Transport for London

Transport planning for healthier lifestyles

A best practice guide

MAYOR OF LONDON

Transport for London

Contents

Acknowledgements

This best practice guide has been prepared by Transport for London (TfL) at the request of health sector partners. TfL wish to acknowledge the input from the NHS and boroughs listed in the case studies.

Chapter 1: Background

1.1 Introduction

In London the health sector accounts for around one million daily trips or nearly five per cent of all trips. TfL and the NHS have been working together to better understand best practice in transport planning for healthier lifestyles. As a result this best practice guide has been prepared to draw out good practice in integrating the planning of healthcare with transport provision and encouraging a shift towards more sustainable and active transport modes – public transport, walking, cycling – and ultra-low-emission vehicles.

It is recognised that there are other important dimensions where transport and health are closely linked, such as reducing health inequalities, physical accessibility, patient transport services, air quality, fear of crime, road safety, noise, and access to parks and green space. These are not the focus of this document as such issues are well documented elsewhere. Where appropriate, references are given.

1.2 The link between transport and health

Transport and health are closely linked. Transport is a key determinant of health and well-being, directly and indirectly, with positive and negative effects.

Transport can provide access to jobs and services, which is good for mental health and well-being and allows for personal mobility and economic development, there being a clear link between health and income. In the forms of walking and cycling it can offer the opportunity for direct physical activity, and by providing access to leisure facilities and open space it gives the chance to participate in other physical activities such as sports.

Conversely, transport can have adverse health impacts through road traffic collisions, harmful emissions and transport noise which can affect mental and physical well-being. Car dependency can reduce opportunities for everyday physical activity. Crime and fear of crime on the streets and transport network, can affect well-being. Travelling in itself can induce discomfort and stress; for example in hot, crowded public transport or in traffic congestion.

The health sector's role is primarily to improve the health of patients but it also has a part to play, as do all public sector bodies, in advocating sustainable transport – public transport, walking and cycling – which makes more efficient use of road space and which, along with low- and zero-emission vehicles, produce lower emissions of carbon dioxide (CO_2) and other air pollutants. Greater use of sustainable modes also has the benefit of increasing daily activity levels – this can be described as 'active travel'. In turn this will help reduce the cost burden of physical inactivity which in England is estimated at £8.2bn – including the rising costs of treating chronic diseases such as coronary heart disease and diabetes. This does not include the

contribution of inactivity to obesity – an estimated further £2.5 billion cost to the economy each year.[1]

TfL and the NHS share similar aims – better health and less health inequality. The Mayor of London has a statutory duty to improve health and reduce health inequalities and this duty is reflected in his strategies. One way TfL does so is through the Mayor's Transport Strategy (MTS). The MTS contains policies and proposals to tackle the adverse effects of transport on health, improve safety, air quality and the journey experience and reduce noise, provide greater accessibility and opportunities for active travel and promote use of sustainable modes of transport.

1.3 Why have a best practice guide?

In December 2009 TfL consulted the public and stakeholders during development of the MTS and a session was held with London health organisations. These included primary care trusts (PCTs), hospital trusts, Commissioning Support for London, Greater London Authority Health Team, NHS London and the London Ambulance Service. Feedback identified a need for information on projects promoting sustainable transport and healthy lifestyles. Although highly effective travel/transport projects by health organisations existed across London, awareness of them was often limited.

TfL therefore committed in the MTS to continue to work with the NHS to share best practice. Transport Planning for Healthier Lifestyles - a best practice guide is seen as the best way to achieve this. This guide as well as helping the health sector, has benefits for TfL. It provides examples of how the MTS is being implemented, raises and maintains the profile of sustainable transport within the health sector, supports further policy development and promotes partnership working.

1.4 Scope of the best practice guide

The guide's scope is broad. It is intended to be a dynamic, evolving source of information, arranged in themes that cover the sustainable transport issues raised at the MTS consultation event by London heath organisations. The themes and sub-themes are:

- Integrating the planning of healthcare with transport provision, through use of tools, to consider access to healthcare facilities, transport assessments for new developments and bus route planning
- Encouraging a shift towards more sustainable and active transport modes – public transport, walking, cycling – and ultra-low-emission vehicles through facilities, promotion, travel planning information and infrastructure for electric and other ultra-low-emission vehicles

[1] At least five a week - Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer, 2004

Each sub-theme is linked to the appropriate MTS policies and proposals to show how the NHS can contribute to meeting MTS goals. Case studies, predominantly from the NHS, are used to illustrate. The case studies describe a project, its aim, how it is funded and monitored, and its impacts and provide a NHS contact. The funding information is included to demonstrate how NHS organisations have funded projects and shows how different forms of funding, be it seed funding from external organisations or from the NHS's existing budgets, have been used to implement the initiative. It is each organisation's responsibility to either fund or find funding for projects.

The guide does not cover how TfL is working to make its public transport system more accessible or improve its ambience and environment. Its purpose is to provide examples of what the NHS can do to improve its transport and travel issues.

Information on what TfL is doing to improve access on buses, streets, Tube and rail is contained in the MTS Accessibility Implementation Plan[2]. Examples include:

- Decluttering and shared space projects, which balance the needs of all road users
- Low floors and ramps on buses and bus stops with suitable kerb heights
- Improved audio and visual information on Tube and rail, plus better lighting, seating and toilets

The guide does not cover topics where transport and health are also closely linked, such as air quality, fear of crime, road safety, noise, and access to parks and green space, as these are addressed in the MTS. However, should the NHS decide the guide ought to cover these issues then this can be addressed in future versions.

The guide also acknowledges that best practice will evolve as new ideas and technologies emerge. To reflect this, and ensure the case studies are as useful as possible, the guide will be kept 'live' by TfL, working with the NHS and other partners in the health sector. For example, although there is initially a London focus, relevant examples of best practice both nationally and internationally could be included in future. The guide will therefore be web-based and will be reviewed every six months.

TfL welcomes additional case studies for the guide from health organisations and others. Please contact Catherine Jones, (CatherineJones@tfl.gov.uk) for more information.

[2] Taking forward the Mayor's Transport Strategy Implementation Plan Draft report, Mayor of London & Transport for London, June 2011

Chapter 2: The policy context and evidence base

2.1 The London policy context – Mayoral strategies

There are several Mayoral strategies alongside the MTS which prominently provide a health policy context. The Mayor's spatial strategy, the London Plan is the overarching strategy for London. Policy 3.2 addresses health inequalities specifically but other policies on employment, housing, access, environment and safety contribute.

The Mayor's Health Inequalities Strategy and accompanying Action Plan contain sections on encouraging active travel and improving accessibility of healthcare facilities.

The Mayor's Air Quality Strategy has a transport chapter which includes the need for sustainable travel (walking, cycling and public transport), particularly for shorter journeys.

2.2 Evidence base

Useful sources of reading and evidence about transport and health issues include the following:

- Transport and Health Resource: Delivering Healthy Local Transport Plans, Department of Transport and Department of Health, January 2011
- Transport and health – a briefing note, British Medical Association, November 2009
- Best Practice Guidance for Health Issues in Planning, Mayor of London, June 2007
- Transport and Health Essential Evidence 'on a page' series by Adrian Davis, Bristol City Council
- Transport Interventions Promoting Safe Walking & Cycling: Evidence Briefing, National Institute for Health and Clinical Excellence, July 2006
- Health on the Move 2 - Policies for Health Promoting Transport, Transport and Health Study Group, 2011

For evidence about the benefits of physical activity:

- At least five a week - Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer, 2004

The report provides evidence on the impact of physical activity and its relationship to health - describes wide ranging health benefits from regular physical activity, ranging from a lower risk of chronic diseases, such as heart disease, type 2 diabetes, stroke and some cancers. Physical activity can also boost self-esteem, mood, sleep quality and energy, as well as reducing risk of stress, depression, dementia and Alzheimer's disease. The Chief Medical Officer advocates for general health, a total of at least 30 minutes a day of at least moderate intensity physical activity on five or more days of the week. Walking and cycling are listed as easy ways for people to incorporate physical activity into everyday life.

The London Health Observatory is a good source of information on health and the National Obesity Observatory provides information on data, evaluation and evidence related to weight status and its determinants.

Chapter 3: Integrating the planning of healthcare with transport provision

3.1 Considering access to health – Health Service Travel Analysis Tool

When changing the location of any healthcare facility it is vital that travel implications are considered as early as possible in the planning process. Recent consultations on health service reconfiguration in London have shown that travel and accessibility are of great concern to the public, patients and staff.

TfL and NHS London have jointly developed a travel analysis tool, HSTAT (Health Services Travel Analysis Tool). This can consistently demonstrate changes in accessibility and journey time by public transport, car, cycling and walking resulting from proposed changes in the location of health services, including the addition of new services. The analysis derives travel times from TfL's accessibility model CAPITAL[3] and combines these with key socio-economic information based on the 2001 Census and health-related datasets. It can not only show travel times to a destination but also who is affected. Figure 1 shows a typical output, in this case travel time by public transport to Belvedere.

HSTAT is extremely beneficial to both TfL and the NHS in a number of ways. Most importantly perhaps, it allows a more in-depth analysis to be undertaken by the NHS; enabling them to make more informed decisions on the location of healthcare provision. Often the location of health services is restricted by land/buildings/services already available so the tool makes it easier to understand the travel implications of the sites' locations.

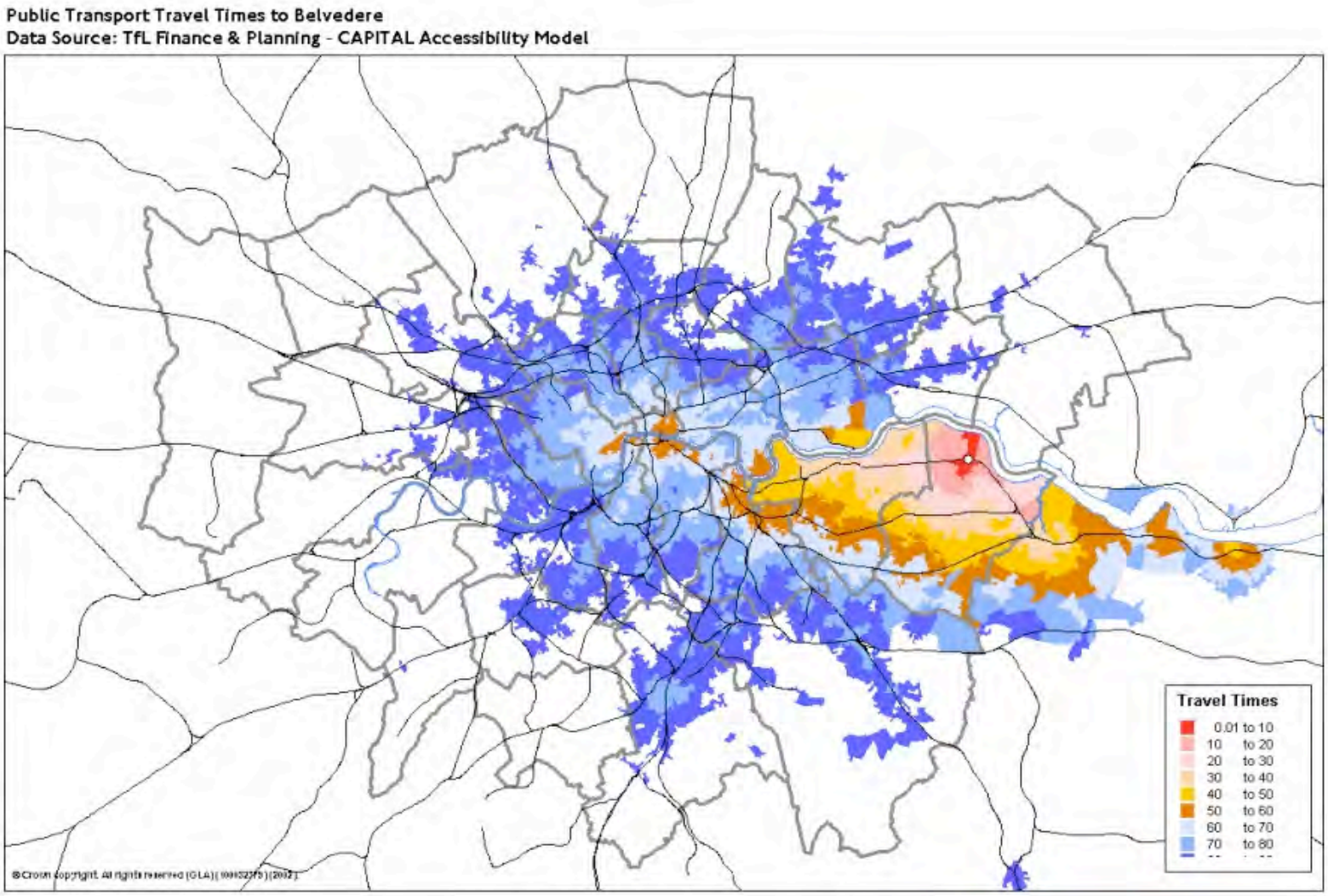
It also enables the planning of public transport to hospitals and other healthcare facilities. This reduces costly alterations to public transport routes that can occur when transport is an afterthought. HSTAT also allows timely communication between the NHS and TfL, helping to save time and public money by making healthcare services more accessible.

