

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7
4 DECEMBER 2017	PUBLIC REPORT

Report of:	Dr Liz Robin, Director for Public Health	
Cabinet Member(s) responsible:	Councillor Diane Lamb, Cabinet Member for Public Health	
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HEALTH AND TRANSPORT JSNA DATA SET

RECOMMENDATIONS	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Note the content of the Health and Transport JSNA Dataset document 2. Considers any recommendations they may want to make to address issues outlined in the Report. 	

1. ORIGIN OF REPORT

1.1 The report is submitted to the Health and Wellbeing Board following a request from the Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

- Provide the Health and Wellbeing board with a local resource outlining evidence on the link between transport and health including active travel, air quality and access to transport.
- Provide evidence to inform the Cambridge and Peterborough Local Transport Plan and the Peterborough Sports strategy.
- Support broader partnership working through the provision of a single evidence base.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference No.

2.7.2.3 - To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

2.3 This report links to the following commitments in the Children in Care Pledge: help encourage you to be healthy.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 The 2016-19 Peterborough Health and Wellbeing Strategy identifies Health and Transport Planning as a priority with a specific action of:

- Collecting further joint strategic needs assessment (JSNA) information on transport and health for Peterborough, using locally developed methodologies.

As a response, the report in appendix A was produced to provide background evidence on the link between health and transport and makes use of local data to provide a Peterborough perspective. The report is divided into three sections.

- The first section focuses on active travel (walking or cycling as an alternative to motorised transport for the purpose of making every day journeys), the opportunities it offers to improving health, current levels of walking and cycling and an assessment of infrastructure in Peterborough.
- The second section considers air quality and describes the impact of air quality on health, its link with transport and current situation in Peterborough.
- The third section briefly discusses the links between access to transport and health and provides information on access time to health services in Peterborough.

The key findings of the report are summarised below:

4.2 **Active travel**

'Active travel' means walking or cycling as an alternative to motorised transport (notably cars, motorbikes/mopeds etc.) for the purpose of making every day journeys. Public transport can also contribute to levels of physical activity, as people who take public transport are likely to walk further than car users – for example, by walking to and from bus stops.

Active travel has an important role to play in improving the health and wellbeing of Peterborough residents by maintaining levels of physical activity. For most people the easiest and most acceptable forms of physical activity are those that can be built into everyday life such as walking and cycling.

Studies show that people who cycle for travel purposes are four times as likely to meet physical activity guidelines as those who do not and that active commuting confers around a 10% reduction in the risk of developing heart disease and stroke. Further, individuals who commute by bike have half the level of sickness absence (1 day less) per year compared to those who do not cycle. At a city level, only a marginal change in the levels of active commuting can have a significant impact. For example, across a town of 150,000 people, if everyone walked an extra 10 minutes a day, an estimated 30 lives would be saved each year.

There is a clear relationship between the amount of physical activity people do and health. While increasing the activity levels of all adults who are not meeting physical activity recommendations is important, targeting those adults who are significantly inactive i.e. engaging in less than 30 minutes of activity per week, will produce the greatest reduction in chronic disease.

Research indicates that a combination of distance, perceived safety of walking/cycling routes and individual characteristics such as age, gender and access to a car are the most important influences on walking and cycling behaviour.

Peterborough has higher levels of cycling for utility (commuting) and leisure compared to similar local authorities and England.

The 2011 census showed that for journeys of less than 2km (deemed walkable), Peterborough residents were twice as likely to cycle compared to England (11% compared to 5%) and less likely to walk (33% compared to 42%). The proportion of people who drove or were a passenger in a car or van was higher in Peterborough compared to England (48% compared to 43%).

For journeys less than 5km (considered achievable by bicycle) Peterborough residents were again more likely to cycle compared to England (9% compared to 5%) and were less likely to walk (16% compared to 24%). The proportion of people who drove or were a passenger in a car or van was again higher in Peterborough compared to England (63% compared to 56%).

Cycling rates for utility in Peterborough are relatively consistent across all age bands at around 5% whereas for England the rate declines after the age of 40. Asian/Asian British residents were less likely to cycle to work (2.1%) compared to the Peterborough average and Irish and White British residents were more likely to cycle. Asian/Asian British residents and residents from other ethnic groups were more likely to travel on foot compared to the Peterborough average (8.5%) while residents from 'white other' ethnic groups were less likely to walk.

The size and layout of Peterborough provides the potential foundations for an 'active' city as at the last census 16000 or 18% of working age residents lived within 2km of their work place (higher than for England) and 40,000 or 45% lived within 5km of their work place (35% nationally).

With new town status in 1967 the city benefitted from new highway infrastructure including the Parkways, which has led to some of the fastest commuting speeds in the country. Although a benefit to Peterborough residents from a commuting and economic perspective, this may also contribute to physical inactivity through greater use of less active forms of travel.

