

# Engaging with Public Health: partnership to create a healthier region

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## Abstract

### Context

The North East of England is a mixed urban and rural region extending from the Scottish border to Yorkshire and from the Pennine Hills to the North Sea. In 2007 Public Health North East (PHNE) was determined to create an ambitious health and wellbeing strategy which "would make the health of this region the best of any in the country over the next 25 years". The strategy, *Better Health, Fairer Health*, led to a partnership which developed groundbreaking research on the transport solutions to public health. Living Streets was a proactive partner in the process from the outset: the North East Coordinator's policy role enabled us to develop a strong presence at the consultation table and to influence key decisions at an early stage within public health. The implementation of the recommendations of this research has embedded walking into public health policy and practice across the region, supporting 20 mph speed limits and people-friendly streetscape design which will create a better quality of life in the North East.

### Aim

This breakout presentation will detail the three-year process by which Public Health North East (PHNE) commissioned and is implementing *Transport Solutions to Public Health*. This will include Living Streets' engagement in the consultation on the health and wellbeing strategy and how partnership working was able to influence the, commissioning of research, strategic response and action-planning to implement research recommendations. The PHNE-commissioned research has already been hailed as groundbreaking: the ongoing implementation of the action plan is proving to be equally innovative.

### Methodology

The PowerPoint presentation will demonstrate how Living Streets helped to influence Public Health North East's policy and practice over the past three years; the findings of the initial research and how strategic collaboration with public health and other partners has created an opportunity to embed walking and walkability into proactive health authority practice. It will demonstrate how Living Streets' strong regional policy focus has helped to develop proactive practical solutions to transport and health issues in the North East of England.

### Results

Public Health North East has recognised the public health benefits of active travel and the need to promote a public realm which promotes pedestrian and cycle access and movement across the region. It has developed an action plan to implement the recommendations of the report, commissioned a post to promote active travel across the region, and a cross-sector task group which supports the post and, through the work of the partners, is creating a region where walking is promoted as a healthy, sustainable mode of travel and where Lifetime Neighbourhoods create safe, attractive, healthy spaces where people can live their lives. Living Streets has been a key partner in achieving these successes.

### Conclusions

The main conclusions will demonstrate how timely and proactive engagement in strategic consultation can create effective partnerships that lead to direct on-the-street benefits. By influencing policy in its developmental stages, it is possible to create practical initiatives that encourage walking and promote community health and wellbeing.

**About the Author**

Cynthia Games, North East Coordinator for Living Streets, achieved her Master's Degree from Lancaster University in 1986. Having worked in the private sector, she joined the voluntary and community sector in 1992, where she has led a number of pioneering community-based and strategic initiatives in the North East of England.

## Engaging with Public Health: partnership to create a healthier region

Living Streets is the UK charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk. The purpose of this paper is to demonstrate how Living Streets engaged in Public Health North East's health and wellbeing strategy process. By using opportunities to influence public health decisionmakers, we were able to achieve the recognition of walking as a factor in healthy lifestyle. This contributed to the creation of an active travel initiative in which Living Streets are proactive partners. We achieved this by:

- response to the initial strategy consultation
- active participation in the advisory group responsible for the implementation of the strategy
- a focused, proactive and solution-focused approach to the relationship between Health and Transport
- participation in cross-sector partnerships to deliver active travel objectives

### A Health and Wellbeing Strategy for the North East

The North East of England is the smallest region in England, comprising twelve local authorities and a National Park. Approximately two and half million people live in the North East: 70% of the population residing in the urban river corridors of the Tees, Tyne and Wear, with a little less than 10% living in the most rural areas.



Figure 1: The North East of England

There are a significant number of health, social and economic inequality issues within the North East region:

- Over 30% of North East residents are living in 20% of the most deprived areas of UK
- People living in the region have a lower life expectancy
- Early (preventable) deaths are much more common in the region than across the UK

Males in the North East have a life expectancy of 75.8 years and females 80.1 years on average, whereas the UK averages are 77.3 and 81.6 respectively (Fig. 2).