NHS London's guidance on reconfiguration and travel[4] cites how HSTAT can help consider the impact of health service changes on travel and accessibility.

[3] See Glossary for explanation.

[4] Health Service Reconfiguration and Travel, December 2008. Supplementary Note to the revised NHS London 'Reconfiguration Programme Guide', October 2008.

Figure 1


Public Transport Travel Times to Belvedere
Data Source: TfL Finance & Planning - CAPITAL Accessibility Model
Travel Times
0.01 to 10
10 to 20
20 to 30
30 to 40
40 to 50
50 to 60
60 to 70
70 to 80

3.2 Considering access to health – Public Transport Accessibility Level

Public Transport Accessibility Level (PTAL) is a measure of accessibility to the public transport network. For any given point in London, PTALs combine walk time to the public transport network (stations, bus stops) with service wait time (frequencies) at these stops to give an overall accessibility index. This can be allocated to six accessibility levels (one being poor and six being excellent). For any given point PTALs can be displayed as contour maps. At a borough level PTALs provide an overview of public transport provision. A high PTAL will equate to a larger number of public transport services and consequently a wider range of destinations reached compared with a low PTAL. Thus, when appraising service re-configuration options, the PTAL can be a useful initial measure for ranking site accessibility. PTALs are relatively simple to calculate and TfL has provided an online tool that allows the PTAL for any point in London to be calculated.

Figure 2 shows a PTAL map of Greenwich, the red and orange areas having a higher PTAL than the blue areas and therefore better locations for higher trip-generating land uses.

Policy link
The MTS describes, in Policies 3 and 22, improving access to economic and social opportunities and services for all Londoners and improving access to jobs and services in deprived areas. HSTAT can help in meeting these requirements of 'access for all' to health services and reducing health inequalities by showing who will benefit and who will lose out from changes in service provision. PTALs can help in showing areas of good accessibility for locating services.

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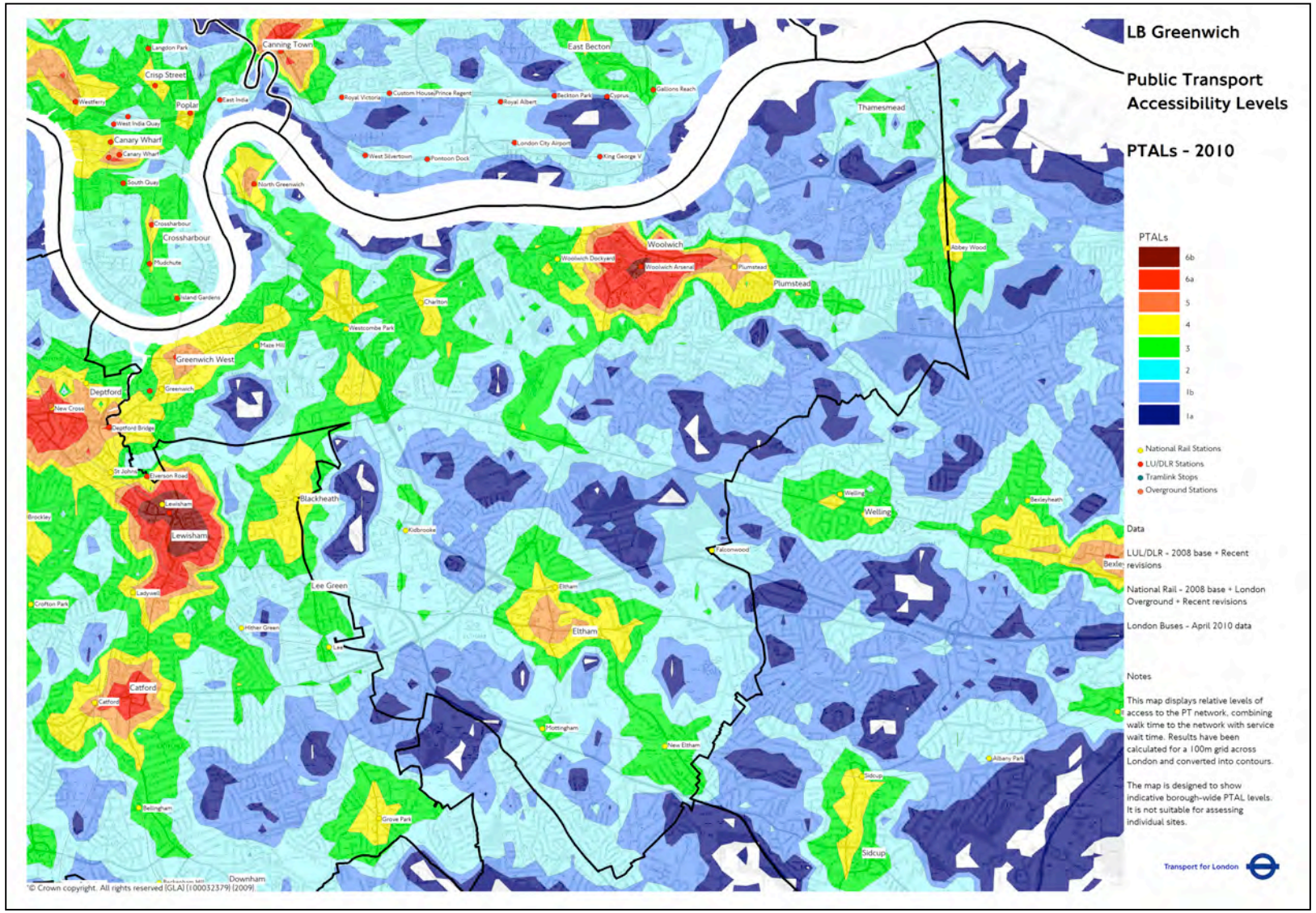
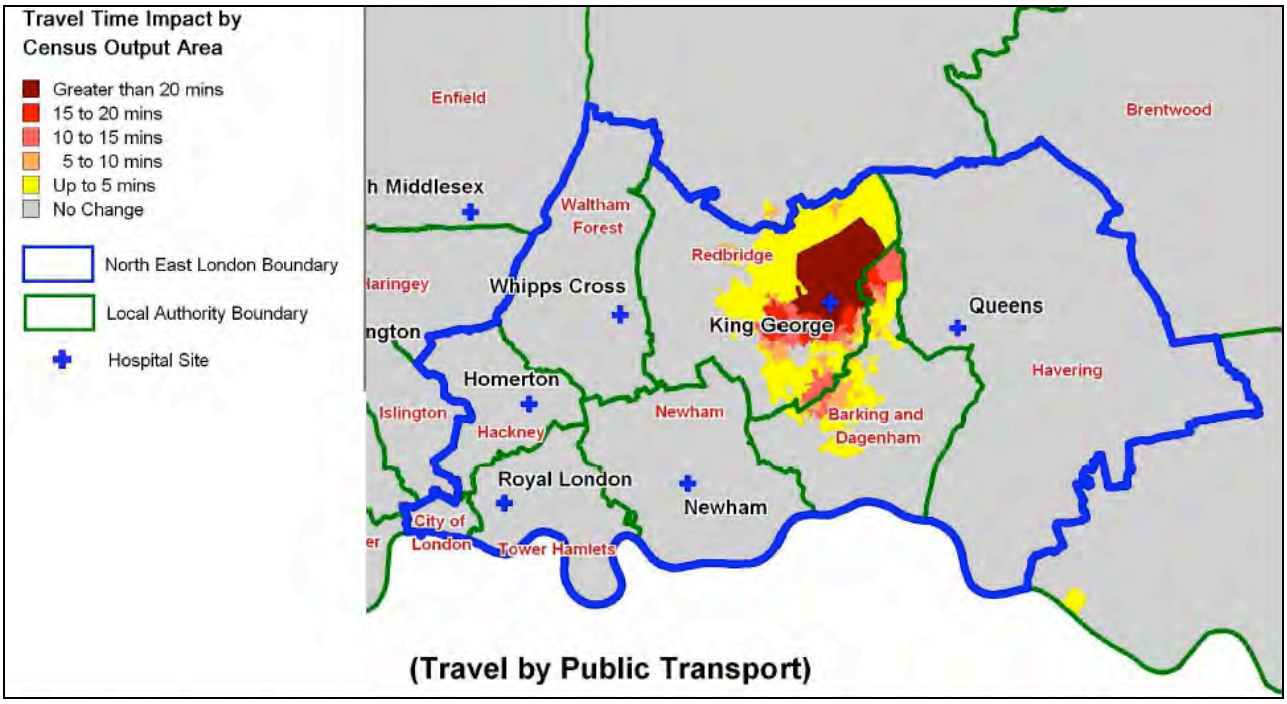
Figure 2


LB Greenwich
Public Transport Accessibility Levels
PTALs - 2010
PTALs
6b
6a
5
4
3
2
1b
1a
National Rail Stations
LU/DLR Stations
Tramlink Stops
Overground Stations
Data
LUL/DLR - 2008 base + Recent revisions
National Rail - 2008 base + London Overground + Recent revisions
London Buses - April 2010 data
Notes
This map displays relative levels of access to the PT network, combining walk time to the network with service wait time. Results have been calculated for a 100m grid across London and converted into contours.
The map is designed to show indicative borough-wide PTAL levels. It is not suitable for assessing individual sites.
Transport for London
© Crown copyright. All rights reserved [GLA] (100032379) [2009]
Canning Town
East Becton
Crossharbour
Woolwich
Plumstead
Greenwich West
Deptford
Lewisham
Blackheath
Lee Green
Eltham
Catford
Sidcup

Case study - Use of HSTAT by Health for north east London



Aim

Use HSTAT to inform reconfiguration proposals by Health for north east London (HfNEL).

Description

Reconfiguration plans for six hospitals in north east London consolidated some acute hospital services onto fewer sites in order to provide better quality care. Public consultation took place between November 2009 and March 2010. HfNEL used HSTAT to assess the proposals' impact on travel times for different scenarios.

The HSTAT analysis predicted that consolidating services onto fewer sites increased travel times for some people. These were greatest for the most specialist services but affected relatively small numbers of patients and there were smaller increases for changes to accident and emergency services, maternity and planned surgery services that would impact more people.

This was fed into the decision-making process and the importance of travel as a key concern for local stakeholders was noted and taken forward through a Travel Advisory Group supported by TfL representatives.

Funding

HfNEL commissioned Jacobs consultancy to run HSTAT and prepare the travel packs.

Impact
HSTAT provided consistent travel time information for a range of scenarios to inform the decision making process at all stages. However, HfNEL stress that while HSTAT outputs were very helpful in understanding of the impact on travel times of reconfiguration, stakeholders' experience and perceptions of actual journey times can challenge the outputs. Having a Travel Advisory Group that included TfL was particularly helpful following the desktop work/modelling in understanding and progressing travel issues.

Contact
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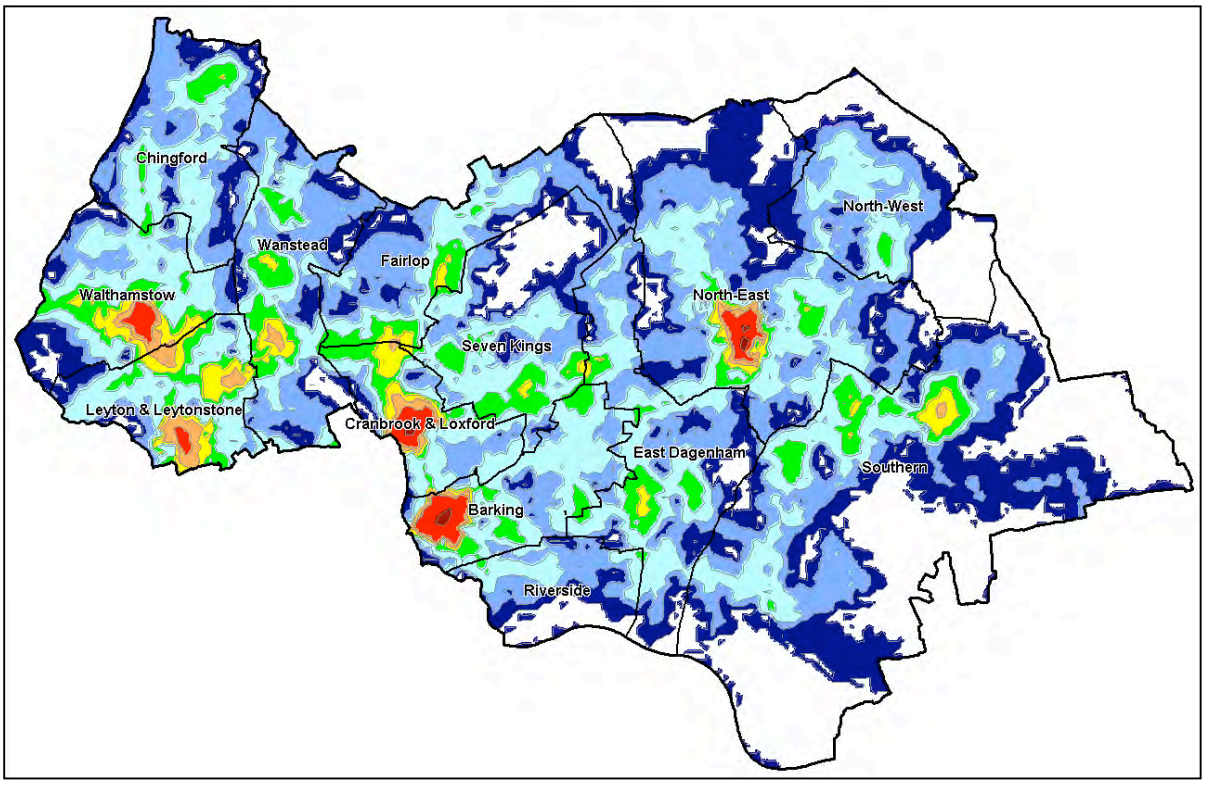
(gemma.hughes@onel.nhs.uk) tel: 020 8822 3055 / 07795 047 248

Case study - NHS Outer north east London cluster estates strategy



Aim
The estates strategy rationalises the Outer North East London (ONEL) primary care estate in Barking & Dagenham, Havering, Redbridge and Waltham Forest. Its purpose is to maximise efficiencies, improve building quality and reduce the carbon footprint.

