



Sustainable Transport Strategy 2006 – 2016

Islington's Local Implementation Plan

Appendix L: Health Impact Assessment Overview

Appendix L Health Impact Assessment Overview

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1.0 **The Islington Sustainable Transport Strategy (STS)**

- 1.1 The Islington STS is a ten-year strategy that seeks to meet and exceed the requirements of the Mayor of London's Transport Strategy. It has a broad range of objectives, which fit with Islington Council's 'One Islington' vision, including regeneration and sustainability.
- 1.2 This document contains an over-arching assessment of the potential health impacts of the consultation draft version of the Sustainable Transport Strategy.
- 1.3 Key achievements will include traffic reduction measures, completion and expansion of the local London Cycle Network, safer routes to school, car clubs and all junction and crossing points made wheelchair accessible. A number of quantified targets are given, including:
- reductions in the numbers of pedestrians, cyclists, vehicle drivers and children killed or seriously injured
 - increases in the percentage of schools with road safety schemes implemented
 - increases in the proportion of personal travel made by modes other than the car
- 1.4 Health is explicitly realised as cross-cutting theme. The health benefits of active transport and the negative impacts of motorised transport on accidents, air quality and inequalities is made clear.
- 1.5 The STS contains a number of specific policies relevant to health. These include:
- SA1 Casualty reduction:** *We will design council traffic schemes to ensure that the safety of all road users, particularly vulnerable road users, is paramount*
- SA5 Road safety education:** *We will continue to raise awareness of road dangers and promote safer behaviour, especially to protect vulnerable road users*
- SA7 Healthy Islington:** *We will contribute towards improved public health through promotion of more physically active transport modes and tackling transport pollution*
- AC3 Accessible transport:** *We will pilot innovative new services for people with disabilities and work with Transport for London to provide improved accessible transport services*
- AC5 Community cohesion:** *We will help to connect communities by reducing physical barriers caused by the transport system*
- AC6 People-friendly town centres:** *We will improve walking, cycling and public transport links to and within the borough's town and district centres and regeneration areas*
- G9 People-friendly streets:** *We will increase walking by making Islington's streets more 'people-friendly'*
- G10 Cycling-friendly streets:** *We will increase cycling by making Islington's streets more 'cycling-friendly'*
- 1.6 A Strategic Environmental Assessment, which included health, and an Inequalities Impact Assessment have been undertaken.

2.0 What do we know about transport and health?

2.1 The effects of transport on health are well known and include traffic accidents; air pollution-related effects from transport emissions; noise-related health effects from transport activity (particularly relevant to schools by day and domestic properties at night); health benefits from physical activity such as cycling and walking; community severance, mental health and inequality effects; ambulance response times; access to:

- healthcare
- social support networks and activities
- work (especially for those working antisocial hours)
- reasonably priced sources of healthy food
- leisure facilities

and for groups with special needs:

- mothers and young children
- women travelling alone
- those with disabilities
- the elderly

2.2 Transport’s effect on these outcomes are often intuitive, but they are hard to quantify and their relative importance unknown. The Department of Epidemiology and Public Health at UCL has made one attempt at quantification:

	Current number of events (UK)	Proportion attributable to transport	Effect of 20% transport reduction
Accidents	Road deaths 3.6/100,000	100%	Eg. 10% fewer deaths
Coronary Heart Disease	Deaths, eg. 1,300/100,000	60% of population do not take moderate exercise	Eg. 1% fewer deaths
Respiratory illnesses	Deaths brought forward, eg. 20/100,000	70% urban air pollution is due to transport	Eg. 20% fewer deaths brought forward
Mental health	Noise; bereavement; community severance	Unquantified	Eg. reduced mental illness episodes

2.3 Whether or not these estimates are robust, a public health response to a transport strategy will focus on the following.

Increased physical activity through the promotion of cycling and walking

2.4 Physical activity reduces the risk of cardiovascular disease, the biggest cause of premature death in the UK, and many other diseases including diabetes and some cancers. In addition walking can lead to improved social networking; greater ‘ownership’ of the community; a consequent reduction in social exclusion; and a resultant improvement in well-being and in mental and

physical health.

Sustainability

- 2.5 Greater use of public transport and of walking and cycling could bring about a cultural shift especially in the young and their reduced reliance on the car as adults.

Reductions in social exclusion and isolation

- 2.6 Improved access to public transport will benefit the elderly, those with impaired mobility, people on low income and young families. Accessibility of streets for all, especially those with impaired mobility, will help to reduce social isolation. This may be achieved by improving conditions for walking, and for wheelchairs and pushchairs as a result of having more dropped kerbs, improved lighting better signage, and fewer broken paving stones.

Reductions in stress

- 2.7 Reductions in stress due to more efficient transport and better information.