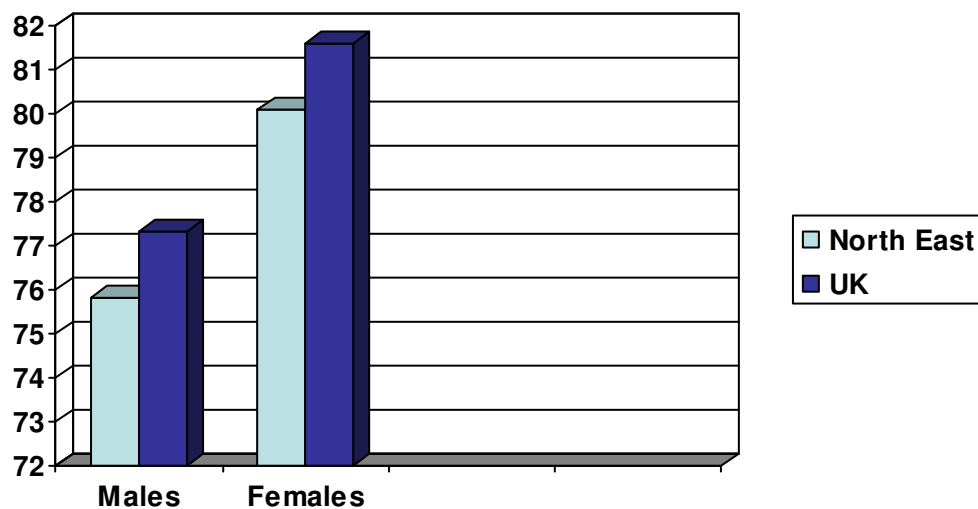


Figure 2: Life expectancy: North East England and UK

Moreover, it is possible for life expectancy within the region to vary significantly from one local ward to another. A resident of Bensham in Gateshead, for example, has a life expectancy of 69.7 years, yet five miles or so south of Bensham, in Whickham, this rises to 78.9 years – nearly ten years’ difference! The gap for females only is even greater: 73.3 years and 85.1 years respectively.

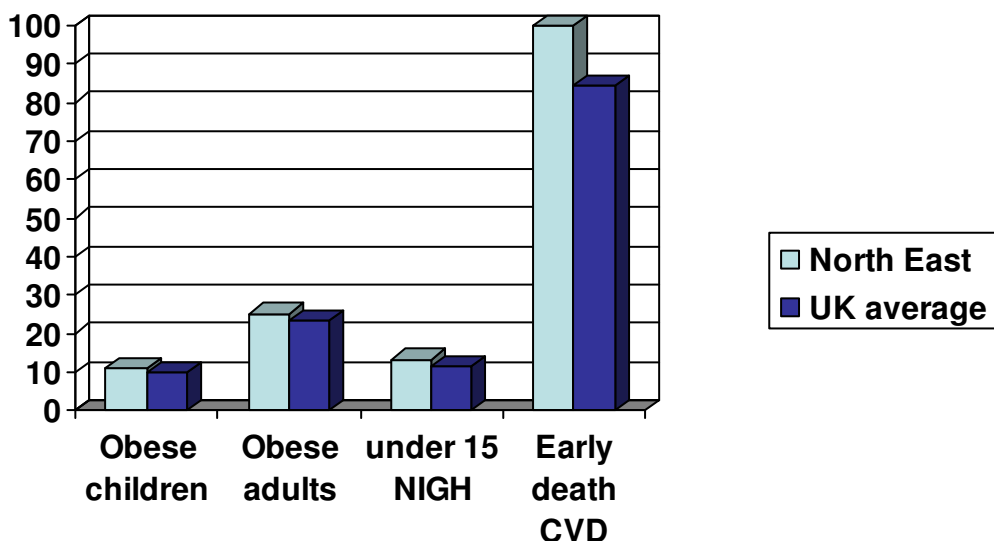


Figure 3: North East health factors

	Obese children	Obese adults	Under-15 NIGH	Early death CVD
North East	10.9	25.2	13.4	99.8
UK average	9.9	23.6	11.6	84.2