Description
One of the strategy's objectives is to improve the estate's accessibility and this is also one of the estate development principles – 'In the right place with the right access'. To aid understanding of accessibility issues the Estates Strategy contains PTAL information and a map of the ONEL cluster. It points out there is a great difference in the levels of accessibility across the NHS ONEL cluster and these differences will be used to help influence site selection alongside other criteria. While the strategy is principally an estates tool, it provides useful guidance and reassurance to other key stakeholders, such as local GPs who are essential in delivering buildings and the services provided therein.

Funding
TfL provided the PTAL map at no cost.

Monitoring
Accessibility is measured by regular patient surveys.

Impact
By using PTAL, along with other transport planning techniques, NHS ONEL aims to improve access to health services.

Contact
Will Vote, Strategy Manager, NHS Outer North East London – a partnership of local primary care trusts, (William.Vote@onel.nhs.uk) tel: 020 8822 3045.

3.3 Considering access to health – transport assessments for new developments

Where developments by health organisations will have significant transport implications, transport assessments should be prepared[5] and submitted alongside the relevant planning applications. The coverage and detail of the assessment should reflect the scale of development and extent of the transport implications of the proposal.

For major proposals, which will often be referable to the Mayor of London, the assessment should illustrate accessibility to the site by all modes and the likely modal split of journeys to and from the site. It should also give details of proposed measures to improve access by public transport, walking and cycling, to reduce the need for parking associated with the proposal and to mitigate transport impacts. Where appropriate, a travel plan should be included.

Transport assessments enable local planning authorities and TfL to better assess the application and provide a basis for discussion on details of the scheme, such as the level of parking, the location of buildings and entrances and the need for further measures to improve access arrangements to the site.

TfL's Land Use Planning Team has produced guidance on the production of transport assessments and it would be expected that this guidance is followed for major planning applications, particularly those referable to the Mayor.

Policy link
Policy 9 of the MTS describes how local development control processes will be used to seek to ensure that the design and layout of development sites maximise access on foot, cycle and to public transport facilities. This policy is supported by Proposal 57 – developments to encourage cycling, Proposal 60 – supporting developments that emphasise the quality and permeability of the pedestrian environment and Proposal 97 - reduce the need to travel through integration of transport and land use planning.

TfL contact
Rachel Palfreeman (rachelpalfreeman@tfl.gov.uk)

[5] Planning Policy Guidance 13: Transport. DCLG January 2011. Paragraph 23.

Case study – St Leonard's Hospital transport assessment

Aim
To demonstrate how transport demands of the proposed development would be met in terms of maximising sustainable transport.

Description
NHS City and Hackney made an outline application for St Leonard's (a site consisting of approximately 5,100sqm of healthcare facilities) in Hackney for building a polyclinic and a secure mental health unit and associated works including: landscaping, car parking, cycle parking and access. The transport assessment (TA) included all the transport elements required by TfL, considering an overview of baseline conditions and site accessibility, a multi-modal trip generation and impact assessment, and a draft Travel Plan. Parking was proposed to be reduced from existing on site provision of 143 spaces to 47. Considering the high mode share predicted for cyclists, TfL recommended that cycle parking be increased to accommodate this demand and this was secured by condition.

Funding
The TA was funded by the NHS City and Hackney

Monitoring
The project is monitored by the Local Planning Authority

Impact
As a result of the TA**,** the borough sought and got higher than minimum cycle parking.

Contact
Rachel Palfreeman (rachelpalfreeman@tfl.gov.uk)

3.4 Considering access to health - bus route planning

Buses often provide the main public transport access to health and other services in London, particularly outer London and particularly for those people in lower income groups. As such, the Mayor has prioritised the continual improvement and maintenance of London's comprehensive bus network. TfL is in a unique position in Great Britain in being able to plan and specify routes, frequencies and service quality.

The TfL bus network is subject to a continuous review process, enabling key changes in population, employment and land use to be picked up and reflected in the bus network. This process involves:

- Structured engagement with stakeholders
- Extensive market research
- Performance monitoring
- Formal consultation

TfL develops services on a network basis. There is a regular review programme consisting of routes whose contracts are due for renewal, parts of the network affected by major change, and other priority areas. Over half of the network's 700 routes have some level of review each year.

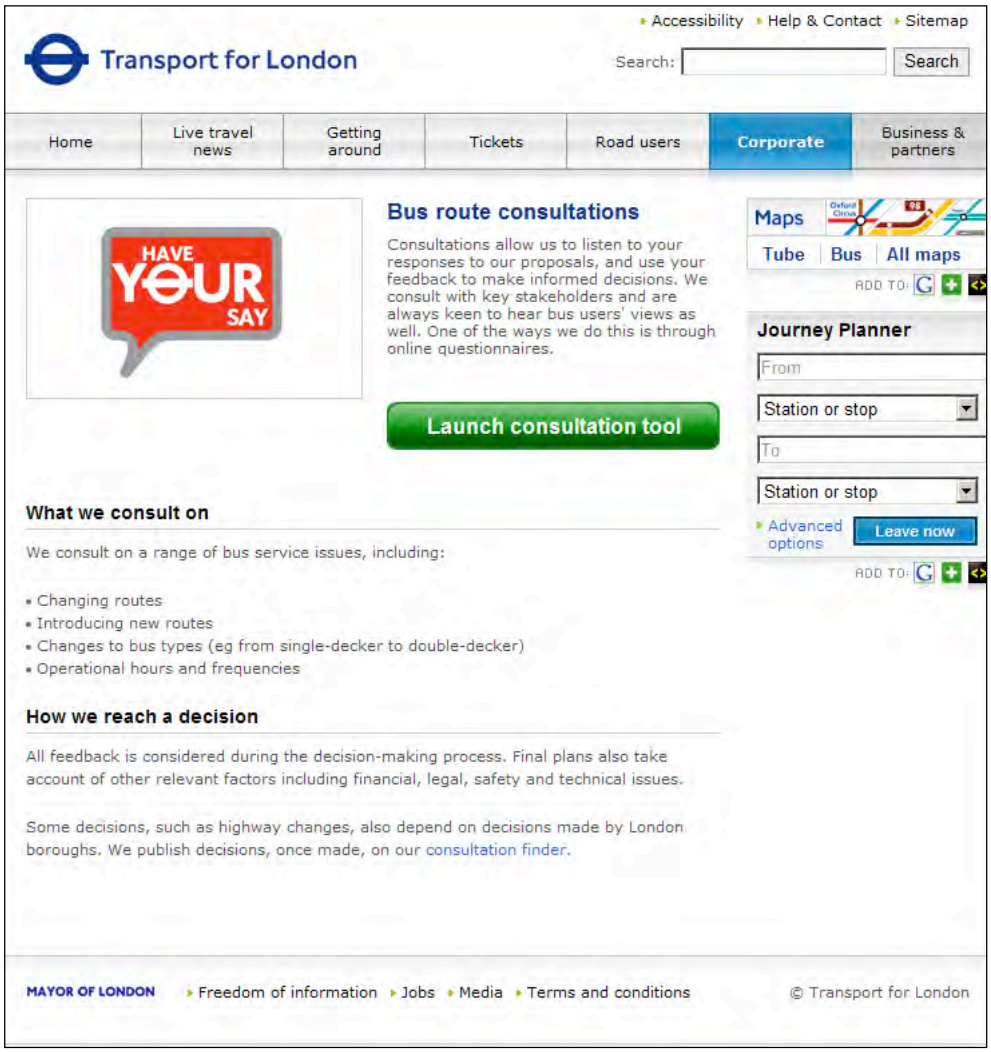
The process for change is evidence-led. TfL collects data from a number of sources including; operational and market surveys, roadside counts, quality of service indicators, customer satisfaction surveys, the national census, transport models and from local authorities, businesses, schools, NHS, shopping centres, developers and London TravelWatch as well as the public.

The benefits of service options are assessed. Changes must be good value. Any increase in subsidy must be affordable. Cost-benefit analysis trades-off conflicting aspirations and assesses the effects of schemes in detail.

Any changes to bus services are consulted upon. TfL consults with all key stakeholders, including boroughs, London TravelWatch, Assembly Members and MPs, transport groups, disability groups, NHS bodies, the police and others. Initially, ideas and aspirations for services in the regular review programme are collected, before any detailed review. TfL will also consider information gained from its structured engagement with stakeholders, including data potentially affecting services not in the regular programme. Options for change are developed using a network approach, with an overall aim of supporting delivery of the Mayor's Transport Strategy. There is then public and stakeholder consultation via the internet on any specific proposals for change. Figure 3 summarises the processes involved.


BUS STOP
Northwick Park Hospital
towards
Harrow Weald
182
N18
Enrol from Tues
Harrow COLLEGE
16-19 yrs | 020 8909 6000 | www.harrow.ac.
Metroline

TfL has launched a new online consultation tool that hosts all bus service consultations as well as other TfL proposals, for example regarding streets on the TfL road network. Everyone can take part in consultations. If a consultation on a particular proposal has closed comments are held on file for future analysis.



MTS policy link
MTS Proposal 23 states that TfL, working with the London boroughs and other stakeholders, will keep the development of the bus network under regular review. This includes five-yearly reviews of the strategic priorities underlying the process to ensure it caters for population and employment growth, while maintaining ease of use, attractive frequencies, adequate capacity, reliable services, good coverage and good interchange with other modes. All proposals for change will be appraised to ensure that they deliver good value for money and that the funds available are being invested in optimum service improvements.

TfL contact
Simon Mouncey (simon.mouncey@tfl.gov.uk)

Case study - Health for North East London Travel Advisory Group

Aim

The Health for north east London (HfNEL) acute services reconfiguration programme set up a travel advisory group (TAG) between October 2010 and March 2011 to:

- Explore travel issues raised in consultation from proposals to reconfigure acute services in NE London
- To address travel concerns raised by stakeholders

The group comprised local authorities, TfL, NHS services, with public and patient representatives from local involvement networks and the People's Platform.

Description

One of the travel issues was bus routes. The objective was to collate evidence to inform and support a process of engagement to review and extend bus routes into Queen's Hospital. TfL explained its route review and consultation processes. TAG assisted in the collation of stakeholder and public aspirations for future development.

Funding

No cost except attendees' time.

Monitoring

TAG Report.

