

# The NHS and local transport planning: a briefing

## Introduction

Local authorities submitted their 2006–11 provisional local transport plans (LTPs) to central government in July 2005. Final LTPs will be published in March 2006 following announcements about local transport funding from central government. These plans provide a significant opportunity for the NHS to develop its role in supporting better transport to improve public health, reduce health inequalities and improve access to NHS services over the next five years.

This briefing:

- Describes the requirements of LTPs and key national/local transport targets
- Highlights the links to NHS and public health priorities
- Provides signposts to the available evidence and guidance regarding the types of transport schemes and initiatives that are effective in tackling these priorities.

It is aimed at public health practitioners, primary care trust (PCT) commissioners, NHS trust and local authority managers, and policy managers with a responsibility for transport, physical activity, accident reduction and access to services. It is one of a series of publications on transport from the National Institute for Health and Clinical Excellence (NICE) and the former Health Development Agency (HDA). These include:

- *Making the case: improving health through transport* (HDA 2005a)
- *Accessibility planning and the NHS: improving patient access to health services* (NICE 2006a)
- *Transport interventions promoting safe cycling and walking: review of the evidence* (NICE 2006b).

## Local transport plans

Local transport plans aim to facilitate the delivery of better integrated local transport as quickly as possible, as part of delivering the government's overall transport strategy (DfT 2004a). Local transport planning guidance was issued by the Department for Transport in 2004 (DfT 2004b), with accompanying guidance on accessibility planning (DfT 2004c).

The government has agreed shared priorities with local authorities in relation to transport (see 'Shared priorities' box, page 2).

The Transport Act 2000 requires most local transport authorities in England, outside London, to produce and implement an LTP. There is an expectation that LTPs will be developed in conjunction with other partners, setting transport in a wider context. This includes both local authority colleagues from health and social services, and other partners from across the local strategic partnership, including the NHS (DfT 2004b, page 16).

'Excellent' authorities as classed by comprehensive performance assessment are not required to submit an LTP to central government, but must submit a minimum set of targets related to mandatory indicators in shared priority areas, with milestones for each year. However, involvement of other partners, such as the NHS, is still important for these authorities, and they may choose to produce a transport plan for local use in any case.

Local authorities submitted provisional LTPs in July 2005 and will submit a final plan in March 2006, following publication of the government's funding guidelines for

## *Shared priorities*

Improving access to jobs and services, particularly for those most in need, in ways which are sustainable; improved public transport; reduced problems of congestion, pollution and safety.

Transport can impact both positively and adversely on the health of local communities. Authorities, in their LTPs, should ensure that their policies and schemes limit or mitigate the adverse effects of transport on health and maximise the positive contribution that they can make (page 49).

Many Local Strategic Partnerships identify public health outcomes as key local priorities and Local Transport Plans should contain evidence that authorities are reflecting such 'cross-cutting' priorities in their local plans (page 49).

The Department expects to see LTPs reflect the shared priorities identified in the field of transport – congestion, accessibility, safety and air quality – while clearly contributing to other important quality of life outcomes such as health and liveability (page 20).

Source: DfT (2004b).

local transport. A funding formula has been agreed, based on how authorities demonstrate their progress in tackling the shared priorities listed above.

The priority areas for action in LTPs that link directly to public health priorities include:

- Tackling congestion
- Better air quality
- Safer roads
- Delivering accessibility – improving access to healthcare for deprived groups and areas; access to sources of healthier food
- Other quality of life issues (eg promoting walking and cycling to increase physical activity; improved access to leisure and sporting facilities) (DfT 2004b, page 49).

Local transport plans are required to make full use of the growing evidence base on what works, in particular by exploring the potential of programmes and schemes that change behaviour (eg Smarter Choices) and thereby manage demand for transport services.

'Local transport authorities should also consider how they could deliver progress in all the shared priority areas through policies aimed at changing travel behaviour, and managing demand for transport services. Sustainable travel policies of this kind, should if introduced in the context of a high quality LTP, prove highly cost-effective, avoiding the need to spend larger sums on infrastructure based solutions.'

Source: DfT (2004b), page 22.