Table 1: North East health factors

Figure 3 and Table 1 show a number of health factors and the “per thousand” population incidence for the North East and the UK overall. Childhood obesity is higher in the North East than in the UK as a whole, and the number of children aged under 15 who are deemed to be “not in good health” (NIGH) is the second highest in the country. Early – and therefore preventable – deaths are also greater in the North East.

The National Health Service for the North East region is divided into twelve Primary Care Trusts, which work in four commissioning clusters under a Regional Director. Public Health North East (PHNE) is in effect the head office of NHS North East. In 2007 the Regional Director of Public Health, Dr Stephen Singleton, announced his intention to create an ambitious, twenty-five year health and wellbeing strategy which “would make the health of this region the best of any in the country over the next 25 years”. The process of creating and implementing this document, eventually named *Better Health, Fairer Health*, was the catalyst which enabled Living Streets to influence what happened later. The vision espoused within the strategy was:

*“The North East will have the best and fairest health and well-being, and will be recognised for its outstanding and sustainable quality of life”* (PHNE, 2008, p3)

Developing *Better Health, Fairer Health* was a considerable enterprise: from the outside view, it took almost a year of consultation, revision and polishing. Partners from a wide range of specialist areas, rather than solely health professionals and service-users, were invited to comment on the two drafts of the strategy. This included Living Streets, Natural England and the Association of North East Councils to name just a few. Once the main direction of the strategy was achieved, ten key themes were identified, through which public health could be promoted in partnership with other agencies. These themes were:

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

Ten Regional Advisory Groups, comprising relevant stakeholders from the region in addition to the appropriate public health leads, were developed to inform and implement the 25-year *Better Health, Fairer Health* strategy. Interestingly enough, the way forward lay not in the “obvious” physical activity work stream, but within the Economy, Culture and Environment activity.

## **Living Streets in the North East**

Living Streets was a proactive partner in the process from the outset: the North East Coordinator's policy role enabled us to develop a strong presence at the consultation table and to influence key decisions at an early stage.

The timing of the consultation process, fortuitously, coincided with the decision by Living Streets to pilot regional engagement in the North East of England. I joined Living Streets in May 2007. Our priorities at this time were to engage in policy and practice, working with the people of the region to create walkable and therefore liveable streetscapes for the North East. This was funded by the Millfield House Foundation and The Northern Rock Foundation. We also developed a three-year Service Level Agreement with Newcastle City Council to build the capacity of some of their officers and work on a number of regeneration initiatives. There was an existing local supporter group, Living Streets Northumbria, also engaged in the consultations. This organisation to participate proactively in what became a significant breakthrough in the way that public health in the North East was to evolve.

For our three-year regional project, we developed a Living Streets Charter for the North East, *Streets for North East People*. Through cross-sectoral consultation with regional stakeholders, the local supporters' group and other interested partners, we also identified ten key priorities which set the direction of our North East work programme:

1. Increase the number of people in the North East who are walking more regularly
2. Create people-places, not just traffic spaces
3. Create the right balance between the various users of streets and public spaces
4. Create well-designed and maintained streets and public spaces for all
5. Create safer, people-friendly communities
6. Create an environment which encourages relaxation and recreation
7. Create, upgrade and maintain walking networks
8. Situate appropriate local services where people live
9. Make public transport more accessible
10. Create partnerships that establish walking as a healthy and effective means of transport

## **The Economy, Culture and Environment Regional Advisory Group**

In line with these priorities, we accepted an invitation to join the newly-created Regional Advisory Group on Economy, Culture and Environment, believing that as the core advisory group, it would prove to be more influential. We hoped that it would enable us to influence regional health policy and practice in a way which would promote the value of everyday walking, and to develop practical relationships with regional decisionmakers and health professionals. This indeed proved to be the case.