Impact

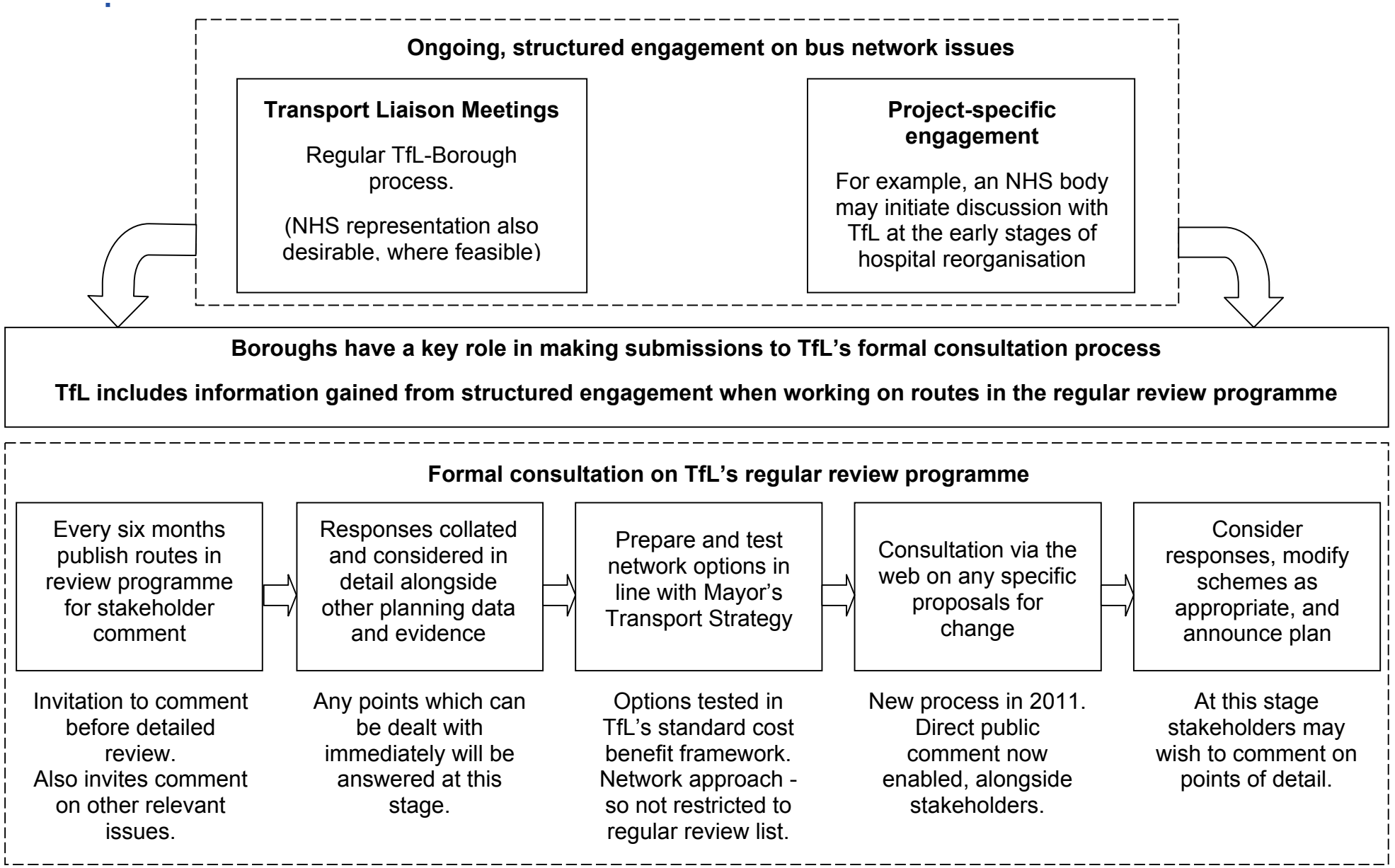
Progress to date:

- Set out a clear process for informing TfL's bus route consultation
- An improved consultation process (online tool) is now available from TfL
- A methodology for NHS Trusts to influence bus routes has been developed including detailed information that could be used for Queen's Hospital
- Further actions needed: NHS Trusts to use methodology and all stakeholders to participate in consultation on bus services

Contact

Gemma Hughes, Senior Programme Manager, Health for north east London, (gemma.hughes@onel.nhs.uk), tel: 020 8822 3055 / 07795 047 248.

Figure 3: Engagement process for bus service review



Chapter 4: Encouraging a shift towards more sustainable transport modes

4.1 Travel planning

Health services generate a need for travel by patients, staff and visitors. Around one million journeys taken in London every day are health-related and the impact of these journeys can affect access to healthcare, the surrounding community through congestion, impact upon the environment, health and quality of life.

A travel plan is a package of measures that address transport and travel issues associated with a healthcare site's activities. It may address some or all of the following:

- Staff travel – to/from work or in the course of work
- Patient and visitor travel
- Use of fleet vehicles
- Deliveries and contractors

A travel plan is a 'live document' that is monitored and develops over time according to the changing circumstances of the healthcare site and the environment in which it operates. Effective plans involve staff, patients and visitors in finding new ways to reduce the traffic impact of health facilities and for improving transport options to the site.

The benefits of a travel plan include:

- Saving money for the NHS and employees
- Increasing the travel options for staff, visitors and patients
- Becoming a more attractive employer
- Reducing carbon emissions
- Building a healthier, more productive workforce
- Making business journeys and site deliveries more efficient

TfL has produced NHS specific travel plan guidance, parts one and two.

Policy link
The MTS strongly emphasises the need for greater use of public transport and aims to achieve a mode share of 34 per cent in 2031, rising from 31 per cent in 2006, despite a three million increase in daily predicted trips from 24 million to 27 million over the same period. Policy 11 encourages the use of more sustainable modes of transport including public transport and aims to increase mode share of these trips.

The MTS sets out specific policies and proposals for managing the demand for travel and smarter travel initiatives – of which workplace travel plans are part – is one aspect to achieve this. Proposal 116 states the Mayor, through TfL and working with the boroughs and other stakeholders – which will include the NHS – will use smarter travel initiatives. Proposal 62 is to promote walking and its benefits through information campaigns and workplace travel plans.

TfL contact
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Case study - NHS Tower Hamlets Travel Plan

Aims

1. To generate a mode shift away from the car to walking and cycling
2. To lead by example by promoting methods of active travel in the borough

Targets were set for the two main sites of NHS Tower Hamlets (Mile End Hospital and Aneurin Bevan House) between September 2009 and September 2011 to:

- Increase cycling to work from nine per cent to 15 per cent
- Increase walking to work from 11 per cent to 12 per cent
- Reduce driving to work from eight per cent to five per cent

Description

A range of short term measures have been implemented:

Cycling

- An extra 30 new bike parking spaces at Mile End Hospital
- New cycle racks and a shelter for 25 bikes at Aneurin Bevan House
- Monthly Dr Bike (cycle repair) sessions held at both sites
- An increase in shower and locker facilities at both sites
- The provision of cyclists' breakfasts
- Plans to re-allocate car parking spaces to cycle parking
- Provision of a 20p mileage allowance for cycling

Walking

- Participation in Walk to Work Week
- Provision of walking information (and other sustainable travel information) in dedicated new starters joining pack

Funding
Implementation costs of £20,000, funded through partnership between TfL and Tower Hamlets Council. Ongoing funding is provided through TfL Local Improvement Plan allocation.

Monitoring
Modal travel surveys of staff approximately every two years, from a baseline in 2009. Following restructuring and large staff losses from 1 April 2011, the September 2011 survey may not go ahead. At the very least the plan and targets will be revised. However an interim survey was held in January 2011.

Impact
The number of bike spaces has increased, and anecdotal evidence is that most spaces are full on most days. The January 2011 survey showed that 13 per cent of staff now cycle to work, at Aneurin Bevan House compared with five per cent at the start of the project.

Contact
Sam Margolis, Joint Active Travel Officer (Tower Hamlets Council and NHS Tower Hamlets), (sam.margolis@thpct.nhs.uk)

Case study - Northwick Park Hospital Travel Plan

Aim

To encourage healthy, environmentally friendly, efficient travel to Northwick Park Hospital for staff, patients and visitors through improvements to information and facilities.

The reasons for having a travel plan are traffic congestion and constant pressure on car parking. There are also issues with pedestrian access, bus access and locations of shower facilities and lockers. The hospital trust also wishes to promote the health benefits of active travel, the environmental benefits of non-car modes and car sharing, and the greater efficiency which is achievable if single car occupancy journeys can be reduced.

Description

Northwick Park's first Travel Plan was produced in 2006 and the second plan in 2010. Both plans covered:

- Commuting to/from the Northwick Park Hospital site
- Travel during the course of work
- Travel to the site by visitors and patients

The 2010 Travel Plan will form part of the hospital's carbon reduction plan, and has high-level support from the Director of Strategy. The 2010 Travel Plan has a comprehensive set of targets to be achieved by 2014 building on the achievements of the 2006 Travel Plan. These targets are:

Commuting mode:	**Staff targets**

single-occupancy car	10 per cent decrease
car share	Two per cent increase
public transport	Two per cent increase
walking	Three per cent increase
cycling	Three per cent increase
Business travel	
single-occupancy car	Five per cent decrease
Trips to the hospital (mode)	**Patient / visitor targets**
single-occupancy car	Four per cent decrease
public transport	Four per cent increase
Receiving travel information for appointments	10 per cent increase

A wide range of measures will be implemented to achieve these targets including:

- Promoting shower and changing facilities
- Promotion of cycle to work scheme
- Cycle parking provision
- Interest free season ticket loan for public transport
- Promotion of Oyster card top-up online and at Northwick Park Station
- Review of parking space provision for disabled users
- Promotion of home-working and teleconferencing
- Improving travel information provision
- Consideration of a taxi sharing scheme
- Promotion of active travel through posters in waiting areas

Funding

TfL funded the 2010 Travel Plan which was produced by Steer Davies Gleave. In future it will be funded by the hospital trust.

Monitoring

- Baseline travel surveys for staff and patients/visitors in 2005 and 2009
- Annual monitoring through staff and patient monitoring surveys

The Travel Plan will be reviewed in 2014

Impact

The 2006 plan succeeded in bringing about a degree of modal shift. Between 2006 and 2009:

- Public transport usage increased from 22 per cent to 30 per cent
- Overall car use reduced by six per cent
- Single occupancy car use reduced from 47 to 42 per cent
- Public transport use increased by eight percentage points, with the main increase in use of the Tube (increasing by seven per cent). Bus use remained constant
- The percentage of staff walking remained constant though cycling reduced by three per cent, however, in terms of numbers of staff, the change is small and is being addressed through greater promotion of cycling in the 2010 Travel Plan.

The Travel Plan forms the evidence base for the Northwick Park Public Transport Liaison Group which has achieved the following:

- Moving a bus stop, saving a 200m walk to the hospital main entrance
- Lobbying for and agreeing a station access scheme at Northwick Park Underground station (to be implemented in 2011/12). This involves relaying and widening a footpath to match the 'desire lines' showing where users want to walk, improved lighting. This will make the walk between the hospital and Tube station more pleasant and encourage public transport use
- Influenced Council support for better access to hospitals

Contact

Gerry Devine, (Devine.gj@gmail.com), tel: 020 8424 9034 / 078 0863 8490

Case study – Oyster card use at the Chelsea and Westminster Hospital

Aim

- To ensure access to Chelsea and Westminster Hospital is available to all, irrespective of financial status
- To encourage a shift to public transport as a more sustainable and environmentally friendly method of access
- To save costs; the Oyster card method is cheaper than paying for private hire vehicles to bring patients to the site

Description

The project began in July 2010. A total of 50 Oyster cards were each loaded with £7 credit, and issued to patients who applied to use patient transport services based on the grounds of financial difficulty. This encourages patients to travel to hospital by public transport instead of by private hire vehicle. Currently, around 15 to 20 patients have the Oyster cards. The project will continue until the cards' credit runs out.

Funding

The total project cost is £500, paid for by the Chelsea and Westminster Hospital NHS Foundation Trust. So far £200 has been spent.

Monitoring

None

Impact
The Oyster cards have encouraged the use of public transport rather than private hire vehicles for patient transport. This has brought associated savings both in carbon emissions and in the cost of patient transport paid for by the hospital.

Contact
Marie Courtney (marie.courtney@chelwest.nhs.uk)

4.2 Planning for freight

Freight is vital to London's economy and population. The healthcare sector relies on freight transport for medical supplies, chemicals/equipment, laundry, waste, catering, couriers/mail, electronics/furniture and cash. TfL has found that few businesses and organisations actively manage their supply chains, unless that supply chain is a key component of that particular business or organisation's activity. Managing supply chains efficiently can bring benefits to health organisations as well as the transport sector. Benefits for the NHS are:

- Reduced costs from eliminating unnecessary journeys
- Improved operational efficiency owing to on-time, predictable deliveries and increased staff productivity
- Reduced CO_2 emissions and air pollutant emissions
- Being a good neighbour, with fewer vehicles and more appropriate activity resulting in less noise and intrusion and improved safety
- Improved purchasing power through economies of scale from partnership working

Wider benefits are:

- Reduced congestion
- Greater reliability of the road network
- Improved safety

TfL has developed the concept of Delivery and Servicing Plans (DSPs) to manage supply chains efficiently from the perspective of the receiver of the goods. DSPs are travel plans for goods with the aim of reducing the number of deliveries required, while ensuring remaining deliveries are made as safe and as environmentally friendly as possible.

The first stage of the DSP process involves gathering data on deliveries (type, timing, location, size of vehicle etc), reviewing business practices and a site assessment. The second stage is to develop an action plan to identify where safe and legal loading can take place, proactively manage deliveries to reduce the number of peak-time deliveries and select freight operators who can demonstrate commitment to following best practice (for example those signed up to TfL's Freight Operator Recognition Scheme - FORS). The next stages are implementation and monitoring to ensure that the action plan benefits are realised and remain relevant, adapting as the organisation changes.

MTS policy link
The MTS has a policy to improve the distribution of freight (Policy 12) and Proposal 117 describes improving the efficiency and effectiveness of freight operations through DSPs and other efficiency measures.

TfL contact
Jaz Chani, (jazchani@tfl.gov.uk)

Case study - Great Ormond Street Hospital delivery survey

Aim

To improve the efficiency of freight deliveries; to achieve cost and environmental benefits.