Improved ability to access all services

- 2.8 Improved ability to access all services e.g. retail, health, leisure, education and employment, as a result of improved public transport services. This will have a number of health benefits through the reduction of current inequalities if carefully targeted. The health benefits include:
- Potentially improved diet with easier access to stores selling affordable healthy food for those currently living in ‘food deserts’
 - Ability to access health services both for treatment and preventive care
 - Ability to access facilities for physical activity and other leisure activities that benefit physical and mental health
 - Access to educational and employment facilities, dependent on the linking transport strategy proposals with economic and spatial development

Redressing the inequalities in society

- 2.9 Redressing the inequalities in society through social and economic regeneration.

Redressing community severance

- 2.10 Redressing community severance by improvements to access within communities and reduced traffic flow and traffic congestion through communities.

Linking proposals for the greatest benefit to health

- 2.11 Linking proposals for the greatest benefit to health for example linking the STS to sensible drinking and physical activity strategies.

Reductions in deaths and injuries in road traffic accidents

- 2.12 Reductions in deaths and injuries in road traffic accidents, due to traffic reduction and moves to promote cycling through greater availability of cycle lanes or paths. Reduction in traffic should seek to lead to smoother traffic flow rather than speeding up traffic.

Development of baseline statistics and targets for health gain

3.0 Current local and policy contexts

- 3.1 Health in Islington is poor. All cause mortality rates for local residents are 17% higher than nationally, and 31% higher for those aged 15-65. Causes of death are no different to those in the rest of the country: mainly heart disease, stroke and cancer. Around 30,000 residents reported living with a long term limiting illness in the 2001 census, around 27% higher than nationally after accounting for age and sex. Almost half (43.6%) of Islington's residents are aged 20 to 39, and 43% non-White British, making it a young and ethnically diverse borough compared to the rest of the country. Its deprivation is well known, for example 23.3% households report living in sub-standard accommodation, although there are areas of significant wealth as well, creating stark inequalities.
- 3.2 *Saving Lives: Our Healthier Nation* was a Government white paper, published in June, 1999. It set targets to tackle Britain's biggest killers, including reducing the death rate in people under 75 by at least two fifths from coronary heart disease and stroke and reducing the death rate from accidents by at least a fifth, by 2010 from a 1998 baseline. Islington is also a 'Spearhead' local authority area since it has much higher preventable mortality than most of the rest of the country, which means that it needs not only to achieve these targets, but for coronary heart disease and stroke needs to reduce the inequality gap with the rest of the country by 40% by 2010. Progress has been made on coronary heart disease and stroke, but not enough to close the gap; the picture for accidents is much less clear because of the smaller numbers involved. The STS could make important contributions towards achievement of both aims.
- 3.3 *Choosing Health* is a Government white paper, published in November 2004. It aims to improve the public's health using keys such as personal responsibility and personalised support, informed choice and interagency working. It has six overarching priorities, of which those most relevant to transport policy are tackling obesity and increasing exercise, improving mental health and wellbeing and reducing health inequalities. *Choosing Health* will see action in communities, schools and workplaces.
- 3.4 Chapter 4 sets out policies in which the NHS and local authorities will invest together. Amongst the most important are –
- building on the *Sustainable Travel Towns* pilot to develop new guidance on 'whole town' approaches to walking, cycling and public transport
 - new investment to link more schools into the existing National Cycling Network and work with the transport charity Sustrans to build over 7,000 miles of new cycle lanes and tracks; by 2010 all schools in England will be required to have active travel plans

- new initiatives to encourage the use of pedometers

3.5 There will also be work with industry to promote cycle standards training and active travel plans for work.

4.0 **Our response to the Sustainable Transport Strategy**

4.1 This is not a formal health impact assessment, rather an informed response considering the STS in the light of what we know about transport and health and current local and policy contexts.

4.2 Overall, the Public Health Department responds very positively to Islington's STS. The health of people in Islington has clearly informed the strategy, both as a cross-cutting theme and in specific policies. Concern for inequalities is also present and non-motorised forms of transport are prioritised. Where policies favour vehicle use (for example, parking arrangements), they are outweighed by those favouring sustainable forms of transport and those that prioritise car-club members, people with disabilities etc. appropriately.

4.3 We would recommend two enhancements to the STS:

- **work with the local NHS to develop a shared transport plan**
the NHS is one of the largest local employers and an estimated 1 in 12 road journeys are NHS related. The organisation has obvious interests in health and sustainability. For these reasons the NHS is a key partner in local transport strategies. Links should be made with NHS facilities to promote healthy travel.
- **linkage of the STS to other strategies which will benefit health**
A transport strategy shares common ground with sensible drinking strategies and physical activity strategies. It is within a transport strategy's remit to support random breath testing or healthy walk tours, for example. By making these links, health gain will be maximised.

5.0 **Further liaison**

5.1 Further liaison between Islington's Sustainable Transport Strategy and the Public Health Department can be arranged through Jonathan O'Sullivan, Assistant Director of Public Health (jonathan.osullivan@nhs.net).

5.2 We would be keen to be involved at an early stage in the writing of draft proposals, prior to consultation, and in taking the Strategy forward.

Sources

www.londonhealth.gov.uk

What are the most effective ways of improving population health through transport interventions? Morrison et al. J.Epidem.Comm.Health 2003, **57**: 327-333