Regional Advisory Group (soon abbreviated to "the RAG") comprised some thirty-plus potential representatives from the public and voluntary & community sectors, all of whom had some interest in the diversity of issues contained within the RAG's remit. Participation in the Regional Advisory Group therefore became a significant part of my work programme. As North East Coordinator, I attended these meetings, seeking appropriate opportunities to promote the Living Streets agenda within this context. It soon became apparent that within this group, there was a shared concern about the public health implication of transport, road safety and active travel issues. The group agreed that Public Health North East should take a proactive approach to preventing accidents and illness by ensuring that roads were safer, air was cleaner, and that the places where people lived, worked and enjoyed their lives should promote a stress-free, healthy quality of life rather than be the cause of public dis-ease and ill health. We were thus able to work within a culture that welcomed the discussion of subjects such as 20 miles-per-hour limits in streets where people live

and work, creating an urban environment that encouraged active travel, and the health benefits of everyday walking.

## **The Research**

Out of these discussions it was agreed that research should be commissioned to explore the relationship between Public Health and Transport, funded from the Obesity Prevention budget. However, the groundbreaking aspect of this research was that it considered not only the transport-based problems facing public health, but also the existing potential solutions that could be accessed through the wider regional partnerships in the public, private and voluntary sectors across the region. We understood, for example, that emissions from traffic congestion in the often deprived, dense urban corridors of the major conurbations could adversely affect respiratory disease. This research posed the question "So What?" How could public health professionals work with partners specialising in transport, urban design, community development, poverty and homelessness (to name but a few of the issues represented around the table) to ensure that transport *solutions* could be identified to address health problems? The solution focus of the research enabled the RAG and partners such as Living Streets to identify the means by which we could move forward to improve public health in the region, rather than simply reporting a snapshot of the situation.

The resulting report: *Improving Public Health in the North East through Public Transport Solutions* (Gardner et al, 2009), was written by a team led by Geoff Gardner. The research team undertook the considerable task of interviewing potential partners from all sectors and compiling information – rather than data – about transport-related health issues as we all perceived them, and about how organisations such as Living Streets could become part of a concerted initiative to create change. For our part, we freely shared information about our own experience and practice. This included demonstrating how the Living Streets Community Street Audits could enable local people to identify improvements to their local environmental quality, and how acting as a "critical friend" with local authorities could ensure that Masterplanning, regeneration design briefs and public consultation could create a more walkable, people-friendly local environment. This, we argued, could in turn have positive impact upon public health in the region by improving the quality of North East life and reducing the health risks posed by driver and pedestrian behaviour, air quality and the consequences of inactive travel habits.

The research and report went through a number of consultation and reflection stages prior to publication. Living Streets used these opportunities to argue the value of, and the need for appropriate provision for, walking. We also contributed to the discussion as a partner in other groups responding to the report. Most notable was our involvement with the North East Combined Transport Activists Roundtable (NECTAR). NECTAR is a regional umbrella body forum, in which organisations with an interest in sustainable transport can develop a co-ordinated view on contemporary transport issues. This group, along with Natural England, were strong supporters of our agenda.

## **Findings and recommendations**

The findings of the research testified to the strength of the partnership commitment to creating change in our region. Most of the data within the report will come as no surprise to those of us engaged in the promotion of walking as a positive healthy, social lifestyle choice, nor to the health professionals. However, what came to light through the research and the discussions before and after the final report was that our perspectives significantly differed in many situations. To borrow the analogy used by Jim Wallis, founder of the Sojourners Community: some of us were pulling people out of the river, some of us were treating the people who had been pulled out of the river; but we were all too busy to think about going upstream and catching the man who was throwing them into the river in the first place! We needed to understand the correlates between our various disciplines, and to re-take our practice back a few steps to understand where a combination of all

our understanding and skills could deal with the underlying transport-related barriers to health and wellbeing.