The Great Ormond Street Hospital (GOSH) delivery survey stems from this imperative. Its aims are:

1. To better understand the number and type of deliveries to GOSH
2. To ascertain how efficient deliveries were to GOSH

Description

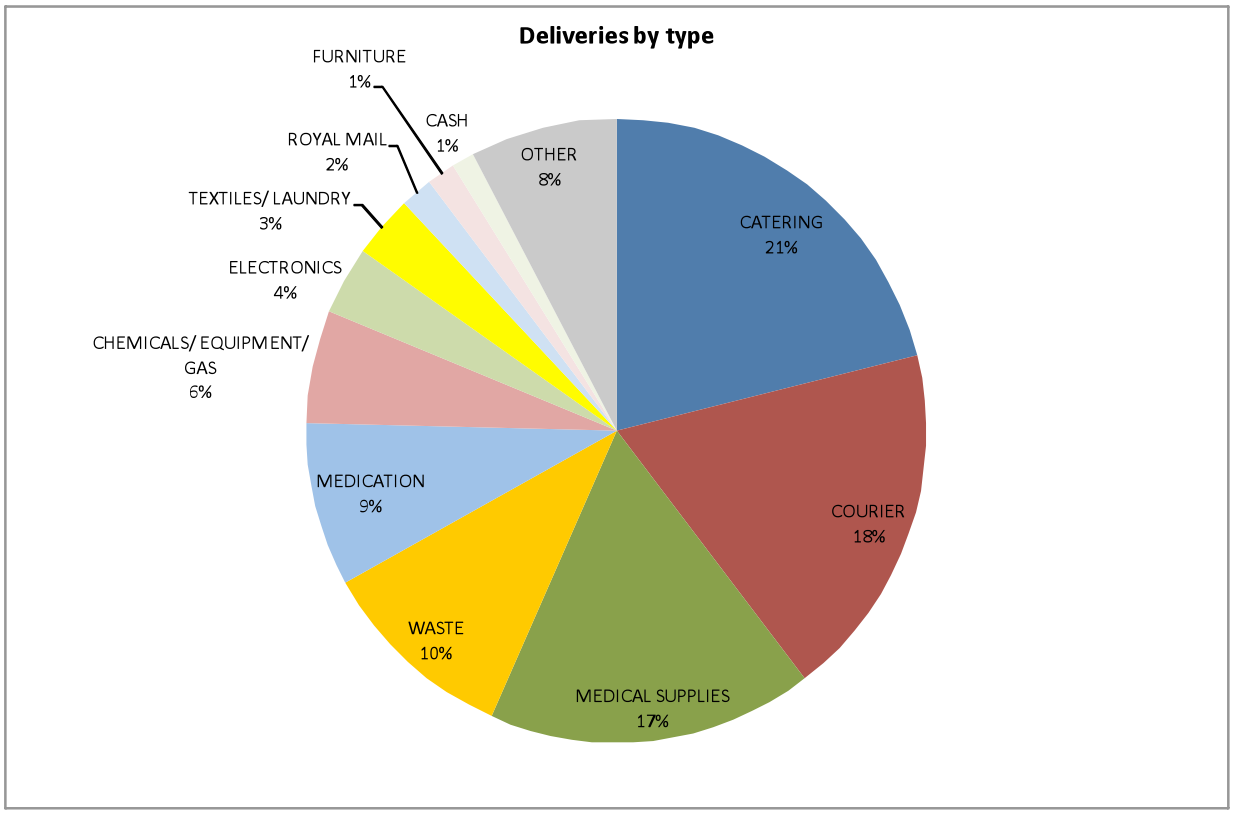
A five day survey in 2010 was carried out at the three GOSH sites (the main site, the Institute of Neurology site and the National Hospital for Neurology and Neurosurgery). It counted and classified vehicles delivering and picking up goods, and conducted short driver interviews. The survey is the first of a three stage process to developing a DSP for GOSH. The second stage from May 2011 has the University of Southampton and GOSH in conjunction with other Trusts within the University College London Partnership (UCLP) of which GOSH is part collaborating on a four year EngD project. This will analyse delivery activity in more detail, over a longer period and develop an action plan that improves delivery efficiencies at GOSH with the potential for it to be rolled out nationally. The student will:

- Develop and research DSP and supply chain strategies for GOSH and other Trusts within UCLP (from source to patient)
- Use optimisation techniques to quantify the potential benefits of collaborative distribution strategies
- Compare with similar research in other hospitals within UCLP and with other trusts e.g. Guys
- Make recommendations to reduce freight activity for GOSH/UCLP
- Create a case study for others in the sector

Funding
TfL and GOSH funded the survey and the project.

Monitoring
Through vehicle counts and interviews a wide range of data around deliveries has been collected, including timing, destination (both between the three sites, and within them) and which department receives them, what is delivered and by whom, frequency of particular types of delivery and the associated vehicle emissions per delivery (measured by assuming each delivery is from an average vehicle driving average mileage through a year).

Impact
The GOSH survey has provided evidence of current delivery activity and the opportunity to analyse areas for greater efficiency. Information collected included:



Deliveries

- A total of 366 deliveries were made with a site split of 45 per cent to GOSH, 17 per cent to Neurology and 13 per cent to National
- The average number of deliveries per day was 70 (Wednesday highest) with peaks at 8-12am and 2-3pm
- The highest number of deliveries was for catering (21 per cent).
- The longest delivery time was for chemical/gas/equipment
- The quickest delivery time was for cash/mail

Suppliers

- A total of 145 suppliers were topped by catering with 30 followed by couriers and medical at 17 each
- 70 per cent of companies deliver, 20 per cent collect, 10 per cent do both
- 70 per cent of suppliers delivered to just one location, once per week
- Textiles/ laundry, Royal Mail and cash have only a single supplier each
- Timings varied catering by 9am, waste by 11am, cash 10am-12pm, couriers after 9am, medical supplies were all day

Vehicles/Emissions

- Vehicles used were 56 per cent transits, 33 per cent larger and one bicycle
- An estimated 1,252 tonnes of CO_2 would be produced per year
- In terms of efficiency five per cent of deliveries/collections were made by a vehicle on a single journey, 50 per cent had less than 15 stops

Contact

Jaz Chani, Freight and Fleet Project Manager, Behaviour Change, Surface Transport, TfL (jazchani@tfl.gov.uk)

4.3 Active travel

Walking and cycling are modes of transport often termed as 'active travel', although use of public transport can also have health benefits, for example walking to bus stops and up and down stairs at stations. They are health enhancing physical activities that can result in positive outcomes for not only those undertaking the activities but the transport and health sectors. Further benefits when people change from using cars to walking, cycling and public transport include reduced road congestion (which has economic benefits) and less CO_2 and air pollutant emissions. The NHS gets savings from reduced susceptibility to disease and at a local level, and if staff are travelling actively, healthier staff and reduced congestion and emissions at sites.

Active travel lends itself to being promoted as health-enhancing physical activity that can form part of everyday life. Achieving a shift to active travel modes requires that physical and cultural changes are made, which will need investment and partnerships between the transport sector and the health sector. The London NHS Travel Network is one such important partnership. Travel plans can also play a key role in mode shift away from cars.

There are many initiatives to promote walking and /or cycling by TfL and other organisations like the Department of Health, Walk England, the Ramblers, Natural England, and Sustrans. A selection of initiatives in London is listed below by organisation.

Cycling

Mayor of London/Transport for London

Barclays Cycle Hire

A public bicycle sharing scheme. Docking stations across central London and to be extended into east London in 2012.

Barclays Cycle Superhighways.

A network of 12 routes running from Outer and Inner London to central London with bespoke signage, road markings, tailored safety measures and additional parking throughout the route. Workplaces close to the routes (including the NHS) can apply for free cycle stands, training and maintenance sessions as well as promotional materials for display.

Biking Boroughs

TfL is providing £4m funding over three years for 13 Outer London boroughs to create cycle hubs and cycling communities in Outer London.

London Cycle Challenge

TfL's annual online competition to see which team can cycle the most miles in a month.

SkyRide

An annual mass participation bike ride on 15km of closed roads in central London.

Cycle Parking Guidance

Produced by TfL offering advice on security, capacity, demand, location and types of cycle parking.

Bike Pool

A work place bike pool provides bikes which are well maintained and safe to ride, and safety equipment for employees to use. Used by employees for any type of journey but typically for work related trips such as local meetings, travel between sites and visiting clients. Generally kept in a central location and booked out by staff competent to cycle safely on public roads.

National Government

Cycle Training

Free and subsidised cycle training is available for adults and children within most London boroughs.

Cycle to Work Scheme

A UK Government annual tax exemption initiative which allows employers to loan bicycles to employees as a tax free benefit. Several companies provide services to organisations wishing to start a cycle to work scheme.

Other

Bike User Groups (BUGS)

A loose association of staff who cycle – or who would like to. It works to improve conditions for cyclists and to persuade people to try.

Walking

Mayor of London/Transport for London

Legible London

A pedestrian way-finding system that gives people the information and landmark prompts they need to encourage and develop the natural mental mapping process. Legible London is being integrated into TfL maps used for Tube strike leaflets, bus shelter maps and ground level maps in Tube station ticket halls. The base mapping is available for NHS organisations to enable staff and visitors to walk more easily. Contact karenholder@tfl.gov.uk

Walking Good Practice

A document prepared by TfL for boroughs and sub-regional transport partnerships; a good source of measures to encourage more people to walk and increase the number of walking trips.

The Strategic Walk Network

An exemplary and high-quality walking experience on seven strategic routes in London, which create 350 miles of green walkways for leisure walking. Managed by WalkLondon on TfL's behalf. Contact Spencer.clark@tfl.gov.uk The network will form part of the Olympic transport legacy.

Department of Health

Walking for Health

A nationwide programme by the Department of Health (DoH) offering free, regular volunteer-led walks to encourage the public, particularly at risk groups, to become more active.

Walk England

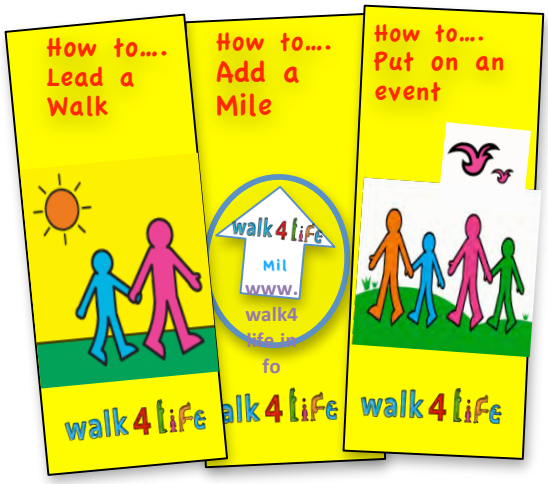
Walk4Life

A programme managed by Walk England for the DoH to encourage more people to walk to improve their health. It is part of the DoH's programme 'Change4Life' to encourage people to eat well and move more. Includes the Walk4Life Miles project (previously called Active Challenge Routes) to identify, way mark and promote 2012 one-mile routes across England by 2012. People record their time and are challenged to improve it. A total of 150 'miles' are anticipated in London. Also provides 'How to ...? Guides' to putting on walking events.

Living Streets

Walk to Work Week

An annual event championed by Living Streets and supported by TfL and the NHS. Living Streets is a national charity that works to create safe, attractive, enjoyable streets, where people want to walk.



Policy link

In 2008 the Mayor said 'I believe that the cycle-ised city is the civilised city' and 'we at TfL are going to do everything in our power to make walking through this city as attractive and enjoyable as possible'[6]. The MTS carries this forward and describes what is needed to catalyse a 'cycling revolution' and to 'make walking count'. Encouraging cycling is a key mayoral priority and will secure health, environmental and congestion benefits. Walking is described as a free, functional and reliable method of travel, widely enjoyed by many Londoners and offering a positive benefit to health.

The Mayor's cycling target is a 400 per cent increase by 2026 (from 2001 base levels). In terms of mode share the MTS aims to increase the proportion of walking and cycling trips from 2006 levels of 24 per cent and two per cent respectively to 25 per cent and five per cent in 2031. This is a sizeable increase considering the total number of trips is forecast to increase from 24 million per day (2006 levels) to 27 million per day (2031).

MTS Policy 17 promotes healthy travel options such as walking and cycling through TfL and other groups including health organisations. Eight proposals concerning cycling are given and include Barclays Cycle Hire, Barclays Cycle Superhighways, Biking Boroughs, cycle parking, training and road safety. There are also four proposals for walking measures, including urban realm enhancements to make a safe, comfortable and attractive street environment and information making it easier to plan walking journeys (Legible London).

[6] Way to Go! Planning for Better Transport, Mayor of London, November 2008

TfL contacts

2012 Active Travel Programme - Nicola Francis (nicolafrancis@tfl.gov.uk) or (Nicola.Francis@london2012.com)

Cycling – Alexandra Goodship (alexandragoodship@tfl.gov.uk) and Katharina Kroeger (katharina.kroeger@tfl.gov.uk)

Walking – Jon Hodges (jonhodges@tfl.gov.uk)

Olympic Legacy

The 2012 Olympic and Paralympic Games has the potential to be a driver for active travel across London. TfL, Change4Life and Go London, supported by the DoH and the NHS, will use the 2012 Games as a catalyst for encouraging more active travel. Supporting the delivery of the 2012 Games and its legacy is one of the six goals of the MTS. This is a once in a lifetime opportunity to inspire people, particularly younger people, to take up active forms of travel and create lasting change. Work is under way to realise this and to create both a behavioural and infrastructural legacy.

