

[Bristol \(UK\): how public health specialists can change transport planning](#)

BRISTOL
2015 EUROPEAN
GREEN CAPITAL

BRISTOL CYCLE STRATEGY



Simplifying Cycling



City:

Bristol

Region:

Western Europe

Country:

United Kingdom

Topic:

Scheme appraisal

Public and stakeholder involvement

Mobility management

In brief

To improve the health of its residents and initiate the changes required to do so, NHS Bristol employed a number of public health experts and developed the influencing skills of such staff at various levels of local government through co-located posts.

Since their appointment in 2008 by NHS Bristol and Bristol City Council's (BCC) Director of Public Health, the expert in public health and transport planning has helped ingrain a public health perspective into urban transport planning, leading to substantial positive health impacts.

Strong cooperation between the transport and health teams has also led to the development of programmes promoting walking and cycling and integrated strategies for physical activity.

Context

Bristol City Council (BCC) has a long-standing commitment to promoting walking and cycling: the extent to which these activities form part of people's everyday routines is vital to judging whether the desired transport and health outcomes have been achieved.

Before public health became the responsibility of local authorities in England (2013), BCC recruited public health specialists in an attempt to embed a health perspective into its organisational structure and policy development processes to address aspects of the built environment. The ultimate aim was to improve public health outcomes.

Transport was one of many areas in which a specialist was placed. Others were posted in teams working on other aspects related to the built environment, including town planning and more recently climate change resilience, whilst another worked in a team investigating the determinants of physical activity.

In action

Since their appointment, the specialist has spent time in various teams in the transport department. They are currently based in transport policy. The specialist has built close relationships with colleagues and regularly liaises with senior transport officers and the Councillor responsible for transport planning.

Three areas in which they have had a significant influence are:

- implementing 20mph (30km/h) speed limits;
- increasing road safety;
- information materials explaining the relationship between health and transport.

When working on the promotion and evaluation of 20mph (30km/h) policies and speed limits, the specialist secured the support of key decision makers, including senior council officials and politicians. They then served as the transport lead for the council's workstream on enhancing road safety; a plan based on the 'Safe Systems' approach was devised to achieve this.

They also developed easily understandable, evidence-based materials for transport and urban planning professionals outlining the health impacts of road transport. The short reports have increased understanding of the value of integrating a health outlook into transport planning and policy.

The use of the WHO's Health Economic Assessment Tool is standard practice when developing new pedestrian and cycle schemes. Another initiative saw a Local Sustainable Transport Fund (LSTF) programme guided by the specialist. A significant part of this was devoted to a 'life course' approach, which was based on the best available peer-reviewed evidence at the time. The project set out to help people be physically active as they progressed through the course: those participating had often broken exercise-related habits moving school, house, or job.

Increasing recognition of active mobility's importance can also be seen on a wider scale, with walking and cycling promotion integrated into broader local policy initiatives. For instance, the Active Bristol Strategy 2011 - 2016 (the result of a partnership between BCC and local health services) tested ways of increasing physical activity amongst harder to reach communities. In addition, Bristol adopted a walking strategy in 2011 and a cycling strategy in 2015.

Results

The positive outcomes resulting from the city's initiatives are clear. Between 2001-2011, the amount of people cycling for their commute increased by 94 per cent, with 40 per cent more people walking to work.

In 2015, the roll-out of 20mph speed limits (30km/h) continued across Bristol, with the limit introduced in an eighth area. According to a 2015 report from Sustrans, an active mobility charity, 80% of Bristol's streets either had the limit or were traffic calmed.

Following the LTSF initiative in 2013, a survey was conducted amongst those assisted by a travel adviser: 26% of respondents had altered their travel habits as a result. The two most pronounced changes were the increase in cycling and reduction in car use.

Cross-sectoral collaboration and health's inclusion in integrated planning processes is evidenced in the creation of the Supporting Healthy Inclusive Neighbourhood Environments Team Health Integration Team (SHINE HIT). The team, which includes the public health and transport specialist, seeks to ensure that local environments are improved to make clear to all sectors that they can benefit from engaging with their environment. Walking has been a key focus of SHINE's work.

Challenges, opportunities and transferability

Bristol's ambition is to become a world-leading city for active travel, where 80 per cent of journeys covering five miles (8km) or less are made by bike, on foot, or with public transport. The Bristol Method, a knowledge-transfer programme, was launched in 2015 following the city's stint as European Green Capital. This was designed to help other cities understand and apply the lessons that Bristol learned in becoming a more sustainable city.

The BCC health and transport specialist post remains unique in the UK. Yet the disease burden for low levels of physical activity remains significant. 39% of adults in Bristol engage in too little physical activity. In Bristol, it is estimated that the National Health Service spends £3.2m annually treating people for illnesses and conditions arising from physical inactivity (figures from 2016).

An analysis conducted using the WHO's Health Economic Assessment Tool showed a 4:1 benefit-cost ratio for walking and cycling schemes, which represents good value for money. The Director of Public Health Annual Report 2016 for the City of Bristol estimated that investing £1 now would return £54 in five years, a figure based on 348 adults from a group of 987 inactive adults becoming more active.

In Depth

- To read the Director of Public Health annual report for 2016, [click here](#).
- To find out more about the Bristol Method, [click here](#).
- To read the Bristol Cycle Strategy (2015), [click here](#).
- To read the Bristol Walking Strategy (2011), [click here](#).
- To read the Sustrans report "Bike Life - Bristol 2015", [click here](#).
- To read the short summaries outlining the health impacts of road transport, [click here](#).

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