The research was also influenced by three UK reports, written by experts and tested against practitioners:

- *Promoting and creating built or natural environments that encourage and support physical activity* (NICE, 2008).
- *Building Health: Creating and enhancing places for healthy, active lives. What needs to be done?* (National Heart Forum, 2007).
- *Tackling Obesities: Future Choices* (Foresight, 2007).

What was of greatest impact was the correlates between health-related outcomes and transport-related solutions as drawn together by the authors (see Table 2). Moreover, by placing the report within a regional partnership framework, our potential to effectively address some of the issues by combining the strengths and resources of regional partners across the sectors became far more apparent. Implementing the report's recommendations soon became as significant as the report itself.

Policy intervention	Potential health-related outcomes						
	Promoting physical activity	Reducing crashes and road traffic injury	Reducing air pollution	Reducing noise pollution	Reducing greenhouse gas emissions	Increasing social inclusion	Improving access
Promotion of safe walking and cycling	+	+	+	+	+	+	+
Investment in infrastructure for safer walking and cycling	+	+	+	+	+	+	+
Travel planning and accessibility planning	+	+	+	+	+	+	+
Traffic-calming and speed reduction in residential areas	+	+	+	+	+	+	+
Enforcement of speed limits/ speed management	+	+	+	+	+	+	+
Reducing transport demand (e.g. promoting telecommunication)	+	+	+	+	+	+	+
Congestion charging (road pricing) and parking charges	+	+	+	+	+	+	+
Cleaner fuels and more efficient vehicles	○	○	+	○	+	+	○
Noise reduction	○	○	○	+	○	+	○
Safer cars (including safety for pedestrians)	+	+	○	○	○	+	○
Enforcement (e.g. seatbelts/child restraints)	+	+	○	○	○	+	○

+ Policy intervention likely to lead to positive health-related outcome  
 ○ Policy intervention not likely to lead to health-related outcome

Table 2: the correlation between transport and health (Gardner et al, 2009, p26)

A significant gap was identified in one key area: land use and transport planning. The authors of the report recognised that there were currently no obvious partnership opportunities within which Public Health North East had an active part and that where participation was made; it was at a relatively nominal level. For example, PHNE is a statutory consultee on all planning applications submitted to local authorities in the region. However, in practice it was unlikely that any PHNE representative would engage in discussion of land use and planning, beyond checking that ambulances would be able to get around a residential estate or business park, or when an Estates department was planning the location of, say, a new hospital facility. Raising the appropriate awareness and building the necessary capacity to engage at a more influential level would

therefore require a more effort to build relationships, establish common ground and raise greater awareness of the correlation between land use and planning and public health issues. During the recent (pre 2008) increase in residential estate developments, a particularly anti-active travel trend had been noted: the use of design features to promote security. Although "Secured By Design" may be useful in the deterrence of antisocial behaviour, it is regarded as anti-urban by Commission for Architecture and the Built Environment (CABE). The authors noted that the tendency among Police architectural liaison officers to prioritise crime reduction (where allowing criminals easy routes through an area is not recommended) and ignore the value of permeability (which allows people a choice of easily-accessed routes through an area) Subsequently, estates with pedestrian- and cycle-friendly through-routes received less support, and estates with minimal permeability were favoured. This design trend discourages active travel, as the detour "round the houses" (literally!) is a deterrent to even starting out on foot. "*The residents of such developments*" concluded the authors of the report "are facing a lifetime of inherent car use and inactivity. The burden of any resultant ill-health will be carried by the health sector." (Gardner et al, 2009, p3). The *Manual For Streets* (DfT, 2007) guidance on urban design was hailed as a potential solution to this issue. This document sets pedestrians at the top of the user hierarchy, and gives essential service vehicles such as ambulances priority over other motor traffic other than public transport.