London 2012 Inspire Programme

The London 2012 Inspire Programme (part of a national programme) aims to inspire change across London to get more people, particularly young people, walking and cycling – with non-commercial projects leading the way. Gaining the Inspire Mark enables projects to be linked to London 2012 in an official capacity, offering access to unique promotional opportunities.

An aspiration of the London 2012 Active Travel Programme is to encourage more locally led projects and events that promote walking and cycling, with the aim of having at least one 'Inspire Marked' project from each borough.

London 2012 also runs regional events to showcase projects, drive inspiration and stimulate new partnerships. Successful projects will be given access to a marketing tool kit, networking events, support and additional promotional opportunities through the London 2012 Active Travel Programme.

Projects are assessed by London 2012 and the International Olympic Committee (IOC) and the very best are awarded the Inspire Mark.

To qualify projects must be new or enhanced, inspired by the Games and fully funded by non commercial sources.

Visit www.london2012.com/get-involved/inspire-programme to find out more.

Contact Simon Rees (simon.rees@london.gov.uk), the Inspire Lead for London, or Nicola Francis, TfL's Active Travel Programme (nicolafrancis@tfl.gov.uk) for more information.

Case study – Barclays Cycle Superhighways workplace scheme

Aim
To encourage staff at organisations located near to Barclays Cycle Superhighways to use them for commuting and business travel.

Description
Superhighways are new cycle routes from Outer and Inner London into central London which provide cyclists with safer, faster and more direct journeys into the city. TfL's Barclays Cycle Superhighways Workplace Scheme provides organisations with funding in the form of credits, which are exchanged for products and services to kick-start cycling in the workplace. Credits are allocated depending on an organisation's size, up to a maximum of £9,300. Products and services available are:

- Cycle parking (organisation pays for installation)
- Cycle training
- Cycle safety checks

Access to other resources including:

- An events calendar of London, national and international cycling events
- Offers and discounts from local bike shops for staff
- Support and assistance with promoting cycling and safety to staff

To participate, an organisation must be within 1.5km of a new superhighway, have at least 50 employees, and have no planning condition or obligation to provide cycle facilities or develop a travel plan since April 2008.

Several NHS organisations are registered with the scheme:

- South West London and St George's Mental Health NHS Trust
- Guys and St Thomas' NHS Trust
- East London NHS Foundation Trust
- NHS Newham
- Newham University Hospital NHS Trust

Funding
TfL funding is available for 200 organisations near routes two and eight in 2011-12. More funding will be available for organisations when the other routes launch.

Monitoring
Organisations carry out a workplace travel survey before and after cycling measures are implemented. It asks employees how they travel to work, how often they cycle and how often they use the superhighway.

Impact
The creation of routes three and seven has increased cycling levels by 70 per cent on those routes, according to TfL road-side counts. It is too early to monitor whether the scheme has increased cycling levels within the organisations. However, for organisations close to these routes results are:

- Organisations totalling 72,000 staff have been included in the scheme
- 1,470 staff have received cycle training
- 2,000 bike parking spaces have been introduced
- 180 cycle safety check sessions have taken place, servicing a total of 1,440 bicycles

Contact
Caroline Hodges (carolinehodges1@tfl.gov.uk)

Case study – Dr Bike

Aim
To encourage more NHS staff to cycle to work by providing a bike repair service at their workplace.

Description
Dr Bike is a bike repair service offered by the London Cycling Campaign (LCC). NHS organisations pay for a mechanic to do minor repairs on staff's bikes on site, or refer them to locations for specialist repairs.
Several NHS organisations have used this service. Usually, Dr Bike sessions form part of a travel plan that aims to increase the proportion of staff cycling to work. As well as providing cycle infrastructure on NHS sites, for example racks and shelters, cycling to work is only viable if bicycles are in good working order.

Funding
Costs are covered by the organiser – usually £45/hour per mechanic.

Monitoring
Dr Bike is a small-scale scheme and is not monitored by the LCC. Around 20 organisations, roughly half of the initial total, have requested future quarterly visits. Participating organisations could monitor success by recording the number of registered attendees and seek feedback, including whether the sessions have encouraged them to cycle to work more often.

Impact
Anecdotal evidence is that NHS staff who would not otherwise know how to undertake repairs themselves have had their bikes mended and begun cycling to work as a consequence.

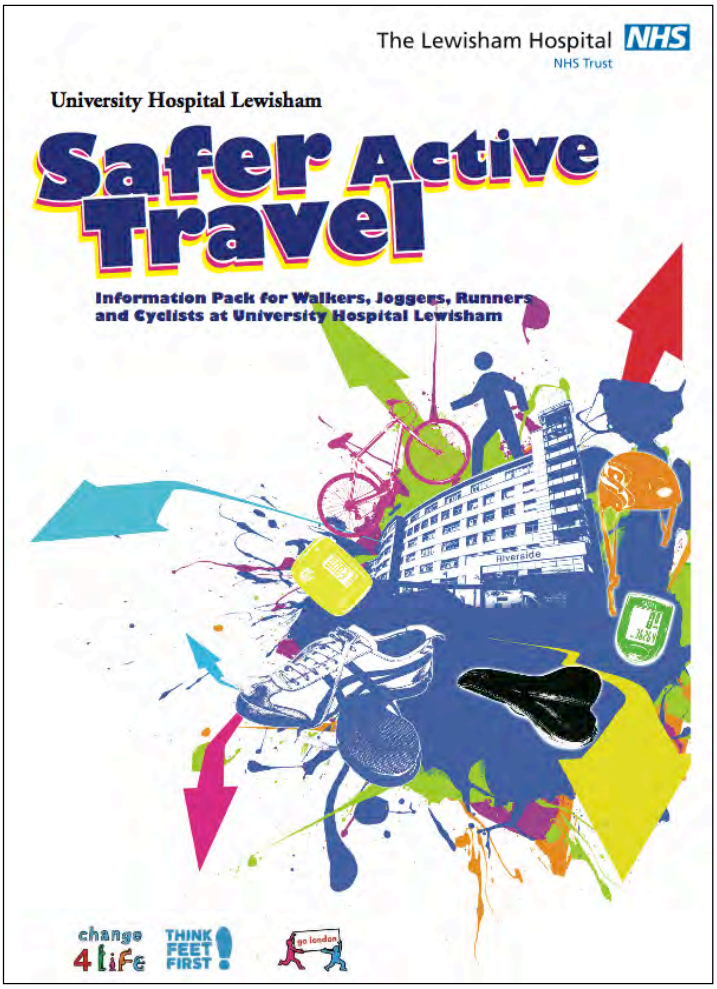
Glenn Stewart, Assistant Director of Public Health at Enfield NHS was particularly pleased with the service:

'Dr. Bike generated a great deal of interest within the Primary Care Trust, principally from people who had a bike at home but who had not used it for a while and were concerned about the potential cost of getting it back on the road. Dr. Bike either made simple repairs or gave a good idea of how much repairs in a shop were likely to cost. Others took their bikes more for reassurance than actual repairs but were also happy with the service. The mechanic was friendly, helpful and informative and even experienced cyclists were glad of his advice.'

'Dr. Bike was a good way of building and maintaining interest in commuter cycling. It is definitely something I'd recommend to other NHS bodies, particularly those looking to reduce transport costs, increase the health and wellbeing of their staff, or reduce CO_2 emissions.'

Contact
Community Cycling Team, London Cycling Campaign, community@lcc.org.uk, tel: 020 7234 9310

Case study – Promoting safer active travel at University Hospital Lewisham



Aim
Personal safety travelling to and from work was identified as a key issue in the University Hospital Lewisham's (now Lewisham Healthcare NHS Trust) staff travel survey. The project's aim was to engage with, and reassure staff of the safety of active travel and to devise a manual that had advice on walking, running and cycling in the hospital's vicinity.

Description
Lunchtime kiosks where set up where staff could get advice about making local journeys, a pedometer and cycle computer, and talk to local cycle businesses about the Government's 'cycle to work' scheme. Routes were devised for walking, cycling and running. A table of duration and distances to key local destinations for all modes was created so staff could see how advantageous it was to walk or cycle. Finally, a number of safety tips for walking and cycling were written up and shared with staff through a manual.

Funding
NHS London Community Chest grant of £5,000.

Monitoring
The Director of Knowledge, Governance and Communications and the Director of Workforce and Education monitor the project.

Impact
More staff undertaking active travel journeys.

Contact
Joy Ellery, Director of Knowledge, Governance and Communications (joy.ellery@nhs.net) or consultant Andrew Stuck of Rethinking Cities Ltd (andrew@rethinkingcities.net), tel: 0772 555 5460

Case study – Epsom and St Helier University Hospitals NHS Trusts cycle training scheme

Aim
To reduce the number of staff travelling to work by car, and encourage more sustainable and healthy ways of travelling to work by offering cycle training.

Description
Epsom & St Helier University Hospitals NHS Trust, in conjunction with the Smarter Travel Sutton Team, offers cycle training to staff of all abilities. Training is held at the Sutton Hospital site offering a safe environment for inexperienced cyclists to build confidence. The Trust has a number of pool bikes which are available for staff to use for commuting and business-related travel. The pool bikes are also used for cycle training days.

This training co-exists with other measures to encourage staff to cycle to work, including:

- Providing secure parking for bicycles
- Providing shower and locker facilities for staff cycling to work
- Offering staff the opportunity to purchase bikes through the Cycle to Work Scheme

Funding
Smarter Travel Sutton provides the training free of charge.

Monitoring

The number of people who attend training and go on to cycle to work is not recorded. Anecdotal feedback from the training sessions suggests that the courses are enjoyed by participants. Family training sessions have proved the most popular.

Impact
With more than 4,000 staff members across several locations, it is difficult to assess the precise impacts of the training scheme. Anecdotal evidence suggests that since spring 2010 there has been a large increase in the number of staff who cycle and that the availability of pool bikes is a significant factor in encouraging this.

Contact
Gloria Randall, Environmental Management, Sutton Hospital.
(gloria.randall@esth.nhs.uk), tel: 020 8296 3933.

Case study – London Borough of Camden pool bikes

Aim
To encourage staff to cycle when travelling between Council sites.

Description
The scheme started more than 10 years ago. The Council provides around 33 bikes, plus locks and helmets for staff to cycle between sites, which all have designated parking areas. Bikes are serviced every three months minimum. Staff must complete a training session before they can use the bikes. Pool bike and secure staff cycle parking areas are accessed by card and monitored using CCTV.

Funding
Bikes were bought using council travel plan funding. Servicing and spare parts are funded from the council's internal budget.

Monitoring

- A register is kept of all staff trained to use the bikes
- Records of bike use are kept by the pool bike coordinator at each location

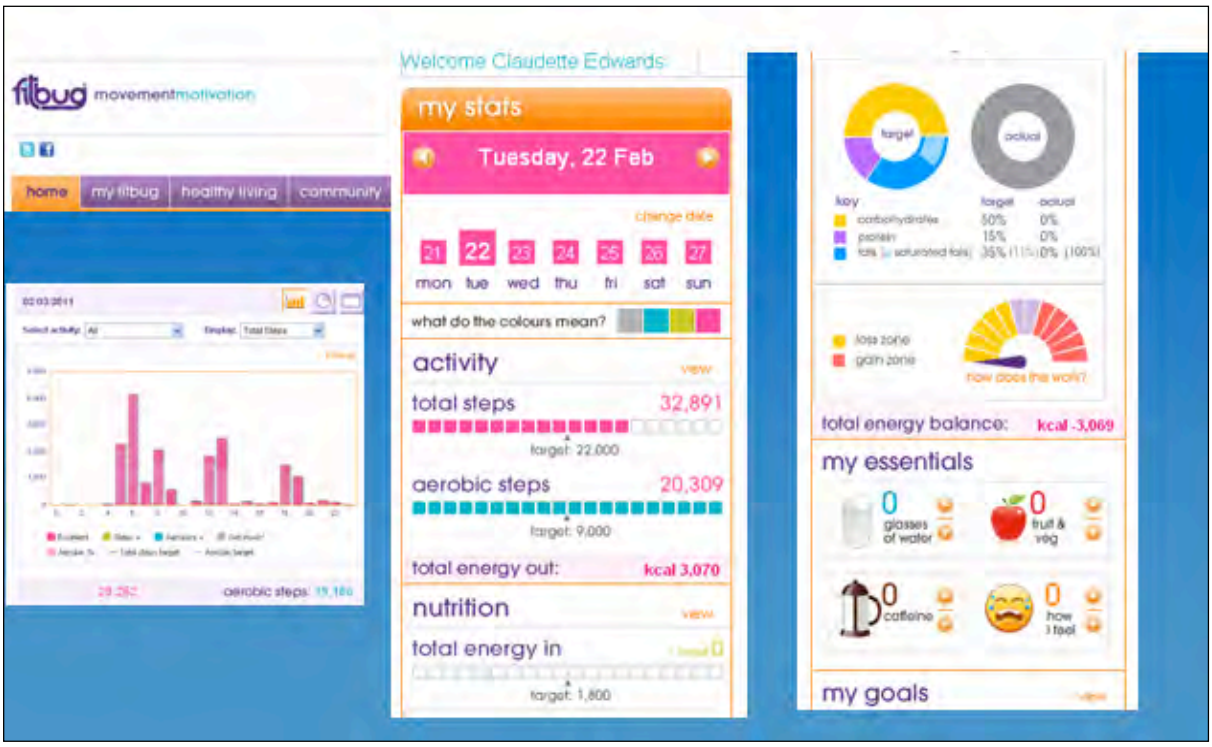
Impact

Around 120 staff have completed the pool bike training. In addition, there are around 300 staff that commute using their own bikes. Bikes are used for site visits by highway engineers, planners and other front line members of staff. Anecdotal evidence suggests that many staff also use the Barclays Cycle Hire scheme.