## **Local transport plans and NHS priorities**

The following table describes:

- Priority areas for local transport action
- National targets associated with these areas
- What local authorities are required or encouraged to do
- Related local NHS action
- Signposts to the key sources of evidence of effective action or government guidance available.

Priority area	Related national target	Local transport action	Local NHS action	Evidence/guidance available
Improving accessibility	<p>To secure improvements to accessibility, punctuality and reliability of local public transport, with an increase in use of more than 12% by 2010 compared with 2000 levels (DfT Public Service Agreement).</p>	<p>All LTP authorities are required to prepare accessibility strategies by March 2006 to:</p> <ul style="list-style-type: none"> <li>• Set out the high-level vision and objectives for accessibility</li> <li>• Identify local accessibility priorities</li> <li>• Consider changes to provision of services, not just transport solutions</li> <li>• Be developed with partners and stakeholders</li> <li>• Include locally determined targets. (DfT 2004b)</li> </ul> <p>Accessibility planning should emphasise the needs of disadvantaged groups: 'DfT expects, as a minimum requirement, <i>all</i> LTP authorities to use accessibility planning techniques to understand the links between social exclusion and transport in their areas, and to develop transport solutions that can help to improve the lives of those at risk of social exclusion'.</p> <p>The <i>Guidance on accessibility planning</i> (DfT 2004c) includes indicators for access to GP/hospitals:</p> <ul style="list-style-type: none"> <li>• Percentage of (a) households; (b) households without access to a car within 30 and 60 minutes of a hospital by public transport</li> <li>• Percentage of (a) households; (b) households without access to a car within 15 and 30 minutes of a GP by public transport.</li> </ul>	<p>NHS bodies are encouraged to work with local authorities in drawing up plans to improve access to health services. Includes contributing to development of specific accessibility maps for health services; option appraisal to identify possible changes to health or transport services to improve access; implementing action as part of the LTP (DH 2004a, 2004b page 97).</p> <p>New models of care are required that increase local access to acute care and enable patients to be 'closer to home'. DH has set out proposals for sustainable solutions for smaller hospitals, working with local communities and staff to rebuild local services around local need. Includes integrating primary care with minor injuries units, outpatient clinics and diagnostics as well as social care and other community services; providing more care in the home for people who have difficulty travelling (DH 2003a).</p> <p>Guidelines on commissioning non-emergency patient transport services stress that PCTs should take account of the local transport system. A joint approach with other key transport providers has the best chance of delivering cost-effective services that respond to patients' needs (Modernisation Agency 2004).</p>	<p>Main evidence available is from case studies of current practice:</p> <ul style="list-style-type: none"> <li>• DfT provides details of pilot sites and case studies on transport access to health services at <a href="http://www.dft.gov.uk">www.dft.gov.uk</a> under regional and local transport, LTPs – policies and initiatives</li> <li>• <i>Improving patient access to health services</i> (HDA 2004)</li> <li>• <i>Accessibility planning and the NHS: improving patient access to health services</i> (NICE 2006a).</li> </ul> <p>Key DH guidance documents:</p> <ul style="list-style-type: none"> <li>• <i>Accessibility planning: an introduction for the NHS</i> (DH 2004a)</li> <li>• <i>Driving change – good practice guidelines for PCTs on commissioning arrangements for emergency ambulance services and non-emergency patient transport services</i> (Modernisation Agency 2004)</li> <li>• <i>Keeping the NHS local – a new direction of travel</i> (DH 2003a)</li> <li>• <i>Configuring hospitals</i> (DH 2003b).</li> </ul>