Those of us engaged in regional policy identified an opportunity to improve this situation. Consultation on an Integrated Regional Strategy was to have taken place in 2010. This would have combined existing regional land use and economic strategies and consider more wider-ranging implications for the region (including health issues). NB: However this has not proven to be the case, as our political climate has changed and the English regions are soon to be replaced by other structures)

The report identified three key mechanisms within the transport profession which could help support healthy transport. These were:

- **Accessibility Planning:** This discipline considers how to access goods and services with the minimum of travel. Each local authority has an accessibility planning team that sometimes (though not always) has health sector participation. Sending a single audiologist to a village hall, for example, could reduce the need for patients to drive (or be driven) unnecessarily long distances and might even enable the patient to walk or cycle to their appointment.
- **Sustainable Transport:** There are specialists promoting sustainable travel to school in every UK local authority. The majority of councils also have someone who specialises in workplace travel plans. Living Streets campaigns such as Walk to School and Walking Works were identified as useful in the promotion of sustainable travel across the North East or England.
- **Road Safety:** Local authorities across the North East had already developed road safety partnerships. These partnerships, developed in response to Local Strategic Partnership delivery of Local Area Agreement or Sustainable Community Strategy targets, were recognised as potential mechanisms for change. The partnerships mainly included police and road safety officers, but it was noted that there would be some scope for involvement from the health sector.

What did the report say about the NHS itself? As a phenomenally large organisation, the National Health Service was an obvious place to start examining the links between transport and health. In the same way that transport needs health-proofing, health needs transport-proofing. There was already a mechanism for improving the all round sustainability of NHS premises in the form of the 'Good Corporate Citizen' initiative. This was further enhanced by the new strategies on Climate

Change and carbon consumption. However, as in the example of permeability design above, there were a number of areas where capacity still remains to be built.

There were also examples of local good practice which could be replicated across the region. Newcastle’s acute hospitals had demonstrated how travel to health premises could be made more healthy and sustainable. This had been achieved through the efforts of the Sustainable Travel Officer, David Malone, whose work across the City’s three main teaching hospitals had significantly increased cycling and walking to work by hospital staff, and who had promoted the use of public transport to such a degree that the post was sustained through the sales of the Network travel ticket (similar to the London Oyster card) which covers travel across the Tyne and Wear area. The report suggested that hospitals in the rest of the region would benefit from copying this example of good practice.

The report also led to a number of thematic recommendations – which during RAG discussion and in consultation with other partners at one time expanded to nearly thirty items! Ultimately, however, seven main themes were identified.

	<b>Recommendation (and links to the action table)</b>	<b>Likely Impact</b>	<b>Suggested Priority level for Action</b>
<b>NEED TO TRAVEL</b>	1: National, Regional and Local transport strategies should consider health implications of transport (1,2,6,8,11,12,16,24)	Medium	Medium
	2: New developments should be planned so as to reduce car use and encourage healthy and active transport (13,14,17,18,19)	High	<b>Very high</b>
	3: All large occupancy sites (including hospitals themselves) should have Sustainable Travel Plans (5)	Medium	<b>High</b>
	4: The evaluation of transport projects should include consideration of the costs it imposes on health. Projects that capture these costs, such as congestion charging are good for health. (7,10,15,25)	Very High	<b>High</b>
<b>NETWORKS</b>	5: Traffic Engineering and Urban design should promote active and healthy transport. 20mph should be the normal speed in urban areas. (9,19)	High	<b>Very High</b>
<b>NICETIES</b>	6: Health should form an active part of all relevant local area Partnerships (4,23)	Medium	Medium
	7: Social marketing campaigns should be targeted at the public and at internal stakeholders. (20,21,22,26)	High	<b>High</b>

Table 2: Recommendations of the report (Gardner et al, 2009, p7)