Contact

Paul Davis (paul.davis@camden.gov.uk)

Case study – Workplace Health Programme NHS Lambeth



Aim
To promote the uptake of physical activity within the workplace.

Description
A staff Fitbug programme ran for two years starting July 2009. Fitbug involves using a pedometer that records activity and uploads data to a website. The website also has competitions and advice on exercise and eating. NHS Lambeth and NHS Lambeth Community Health supported it through launch days, led walks, competitions and incentives.

Part of the Workplace Health Programme was the Walking at Work initiative. Walks of 20-30 minutes were devised around 14 health centres; linked with local destinations, duration and distance. These were complemented by 'diagrams' (see below). These were accompanied by walking initiatives including pedometers, personal safety leaflets, walking buddies, treasure hunts, quizzes and a poster competition.

Funding
1st year – Workforce Development and London Community Challenge. 2nd year – NHS Lambeth and NHS Lambeth Community Health.

Monitoring
Fitbug provides aggregated management information. Fitness levels were measured at the start and every three months after that.

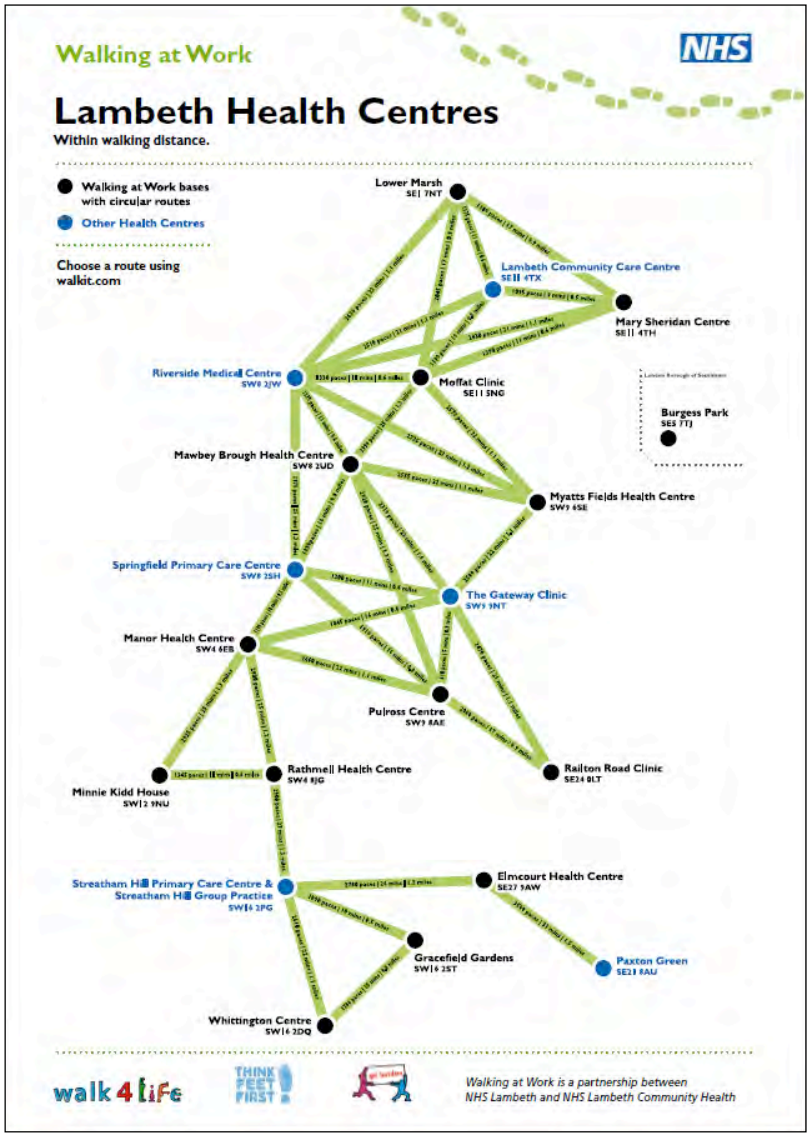
Impact
A total of 350 staff were on the Fitbug programme. Walking and health levels increased. Team incentives proved successful in motivating employees. Fantasy Footfall and race challenges saw employees increase their activity levels by an average of 2,000 steps over a 12 week period. Satisfied participants said:

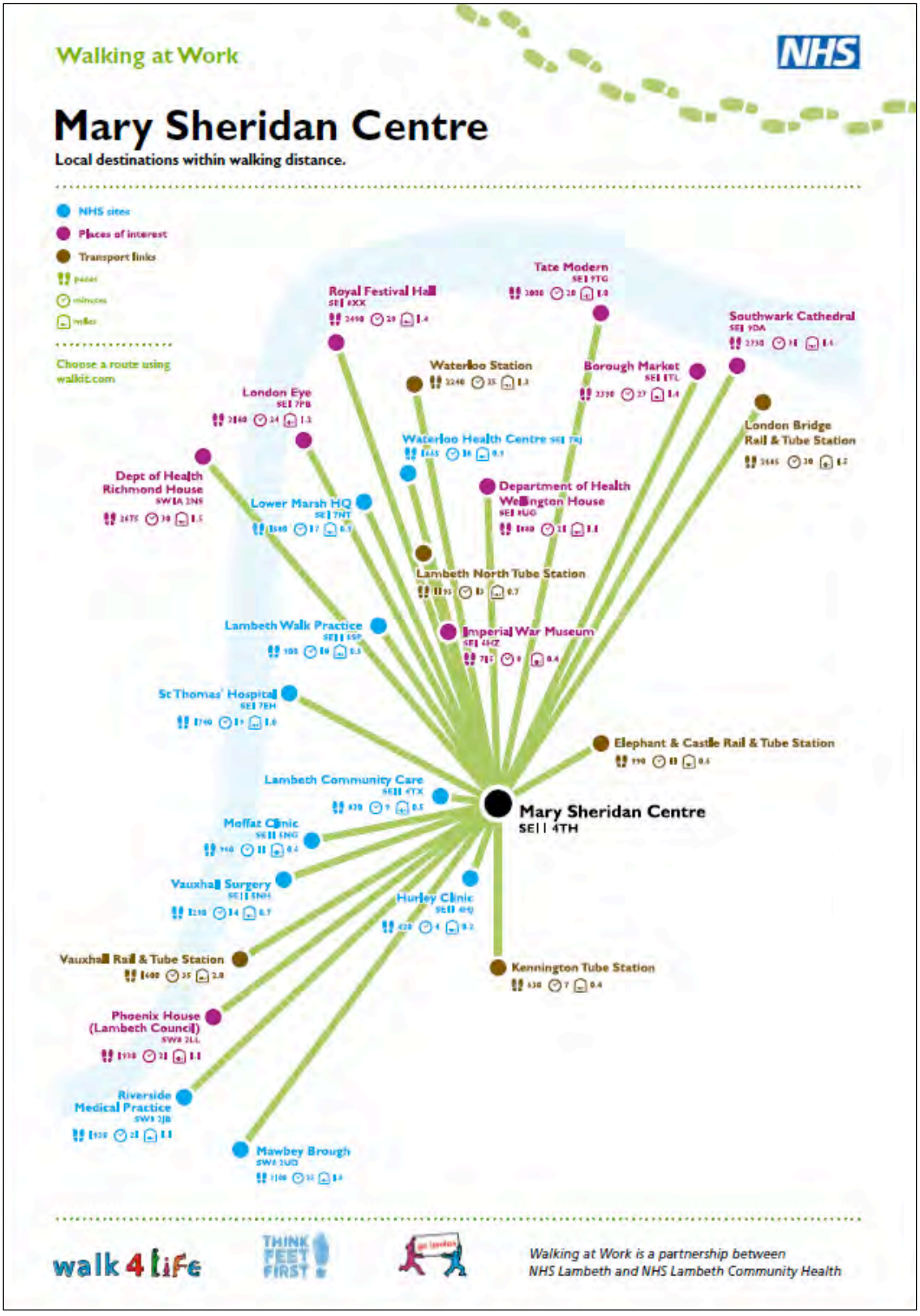
'Fitbug was the prompt I needed to get healthy and active and I haven't even found it hard. So far I've lost two stone and six per cent body fat according to my last Fitlab test.' - Community Matron

'I don't like exercise but now I get off five bus stops earlier to help meet my targets and I have lost weight.' - Admin & Clerical Officer

'Three months ago I would never have climbed the stairs now I have my Fitbug I find myself doing it all the time.' - Senior Community Therapist

Contact
Claudette Edwards (claudette.edwards@gstt.nhs.uk), tel: 07919 304 470




Walking at Work
NHS
Mary Sheridan Centre
Local destinations within walking distance.
NHS sites
Places of interest
Transport links
Choose a route using walkit.com
Royal Festival Hall
Tate Modern
Southwark Cathedral
Waterloo Station
Borough Market
London Eye
London Bridge Rail & Tube Station
Waterloo Health Centre
Dept of Health Richmond House
Lower Marsh HQ
Department of Health Wellington House
Lambeth North Tube Station
Lambeth Walk Practice
Imperial War Museum
St Thomas' Hospital
Elephant & Castle Rail & Tube Station
Lambeth Community Care
Mary Sheridan Centre
SE11 4TH
Moffat Clinic
Vauxhall Surgery
Hurley Clinic
Vauxhall Rail & Tube Station
Kennington Tube Station
Phoenix House (Lambeth Council)
Riverside Medical Practice
Mawbey Brough
walk 4 life
THINK FEET FIRST
Walking at Work is a partnership between
NHS Lambeth and NHS Lambeth Community Health

Case study – NHS walking maps

Aim

To encourage people to walk more by providing by providing maps of audited routes:

- Around GP surgeries for patients who would benefit from being more physically active
- To the Royal Free hospital from public transport interchanges

Description

Walk England and NHS Camden developed a series of walking maps including a 'Walking Access Map' for The Royal Free Hospital, (shown above) informed by a Department for Transport/Walk England Best Practice Guide.

Complimentary maps were developed for the Royal Free Hospital and GP surgeries in Camden to provide accessible, safe and attractive 30-minute walks within reach of NHS premises. The maps are designed to be easy to follow and use 3-D buildings and widened roads. Key navigational features are shown in greater detail. The maps are printed onto A4 tear-off pads, available at libraries and community centres as well as NHS premises – typically sitting on a doctor's desk so they can be 'prescribed' or at surgery reception.

Walk England consulted groups who were either sedentary, older, from ethnic minorities or with pre-existing health conditions. These groups helped choose and audit the walking routes and ensure the maps were practical and easy to use. Walking maps have since been produced for other Primary Care Trusts in London

and nationally. More information and examples are available from Walk England's walking maps section of their website.

Funding
The DfT provided £20,000 to research and write the Best Practice Guide on how to produce walking maps.

NHS organisations/surgeries can commission maps from Walk England. Using TfL's new base map, Legible London instead of a hand-drawn map reduces printing costs from up to £5,000 to around £2,000. Maps take four to six weeks to produce.

Monitoring
The routes are added to Walk England's free online mapping tool, where individuals and groups can record their activity levels as well as search for led walks and take walking challenges. Summary activity data can be shared with the NHS.

Impact
The walking maps are a popular tool, prescribed by health staff to encourage sedentary patients to walk more and used by health trainers to encourage physical activity with their clients. Walk England evaluates the maps and preliminary findings indicate:

- 54 per cent of patients use them
- 64 per cent of patients were encouraged to walk more
- 62 per cent of patients recommend the maps to friends

Contact Jim Walker (jim.walker@walkengland.org.uk), tel: 07801 334 915

4.4 Information provision

Good information provision about travel options to health facilities is essential, particularly if unfamiliar trips are being made.