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Safer roads	<ul style="list-style-type: none"> <li>40% reduction in the number of people killed or seriously injured in Great Britain in road accidents</li> <li>50% reduction in the number of children killed or seriously injured</li> <li>10% reduction in the slight casualty rate               <ul style="list-style-type: none"> <li>– all by 2010 compared with the average for 1994–98, tackling the significantly higher incidence in disadvantaged communities (DfT Public Service Agreement).</li> </ul> </li> </ul>	<p>All LTP authorities are required to prepare a road safety strategy as part of the LTP, including an assessment of the extent and impact of the road safety situation and how a range of interventions can address the casualty problem for all road users. Key issues to consider will be disadvantage, children, urban/rural areas, speed management, road safety at work and motorcyclists (DfT 2004b, pages 40–41).</p>	<p><i>Choosing health</i> (DH 2004b) highlights the DfT's national standard for cycle training for children and the development of school travel plans to promote safe walking and cycling to school, both of which can be supported locally by the NHS.</p> <p>The Accidental Injury Task Force (2002) recommends public health action to increase 20 mph zones in areas of high pedestrian activity; increase child pedestrian training schemes and safe travel plans; systematic road safety interventions in inner city areas; and advice and assessment programmes for elderly car drivers.</p> <p><i>Creating healthier communities</i> (DH/ODPM/LGA 2005) highlights the need for PCTs to provide information to local/regional partnerships on accidents and injuries, with a particular focus on inequalities in child pedestrian accidents and other inequalities.</p>	<p>Key evidence documents:</p> <ul style="list-style-type: none"> <li><i>Preventing accidental injuries</i> (Accidental Injuries Task Force 2002)</li> <li><i>Injuries in children 0–14 years and inequalities</i> (HDA 2005b)</li> <li><i>Prevention and reduction of accidental injury in children and older people</i> (HDA 2003)</li> <li>DfT Research web page <a href="http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/divisionhomepage/030765.hcsp">www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/divisionhomepage/030765.hcsp</a></li> <li>DfT Local authority guidance web page <a href="http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/divisionhomepage/030764.hcsp">www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/divisionhomepage/030764.hcsp</a>.</li> </ul>

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Congestion	<p>By 2010 increase the use of public transport (bus and light rail) by more than 12% in England compared with 2000 levels, with growth in every region.</p> <p>By 2010–11 the 10 largest urban areas will meet the congestion targets set in their LTP relating to movement on main roads into city centres (DfT Public Service Agreement).</p>	<p>Local authorities will analyse travel patterns, including projections of changes in employment and land use, as part of LTPs. These will include analytical evidence demonstrating that authorities understand the underlying sources of congestion (DfT 2004b, page 31).</p> <p>The largest unitary authorities and metropolitan authorities will be required to set congestion targets (DfT 2004b, page 9).</p>	<p>NHS organisations are expected to act as good corporate citizens and ensure they contribute to sustainable growth and environmental improvement in their area. This can include contributing to a reduction in congestion by working jointly with planners in the development of capital programmes, location of NHS services and linking to local transport planning (DH 2004a).</p> <p>The requirement for NHS organisations to develop healthy travel plans was set out in the <i>National service framework for coronary heart disease</i> (DH 2002) and restated in the <i>New environmental strategy for the NHS</i> (DH 2005b).</p> <p>The NHS is encouraged to develop healthy transport plans, to monitor traffic flows and to be in line with the local authority LTP as part of its contribution to sustainable development (DH 2005b, page 5)</p> <p>NHS action on healthy transport plans and becoming a good corporate citizen can contribute to the air quality action plan (see references above).</p> <p>The NHS is encouraged to use lower cc engines, low-sulphur or liquefied petroleum gas (LPG) fuels, increasing miles per gallon and reducing both pollution and cost (due to lower tax) (DH, 2005b).</p>	<p>Key DH guidance documents:</p> <ul style="list-style-type: none"> <li>• <i>Sustainable development: environmental strategy for the National Health Service</i> (DH 2005c)</li> <li>• <i>NHS Environmental Assessment Tool</i> (NEAT) (NHS Estates 2002)</li> <li>• <i>Sustainable development in the NHS</i> (NHS Estates 2001).</li> </ul>
Air quality	<p>Improve air quality by meeting the air quality strategy targets for carbon monoxide, lead, nitrogen dioxide, particles, sulphur dioxide, benzene and 1,3 butadiene (DfT/Defra public service agreement).</p>	<p>Local authorities responsible for local air quality management will integrate air quality action plans into the LTP (where transport is the primary factor). They will set out the measures to achieve air quality objectives (DfT 2004b).</p>	<p>NHS action on healthy transport plans and becoming a good corporate citizen can contribute to the air quality action plan (see references above).</p> <p>The NHS is encouraged to use lower cc engines, low-sulphur or liquefied petroleum gas (LPG) fuels, increasing miles per gallon and reducing both pollution and cost (due to lower tax) (DH, 2005b).</p>	<p>See DH guidance documents listed above.</p>

