

**SCOPING UPDATE ON THE TRANSPORT AND HEALTH JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

To: Health and Wellbeing Board

Date: 2<sup>nd</sup> October 2014

From: Iain Green Senior Health Improvement Specialist

Contributors: Emmeline Watkins, Angelique Mavrodaris

**1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on the progress of the Transport and Health Joint Strategic Needs Assessment (JSNA) and to seek agreement from the board the proposed scope of the JSNA.

**2.0 INTRODUCTION**

- 2.1 The Health and Wellbeing Board at its meeting on the 11<sup>th</sup> June 2014 requested a scoping paper be brought back to the board for discussion and agreement to ensure that the Transport and Health JSNA had the right focus.
- 2.2 A request was made to the Board from the Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on the Proposals for Liver Resection Services to consider transport issues for patients travelling to specialist centres following a recommendation which arose from their work on centralisation of specialist services for operating on liver metastases, namely that “local authority Health and Wellbeing Boards should explore innovative solutions to transport issues for patients and their families/carers who need to access to specialised health care services.” The Board resolved that “the appropriate way to progress the request would be through the Transport JSNA and that more information should be sought/provided in relation to social care transport schemes”.
- 2.3 In addition to the issues raised by the Health and Wellbeing Board, concerns regarding transport and health have also been raised at other local and county meetings include the County Council Health Committee and Local Health Partnerships.

**3.0 BACKGROUND**

- 3.1 A preliminary review of the published literature confirms both positive and negative links between transport and health.
- 3.2 **Active transport in everyday life (non-motorised transport) has been shown to provide subsequent health benefits by helping people keep physically active.** NICE public health guidance<sup>1</sup> advises that transport planners and local authorities should prioritise active transport users when developing or maintaining roads. Recent evidence shows that active travel

---

<sup>1</sup> National Institute for Health and Clinical Excellence. Promoting and creating built or natural environments that encourage and support physical activity. NICE 2008, Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation, NICE 2012,

and physical activity have broad health benefits impacting obesity, cardiometabolic disease, respiratory disease, dementia, musculoskeletal health and frailty, mental health and wellbeing<sup>2</sup> .

- 3.3 A recent systematic review on environmental factors and cycling showed that factors such as dedicated cycle paths, separation of cycling from other traffic, safe routes to school were positively associated with cycling<sup>3</sup>, whereas factors such as perceived or objective traffic danger, long trip distance and steep inclines were negatively associated with cycling.
- 3.4 For pedestrians, a review of 46 studies found that utilitarian walking in adults was consistently associated with the better access to relevant neighbourhood destinations such as local shops and services as well as good street connectivity<sup>4</sup>. A modified Delphi expert consensus process identified 10 potential indicators of activity friendly communities including items such as: ease of walking to public transport from your home, presence of interesting things to look at as well as general physical activity levels in your neighbourhood<sup>5</sup>.
- 3.5 Policies that increase active travel are likely to generate large individual health benefits through increases in physical activity, though there may be small risk trade-offs in increased exposure to air pollutants and traffic injuries. Smaller, population-wide benefits could occur through reductions in noise and air pollution<sup>6</sup>.
- 3.6 **Social and geographical isolation impacts access to health services and therefore health.** Transportation is a basic but necessary step for ongoing health care and medication access. Chronic disease care requires specialist and clinician visits as well as effective access to medication (Figure 1)<sup>7</sup> and lack of appropriate transport can delay care potentially impacting outcomes. A systematic review of transportation and access to health care in the USA found that transportation barriers had an effect on healthcare access particularly for those with lower incomes, potentially impacting the number of missed clinic appointments and medication refills<sup>6</sup>. Qualitative research often indicates that transport barriers to health services include convenience, affordability and health/mobility issues that may dictate transport choice<sup>8</sup>

---

<sup>2</sup> NICE Local Government Briefing: Physical Activity 2012

<sup>3</sup> Fraser S (2011) Cycling for transport and public health: a systematic review of the effect of the environment on cycling. *European Journal of Public Health* 21: 6, 1101-1262

<sup>4</sup> Sugiyama (2012) Destination and route attributes associated with adults' walking: a review. *Medicine and Science in Sports and Exercise*. 44: 7, 1275-1286

<sup>5</sup> Ramirez (2006) Indicators of Activity-Friendly Communities: An Evidence-Based Consensus Process. *Am J Prev Med* 2006;31(6)

<sup>6</sup> De Nazelle (2011) Improving health through policies that promote active travel: a review of evidence to support integrated health impact assessment. *Environment International*. 37:4 766-777.

<sup>7</sup> Syed (2013) Traveling towards disease: transportation barriers to health care access. *J Community Health*, 38, 976-993

<sup>8</sup> Buys (2012) Transportation behaviours of older adults: an investigation into car dependency in urban Australia



Fig. 1 Model of relationship between transportation, health care access and outcomes