Examples of TfL's travel information services, which can be used by health organisations and linked to their websites, are shown below:

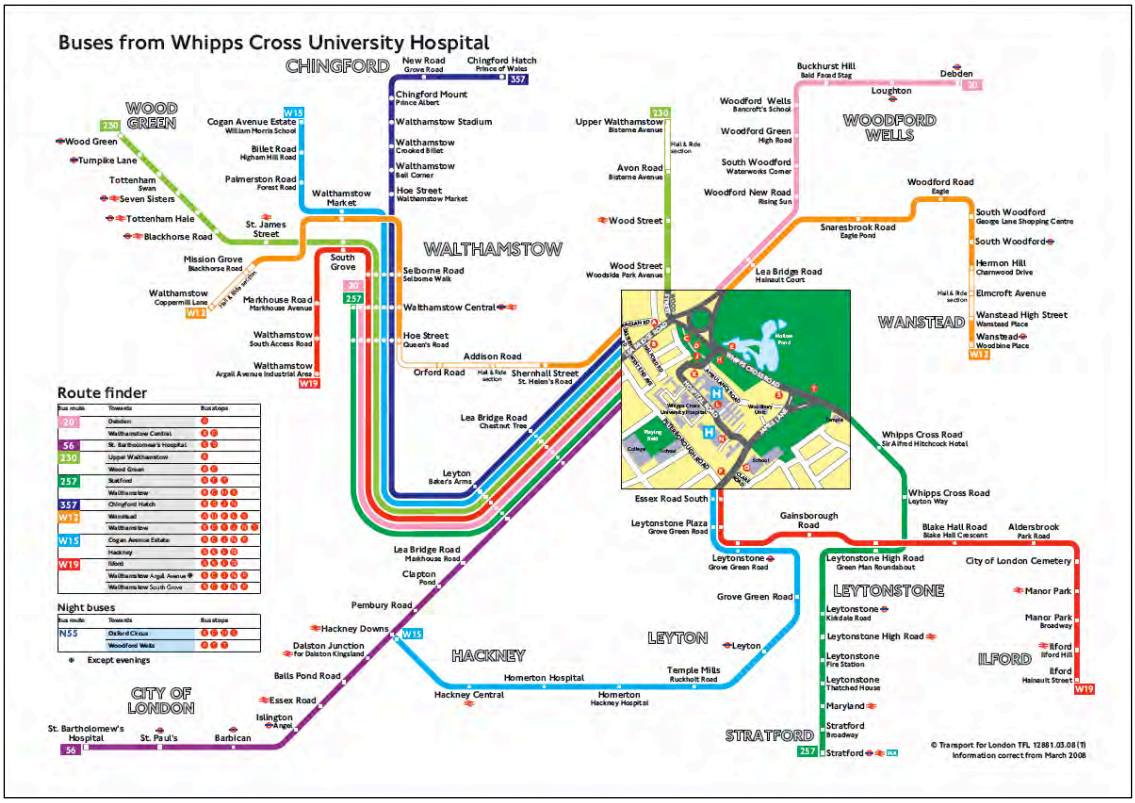
- The **TfL website** has eight million unique users per month and includes live travel news and Oyster information. There is also a mobile-optimised version of the site
- **Journey Planner** finds the fastest route between two points.
- **Online bus maps**
- **Bespoke hospital bus maps** (see figure overleaf)
- **Tube maps** available in large print, black and white, and show step-free stations.

Information can also be found en-route on board buses and trains. For example during 2011 TfL will be introducing a new, improved Countdown system for all of London's 19,000 bus stops via text message and web. A new generation of Countdown signs will also be provided at 2,500 key bus stops.

Policy link
In the MTS, part of Policy 21 seeks to increase accessibility for all Londoners through information provision.

Proposal 41 is about improving the availability, quality, quantity and timeliness of information about the transport system to remove barriers to travel.

Proposal 24 focuses on improving bus passengers' journeys by increasing access to real-time information.



TfL Contacts

Bus maps – Simon Mouncey (simon.mouncey@tfl.gov.uk)

Other maps – Catherine Jones (catherinejones@tfl.gov.uk)

Case study - Countdown

Aim

To improve travel information provision on NHS premises by providing real-time bus information in reception areas.

Description

Countdown is a system which shows the arrival time of buses. This real-time bus information will be displayed on TV screens in reception areas of NHS premises eg hospitals, GP surgeries and health centres. A number of NHS establishments have joined a TfL contact group to collaborate on rolling-out this new technology:

- Gracefield Gardens Health and Social Care Centre, Streatham
- Great Ormond Street Hospital
- Whittington Hospital
- Barnet and Chase Farm Hospitals
- Imperial College Healthcare NHS Trust
- Selected site within Central and North West London NHS Trust
- Selected sites within South London NHS Trust

These screens will complement the on-street signs at around 2,500 bus stops in London.

Later, this information will also be available online and via text message. This would allow the NHS to improve travel-related access to healthcare services, improve health through encouraging active travel and reduce carbon emissions – all through encouraging sustainable travel.

Funding

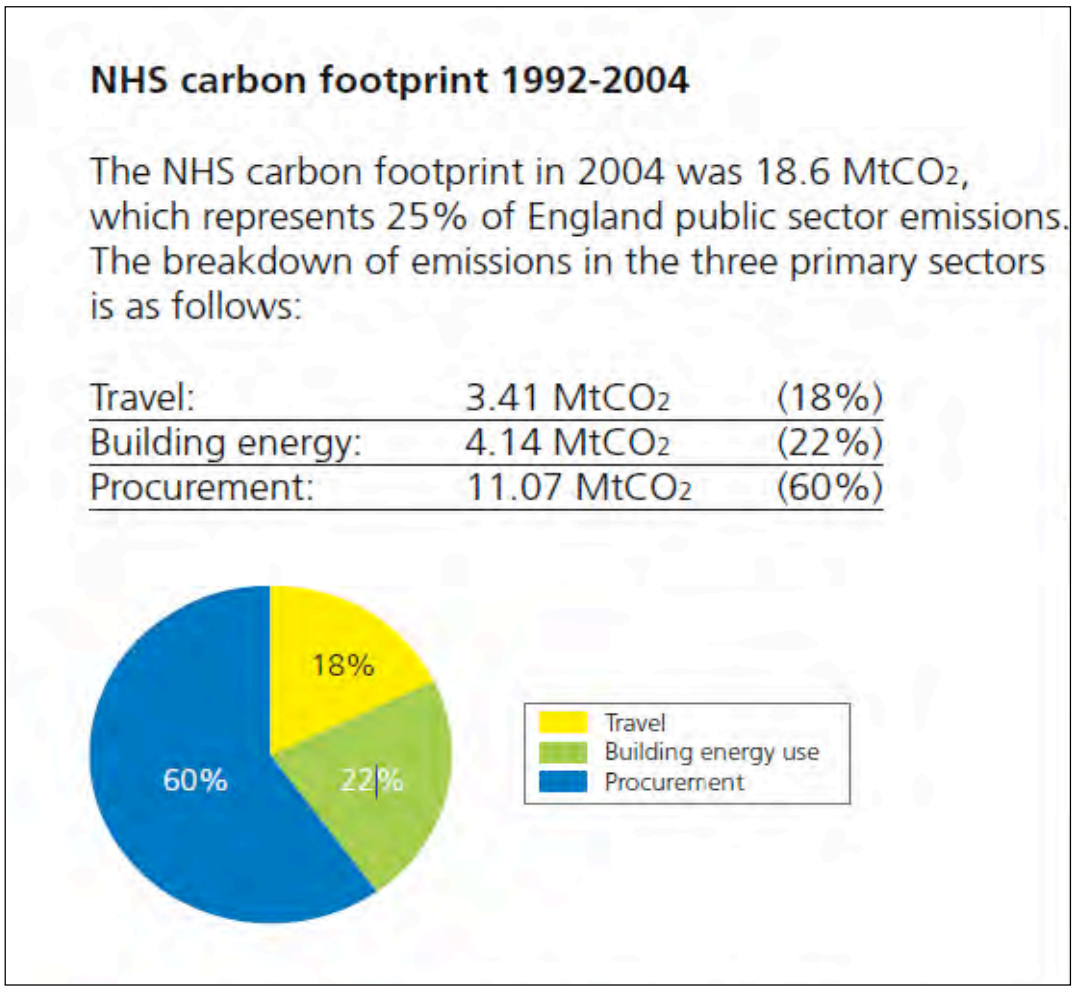
The information shown will be available free to the NHS, but each site must pay £150 for the cable which provides the data. This cost may increase each year.

Monitoring
TfL customer research.

Contact
Simon Mouncey (simon.mouncey@tfl.gov.uk)

4.5 Carbon emission reduction

TfL and the NHS are focussed on reducing CO_2 emissions. The Mayor of London aims to establish the Capital as a role model city in addressing climate change. He has a challenging target to reduce London's CO_2 emissions by 60 per cent by 2025 from 1990 levels[7]. Road vehicles currently account for 72 per cent of transport-related CO_2 emissions in London. Saving carbon is also important to the NHS which has a Carbon Reduction Strategy[8], a commitment to be a leading sustainable and low-carbon organisation, and to meet the Government's targets of a 34 per cent reduction in carbon emissions by 2020 and an 80 per cent reduction by 2050[9]. The figure below (taken from the Carbon Reduction Strategy) shows the primary sources of the NHS's carbon footprint in 2004. Travel can be seen to comprise 18 per cent of the emissions.



[7] Mayor's Transport Strategy, Mayor of London, May 2010

[8] Saving Carbon, Improving Health – NHS Carbon Reduction Strategy for England, Sustainable Development Unit, January 2009

[9] Climate Change Act 2008

The MTS outlines three areas for reducing CO_2 emissions from ground-based transport:

- Improving operational efficiency
- Improving the attractiveness of walking, cycling and public transport
- Supporting and enabling the development and use of low carbon vehicles, technology and energy, eg electric vehicles

Section 4.3 and accompanying case studies illustrate ways the NHS is already promoting active travel. Using low-carbon vehicles, in particular electric vehicles, is another way for NHS organisations to reduce their transport emissions.

In 2009, Mayor of London Boris Johnson published his Electric Vehicle Delivery Plan for London with the aim of making the city the electric vehicle capital of Europe. The aspiration is to have:

- Around 100,000 electric vehicles on the road as soon as possible
- A pan-London charge point network of 1,300 points by 2013. Source London, launched in May 2011 by the Mayor, will bring together London's new and existing public charge points into one network

The ultimate aim is for every Londoner to be within one mile of an electric vehicle charge point. TfL is working with organisations around London to install charge points as part of the Source London network. They will be located at supermarkets, on the street, in Tube station car parks, and in car parks all over London. They will be networked so that a customer can register with Source London pay an annual fee and receive a card in the post which will unlock any of the Source London points to charge the vehicle at no additional cost (parking charges may apply).

TfL has discussed the installation of charge points with many NHS Trusts and have worked with the Whittington NHS Trust to install charge points in their car parks (see case study). Publically available charging infrastructure (Source London points) can be up to 50 per cent funded by the Office for Low Emission Vehicle's Plugged in Places scheme which TfL administers for London. Plugged in Places will run for two years ending in March 2013.

MTS policy link
One of the MTS's six goals is to reduce transport's contribution to climate change and improve its resilience.

Policy 24 describes how the Mayor, TfL, government agencies, transport operators and other stakeholders will deliver the required contribution to achieving the Mayor's 60 per cent CO_2-reduction target.

Proposal 105 is about enabling and supporting the development and mass-market-uptake of low-carbon road vehicles, including electric vehicles, through delivery of infrastructure eg charging points.

TfL contact
NHS organisations can become part of the Source London network by registering online www.sourcelondon.net or by contacting Sean Conroy (sean.conroy@tfl.gov.uk)

Case study – Electric vehicles and charge points at the Whittington Hospital

Aim
To reduce CO_2 emissions from Whittington Hospital's fleet vehicles and other vehicles visiting the site.

Description
As part of NHS carbon targets the Whittington Hospital needs to reduce its carbon footprint, as measured in 2007, by 10 per cent by 2015. Six parking bays in the Whittington Hospital car park are equipped with electric vehicle charging facilities. They are available for use by the public, staff, patients, visitors and hospital pool cars. There is also an electric Citroen Berlingo on site which is used by the hospital's porters for deliveries around the hospital.

Funding
The project is part of the government's Plugged in Places initiative which provides funding from the DfT (up to 50 per cent) for the installation of publicly accessible electric vehicle charge points through a consortium of partners led by TfL.

Monitoring
Through the agreement held between TfL and the hospital.

Impact
The charging facilities have recently 'gone live' so it is too early to assess the project's impacts.

Contact
Cecil Douglas, (cecil.douglas@nhs.net), tel:. 020 7288 5567

Glossary

CAPITAL is TfL's accessibility model which measures access from single or multiple origins to single or multiple destinations using a combination of walking, cycling and public transport. Minimum journey times between origins and destinations are calculated and can be presented graphically through maps or used for further statistical analysis. For example, calculating the total population within 30 minutes of a site or several sites. Travel times are for the entire journey. It includes the walk time from the origin to the most appropriate starting point on the public transport network (eg bus stop, station), waiting time for the service, time spent on the service, time taken to interchange with another service, etc, and finally the walk time to the final destination. What CAPITAL does not do is accommodate for temporary diversions and time variation – the time given assumes a 'perfect' journey.