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Public transport	To secure improvement to the accessibility, punctuality and reliability of local public transport with an increase in use of more than 12% by 2010 compared with 2000 levels (DfT public service agreement).	Local authorities will integrate a bus strategy within their LTPs. Local actions on public transport may include flexible transport services; bus priority measures; coordinating the timing of services with NHS, education and other services; improving travel information; addressing the fear of crime around transport; and improving physical accessibility (DfT 2004b).	<p>A number of the NHS policies described above can contribute to improved public transport access and provision, including:</p> <ul style="list-style-type: none"> <li>• Accessibility planning</li> <li>• Commissioning of non-emergency patient transport services</li> <li>• Development of healthy travel plans.</li> </ul> <p>Specific examples of actions include:</p> <ul style="list-style-type: none"> <li>• Working to coordinate NHS services with public transport provision</li> <li>• Developing and promoting transport information relevant to NHS sites</li> <li>• Improving public transport hubs/stops at NHS sites as part of service developments.</li> </ul>	See DfT case studies on accessibility planning (above).

Priority area	Related national target	Local transport action	Local NHS action	Evidence/guidance available
Promoting walking and cycling	<p>DfT is encouraging development of soundly based local targets to increase cycling as part of LTPs (DfT 2004d).</p> <p>Local authorities are required to set cycling targets (DfT 2004b, page 27).</p> <p>Each local highway authority is required to publish a rights-of-way improvement plan covering their area which includes assessing opportunities provided by local rights of way (in particular footpaths, cycle tracks, bridleways, restricted byways) for exercise and other forms of open-air recreation and the enjoyment of their area (Defra 2002).</p>	<p>Local authorities will include action in the LTP to promote cycling and walking to contribute to a number of the above priorities and to increase physical activity. This may include increasing use of rights of way; improving access to sports and leisure facilities; developing school travel plans (DfT 2004b).</p> <p>Local cycling and walking plans are expected to explore how walking and cycling policies and schemes can deliver better access to jobs, goods and services (DfT 2004d).</p> <p>LTPs will also examine how people can access jobs and services by walking and cycling – by improving routes and facilities, maintaining them in a more usable condition, improving rights of way in both urban and rural areas, and making routes safer, more secure, and more attractive (DfT 2004c).</p>	<p><i>Choosing activity</i> (DH 2005a) identifies walking and cycling as important in promoting physical activity. It emphasises 'Choices to build everyday activity into daily routines such as walking to the shops and cycling to school'.</p>	<p><i>Transport interventions promoting safe cycling and walking: review of the evidence</i> (NICE 2006b)</p> <p><i>Interventions that use the environment to encourage physical activity: evidence review</i> (NICE 2006c)</p> <p>NICE is currently looking at organised walking and cycling as part of physical activity intervention guidance.*</p>
Quality of life	<p>Lead the delivery of cleaner, safer and greener public spaces and improvement of the quality of the built environment in deprived areas and across the country, with measurable improvements by 2008 (ODPM public service agreement).</p>	<p>In addition to the shared priority issues above, LTPs will consider how they can contribute to sustainable communities, quality of public spaces and landscapes, conservation of biodiversity, community safety, public health, noise and climate change (DfT 2004b)</p>	<p>The NHS links to this broader agenda through requirements to:</p> <ul style="list-style-type: none"> <li>• Develop as a good corporate citizen</li> <li>• Reduce health inequalities, focusing services and joint working in disadvantaged areas (DH 2004a).</li> </ul>	<p>Guidance available:</p> <ul style="list-style-type: none"> <li>• <i>Creating healthier communities</i> (DH/ODPM/LGA 2005)</li> <li>• <i>Making the case for sustainable procurement: NHS as a good corporate citizen</i> (NICE 2005).</li> </ul>
*Public health intervention guidance on physical activity was published by NICE in March 2006 ( <a href="http://www.nice.org.uk/page.aspx?o=300202">www.nice.org.uk/page.aspx?o=300202</a> ).				

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