Over the last 3 years the authority has invested in walking and cycling infrastructure with an additional 12 miles of cycle routes. However, the Peterborough Council Local Sustainable Transport Fund (LSTF) Monitoring Report (2016) identifies further physical barriers to walking and cycling modes across Peterborough including:

- Approximately one third of all walking routes assessed deemed to be poor. The three with the poorest score were Fengate, A15 between Thorpe Road and Bishop's Road and St John's Street;
- Only one cycle route in the city listed as excellent – London Road between Fletton Parkway and Cook Avenue; and
- Several cycle routes are listed as poor – Thorpe Road, Fengate and Lincoln Road.

It should be noted that many other cities would score similarly.

Air quality

4.3

As recently as the Nineties it was felt that air pollution was no longer a major health issue in the United Kingdom as legislation had made the great smog's of the Fifties a thing of the past. However, pollutants such as Particulate Matter (PM) and Nitrogen Dioxide (NO₂) are still at levels which can harm health.

Stationary road transport including lorries, buses and cars/vans are the primary source of NO₂ (especially emissions from diesel light duty vehicles) and PM (engine emissions, tyre and brake wear) in urban areas across the UK.

The National Air Quality Strategy sets air quality objectives or levels for pollutants such as NO₂ on the basis of scientific and medical evidence on the health effects of each pollutant, and according to practicability of meeting the standards. There is no statutory requirement to review and assess fine Particulate Matter (PM_{2.5}) as it is recognised there are no absolute safe levels of exposure. As such any improvement in air quality will have positive health consequences.

Nitrogen Dioxide is monitored across a number site across Peterborough through diffusion tubes, with locations chosen on a risk based approach. Levels of NO₂ are within prescribed levels which is likely due to the lower levels of traffic congestion in Peterborough compared to many other

cities.

Modelled estimates of PM2.5 levels suggest that long term exposure to PM2.5 in Peterborough contributed to approximately 5% of deaths in 2015, this is similar to England and comparator authorities. It should be noted that in general air pollution contributes a small amount to the cause of death of a large number of exposed individuals, who also have other risk factors (heart disease, lung disease etc), rather than being the main cause of death.

The health effects of air pollution are generally distributed unequally across the population, with the heaviest burden borne by those with greatest vulnerability and/or exposure. The elderly, children and those with cardiovascular and/or respiratory disease are at greater risk from the health effects of air pollution.

Health modelling shows that interventions to increase active travel can result in significantly greater benefits from increased physical activity, compared to direct interventions targeting air quality overall – so greater health benefits will be achieved by people switching to walking and cycling than by switching to electric cars.

4.4 **Access to transport**

Access to transport is an important determinant of health and wellbeing as it is a fundamental enabler to access services and social opportunities.

There are multiple forms of access barriers, or issues that make it more difficult to reach and use health and other key services. The Governments 2003 Social Exclusion Unit report, identified five main barriers in accessing services:

1. The availability and physical accessibility of transport.
2. Cost of transport.
3. Services and activities located in inaccessible places.
4. Safety and security.
5. Travel horizons

Local data focuses mainly on journey times to health services. Analysis undertaken by the Department for Transport (using public transport timetables from 2015) found that the:

- 1) Average travel time to access a GP by walking or public transport for Peterborough was 8 minutes (range – 5 to 20 minutes). The wards with the highest average travel times were Barnack, Northborough and Bretton South which all had average travel times of just over 20 minutes.
- 2) Average travel time to access a Hospital by walking or public transport for Peterborough was 40 minutes. This ranged from 12 minute (Bretton North) to 65 minutes (Eye and Thorney).

It should be noted that public transport routes may have changed since this analysis was undertaken.

Local modelling using road traffic data (average travel times) found that the vast majority of Peterborough population could access a pharmacy within a 20 minute car journey. A local survey of 35 pharmacies in Peterborough found that (95%) provided home delivery services, enabling those without a car or unable to use public transport access to services.

5. **CONSULTATION**

- 5.1 The document has been shared with the Peterborough City Council transport team.

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 The anticipated outcome of this Report is that the information provided will be used to inform the development of the new local transport plan which is being produced on behalf of the Cambridgeshire and Peterborough Combined Authority, inform the development of the Peterborough sports strategy and facilitate closer working with Peterborough transport team.

7. REASON FOR THE RECOMMENDATION

7.1 The Health and Wellbeing Strategy identifies the need to further information on transport and health in Peterborough. The reports provide a resource to support this.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The alternative option would have been to provide a summary of the national evidence linking health and transport without the inclusion of local data. This would have left a gap in our knowledge when informing and influencing the development of the new local transport plan for Cambridgeshire and Peterborough and may have left Peterborough at a potential disadvantage.

9. IMPLICATIONS

Financial Implications

9.1 *None*

Legal Implications

9.2 *None*

Equalities Implications

9.3 The transport and health JSNA dataset provides, where available, information on health and transport for protected characteristics.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 References and sources are provided within the Health and Transport JSNA Dataset report.

11. APPENDICES

11.1 Appendix A - Health and Transport JSNA Dataset

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