicle use but have the greatest risk of being exposed to these negative impacts, while having limited access to safe and attractive options for transport. The MTS, if strongly driven by the Healthy Streets approach, will assist the Mayor in his vision for reducing health inequalities, as laid out in his health inequalities strategy:  
[https://www.london.gov.uk/sites/default/files/draft\\_health\\_inequalities\\_strategy\\_2017.pdf](https://www.london.gov.uk/sites/default/files/draft_health_inequalities_strategy_2017.pdf)  
We therefore welcome the explicit link between the Mayor's Health Inequalities Strategy and the MTS, with both taking the Healthy Streets Approach.

**Recommendation:** The FPH recommends that TfL measures and tracks its impact on reducing inequalities as a result of implementing the Healthy Streets Approach and focuses on embedding fairness in the transport system.

- 9. The FPH supports road-user charging because it is an effective means of reducing discretionary car use which in turn delivers a wide range of health benefits,<sup>viii</sup> particularly if implemented in conjunction with infrastructure improvements to encourage walking, cycling and public transport use.<sup>ix</sup> There is clear evidence that road user charging schemes, such as the Congestion Charge, result in lower volumes of traffic within the zone.<sup>x</sup> The draft MTS suggests a range of sophisticated new approaches to road user charging e.g. distance or time based charging that could deliver wider health benefits than the original Congestion Charge achieved. This will also have the effect reducing the external costs of motorised transport that are currently unrecognised.**

**Recommendation:** The FPH recommends that sophisticated road user charging policies are included in the Mayor's Transport Strategy and implemented at the earliest opportunity.

**10. The Ultra-Low Emission Zone (ULEZ) is a welcome measure to tackle air pollution.**

It may also reduce congestion in the short term while non-compliant vehicles are being replaced. However, without measures to encourage modal shifts in transport these effects are likely to be only short term and limited. We welcome the links between the London Environment Strategy and the MTS because of the central role of motorised transport in air pollution in London. We particularly commend the approach of the MTS which focuses in reducing vehicle use to improve air quality and are disappointed by the Environment Strategy's more narrow focus on technological fixes to reduce tail-pipe emissions.

**Recommendation:** The ULEZ would be more effective if it covered a wider geographical area, a broader range of vehicles and elicited a higher charge, which should be ear-marked for delivery of transport measures that support active travel and the Healthy Streets Approach. Exemptions and sunset periods should be minimised.

**Recommendation:** The FPH recommends more widespread use of effective measures to tackle vehicle idling

**11. The FPH welcomes the Vision Zero target and the approach of tackling road danger at source.** To deliver the target for zero deaths and serious injuries on London's streets by 2041 alongside a doubling in the proportion of Londoners walking or cycling for two ten minute periods each day TfL will need to swiftly take some bold steps to manage vehicle speeds and driver behaviour. Road traffic injuries are the leading cause of death among young people aged between 15 and 29 years world-wide; the World Health Organisation has set a goal to reduce road traffic deaths and injuries by 50% by 2020 as part of the 2030 Agenda for Sustainable Development.<sup>xi</sup> By adopting Vision Zero, London can be a global leader in helping to achieve this goal and combat this burden of preventable death and disability.

**Recommendation:** Introduce and enforce 20 mph limits on all streets with pavements in London.

**12. The FPH welcomes target to include Taxis and Private Hire vehicles among the list of unsustainable modes and the target to reduce the share of these modes from areas of high public transport provision.**

**Recommendation:** Taxis and private hire vehicles should be restricted to areas of greatest need (i.e. away from central London to areas of poorer public transport provision) and they should no longer be exempted from road user charging schemes such as the Congestion charge.

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<sup>i</sup> UK Faculty of Public Health (2013) *Transport & health: Position statement* London, FPH. <http://bit.ly/18G6aYj>

<sup>ii</sup> Transport for London (2014) *Improving the health of Londoners: Transport Action Plan* London, TfL.

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