- 3.7 The 2014 Cambridgeshire Pharmaceutical Need Assessment found several small pockets of Cambridgeshire County that were more than a 20 minute drive from a pharmacy. Unfortunately it was not possible to create maps to illustrate pharmacy access through public transport due to complexity and changing transport schedules. However the 2014 PNA did identify some rural areas with a high prevalence of diabetes that had no close access to community pharmacies<sup>9</sup> potentially indicating some areas where efficient transportation must be available.
- 3.8 Persons in rural areas are often reliant on car transport and can be highly impacted by driving cessation. Driving reduction or cessation can be associated with medical conditions (e.g. arthritis, mild cognitive impairment), poor vision or a loss of confidence, with many drivers stopping abruptly due to crash involvement, health problems or licence cancellation<sup>10</sup>. Driving cessation is subsequently associated with several adverse consequences such as reduced out-of-home activity, increased reliance on carers and increased depressive symptoms. Currently women are more likely to give up driving than men, though this may change in future cohorts of older drivers<sup>11</sup>. In 2013-2014 there were 40,131 Car Scheme journeys in Cambridgeshire costing £110,869.62 with over half being medical/hospital journeys<sup>12</sup>.
- 3.9 **Air pollution impacts the life course of respiratory diseases and mortality.** Air pollution may impact the development of both asthma and COPD as well as being associated with exacerbations of disease<sup>13</sup>. Data from Public Health England attributed 257 deaths in Cambridgeshire in 2010 to Particulate Air Pollution, compared with 34 from Road Traffic Accidents<sup>14</sup>. Up to a third of the Particulate Air Pollution in Cambridgeshire has a traffic source<sup>13</sup>. This is most likely to impact on residents of the more densely populated areas of towns and cities or new developments close to major roads. In addition, the Growth Agenda continues to bring more people and more vehicles into Cambridgeshire causing more air pollution.
- 3.10 A more detailed review of the published literature will be included in the final JSNA

<sup>9</sup> Map 13, 2014 Cambridgeshire Pharmaceutical Needs Assessment

<sup>10</sup> Stutts (2001) The Premature Reduction and Cessation of Driving by Older Men and Women. University of North Carolina Highway Safety Research Center.

<sup>11</sup> Lang (2014). Unpublished PhD Thesis. Literature review of the older driver, driving cessation and crash patterns.

<sup>12</sup> CCC Car Scheme data provided by CCC Community Transport Team

<sup>13</sup> Ben-Shlomo 2002, GOLD 2014, GINA 2014

<sup>14</sup> Data provided by Dr Anita Lewis, Environment Dept, CCC.

## 4.0 STAKEHOLDER INPUT

- 4.1 We have engaged with several key organisations regarding the Transport JSNA. These have included the County Council, District Councils, Voluntary Agencies, NHS organisations/acute trusts and academic groups
- 4.2 Environment, Transport and Economy (ETE) have highlighted the issue of social and geographical isolation regarding access to transport, as well as wanting to promote active and sustainable travel particularly in north Cambridgeshire.
- 4.3 District councils have provided feedback highlighting issues of air pollution and mortality, access and eligibility of rural residents to NHS transport services, identification of vulnerable groups and inequalities in transport to healthcare services.
- 4.4 Academic colleagues in the Centre for Diet and Activity Research (CEDAR) have reviewed and endorsed the proposed topics and have suggested they will be able to help contextualise the available evidence on active transport for Cambridgeshire as well as contribute new evidence from the iConnect study of new walking and cycling routes around the UK.

## 5.0 SCOPE

- 5.1 It is proposed that the scope of the JSNA will include the following 3 priority areas:
- **Priority Area 1:** Evaluation of transport strategies and initiatives that promote/discourage physical activity such as utilitarian/leisure walking and cycling
    - Evidence review of transport strategies and initiatives that promote/discourage physical activity and their health benefits
    - Assessment of current active transport in Cambridgeshire
    - Identification of local gaps and opportunities
    - An assessment of the health and social impact of injuries/barriers in vulnerable, non-motorised road users (e.g. pedestrians >75 years) in order to promote active travel (*if data available and not already being assessed by C&P Road Safety partnership*)
  - **Priority Area 2:** A review of transport and social/geographical isolation in Cambridgeshire and how it impacts access to health services such as specialist hospital, GP and pharmacy services as well as other services important for those with long-term conditions (NHS, LA and 3<sup>rd</sup> Sector). This will be underpinned with a gap analysis of current transport access to health services across the county building on existing accessibility mapping within the County Council (Local Transport Plan 2, Pharmaceutical Needs Assessment) and working in conjunction with the Long Term Conditions JSNA. Key areas that will be examined include
    - Current use of NHS patient transport, public transport and personal transport to access health services and impact on patient quality of life in rural and urban areas in Cambridgeshire
    - Travel time to key health services in rural and urban areas in Cambridgeshire (*if data/capacity available*)

- Availability, eligibility and awareness of transport options to key health services identifying key barriers to access.
  - Assessment of vulnerable groups and their location (rural and urban), especially those not eligible for NHS patient transport
  - Identification of factors that trigger changes in transport use, such as giving up driving
  - Impact of current transport arrangements on carers and their quality of life
- **Priority Area 3:** An assessment of Cambridgeshire air quality, hot spots and their impact on long-term conditions such as asthma and COPD and their life course (*data to be shared with LTC JSNA*)

5.2 The JSNA will build upon current analysis of road safety and road traffic accidents carried out by a working group of the Cambridgeshire and Peterborough Road Safety Partnership.


## 6.0 PRODUCTION OF THE JSNA:

6.1 The process will include these elements:

- Convening a steering group to confirm the scope and the data available to the JSNA
- Identification and engagement of wide-ranging stakeholders to ensure generalisability and responsiveness to local community priorities
- A literature review of the evidence
- Linking evidence to local need or opportunity to benefit
- Linking to wider strategic issues in Cambridgeshire
- Collation of the JSNA
- Dissemination to stakeholders and wider community

## 7.0 RECOMMENDATION/DECISION REQUIRED

7.1 The Board is asked to agree the scope of the Transport and Health JSNA as outlined in paragraph 3.1 above and to make any suggestions for improvement and organisations that should be involved or consulted in the JSNA process.

Source Documents	Location
<i>JSNA Roadmap and Work Plan</i>	<a href="http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/jsna-planning">http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/jsna-planning</a>  \\ccc.cambridgeshire.g
<i>Department of Health – Health and Wellbeing Board duties</i>	<a href="https://www.gov.uk/government/consultations/health-and-wellbeing-board-duties">https://www.gov.uk/government/consultations/health-and-wellbeing-board-duties</a>