### Outcomes so far

So what has happened so far? It would be fair to say that a beginning has been made, but that there is still a long way to go. Over the past year Public Health North East has invested £50,000 towards creating a North East Active Travel initiative. The project, known as NEAT Moves, is hosted by Sustrans. Living Streets are members of the project Steering Group and have helped to lead development of an action plan which has been adopted by the regional advisory group. The action plan not only includes specific objectives which can be achieved by health agencies; it also

highlights the wider issues by which public health could adjudge the progress towards a healthier, active travel agenda. We have ensured the inclusion of walking targets throughout, including increased participation in walking to school and walking to work. The NEAT Moves team has begun the process of analysing the active travel habits of NHS staff in the North East, and considering how health provision and health service assets such as hospital grounds, doctor's surgeries influence the modes of travel to these places. Once we have a fuller picture of what the situation is across the region, then similar cost-effective solutions can be put into place as part of the routine. Work is ongoing. The action plan also includes building capacity among health professionals in transport and urban design issues. The RAG continues to monitor progress on the action plan and it has a regular place on the agenda.

Living Streets has also seen progress across the region:

- There has already been a growth in North East councils who have been willing to promote 20mph limits in residential areas and in other relevant areas. The 20mph limit has been a Living Streets campaign for some time. North East councils who led the way on this were Newcastle City Council and Gateshead Council, who have partnered with Living Streets over our three-year regional work.
- Walk to School now has a North East Coordinator
- Living Streets has worked with the Newcastle Hospitals to improve pedestrian access to and within the hospital grounds
- Living Streets contributed to the Trades Union Congress' conference "Good Health is Good for You" earlier this year.

## **What does the Future hold?**

As many of you may be aware, the worldwide financial downturn has meant that the UK Government is reconsidering the role and funding of much of our existing structures within our country. This means that we already know that the former regional infrastructure will soon be replaced by a localism agenda and the National Health Service and Strategic Health Authorities are undergoing a wide-ranging reform. The original recommendations from the report include the creation of a minimum three-person team to begin the correlation of health and transport solutions: current NEAT Moves funding represents less than a third of that provision, and funding for those who could offer in-kind support has been significantly reduced. The future is uncertain, but I believe that there is a strong commitment across public health, local authority, transport and other partners to ensure that we do not lose the momentum. I am optimistic that the work done so far will not be left upon some shelf, even if the National Health Service structures change significantly. One of the main messages of the research and its implementation is that by investing in the transport-based solutions to public health issues, we could reduce the increasing financial burden to the NHS. Obesity alone is estimated to cost the UK over £8.2 billion per year at the moment, and unless something changes, these costs will only rise. As the price of oil rises, we have seen a reduction of car journeys in the UK: one therefore assumes that the missing car trips were either unnecessary journeys not taken, or for which some alternative was found. It may be that the very economic crisis which at the moment is reducing the available investment for this initiative will in fact become the impetus for future funding. Time will tell.

## **Lessons learned**

So then, what lessons can be drawn from the Transport and Health partnership in the North East? Some of this is fairly straightforward, but some of it requires new thinking and innovative action:

- Health needs to be transport-proofed, but transport also needs to be health-proofed
- We are better, together
- Be there and speak up!
- Shared goals can achieve shared results
- Policy achievement relies on people-centred solutions

- Thinking does not have to emerge from “the obvious box”
- Never give up

In other words: proactive presence, participation and a partnership approach can enable a small non-government organisation to make a difference

**References:**

Public Health North East. (2008). *Better Health, Fairer Health*. Department of Health

Gardner et al.(2009) *Improving Health in the North East through Transport Solutions*

National Institute for Health and Clinical Excellence. (2008). *Promoting and creating built or natural environments that encourage and support physical activity*

National Heart Forum. (2007). *Building Health: Creating and enhancing places for healthy, active lives. What needs to be done?*

Foresight. (2007). *Tackling Obesities: Future Choices* HMSO

Department of Transport. (2007). *Manual For Streets*. HMSO. Thomas Telford.