Healthy Streets Explained

A guide to the Healthy Streets Approach & how to apply it
How do I use this tool?

This tool explains the Healthy Streets Approach and how you can apply it.

The following three pages contain a list of **prompt questions that answer questions** you might have about the Healthy Streets Approach.

**To use the tool:**
- After reading this introduction, click ‘to the questions’ to go to the question menu.
- Click on a question that interests you to read the short answer.
- From there, either:
  - click ‘full answer’ for more detailed information; or
  - click ‘back to questions’ to return to the question menu.

In addition to the information in this document there are **other tools available to help you deliver the Healthy Streets Approach**. These are referenced throughout.

**Warning:** This is a very long document. It is designed to be used interactively. Think of the environment and please don’t print it!
Your questions answered

The basics
- Where does Healthy Streets come from?
- What **terminology** do I need to know?
- What is ‘Healthy Streets’ & are there ‘Unhealthy Streets’?
- Why were these **10 Healthy Streets Indicators** chosen?
- How can you **measure the ‘healthiness’** of streets?
- How do you make a street ‘healthier’?
- Do Londoners actually want Healthy Streets?
- Is the Healthy Street Approach **just about urban realm improvement**?
- **Does public transport play a role** in delivering Healthy Streets?
- Will all streets be included in the Healthy Streets Approach? **Even strategic roads**?
- Are **freight & servicing** included too?
Your questions answered

Healthy Streets and Street Types
- What are Street Types, Place function & Movement function?
- Is Healthy Streets the same as Place function?
- Does delivering the Healthy Streets Approach conflict with Movement function?

Delivering the Healthy Streets Approach
- Why do transport authorities have to deliver health? Isn’t that the job of the NHS?
- Who is responsible for delivering Healthy Streets within TfL & externally?
- How are boroughs involved in Healthy Streets?
- When should I use the Healthy Streets Approach?
- Does the Healthy Streets Approach supersede street design guidance documents?
Your questions answered

Other questions

► Does Healthy Streets address wider **environmental issues**?
► Does the Healthy Streets Approach contradict the **network management duties** of highway authorities in London?
► What impact will the Healthy Streets Approach have on general **traffic & congestion**?
► Will the Healthy Streets Approach worsen **air quality** by slowing down traffic?
► Will the Healthy Streets Approach **homogenise London’s streets**?
► Will the Healthy Streets Approach **gentrify streets & increase inequalities**?
► Why isn’t ‘**street greening**’ one of the Indicators?
► Why is one Indicator ‘pedestrians’ instead of ‘pedestrians & cyclists’ from all walks of life?
► Why aren’t **public toilets & drinking water fountains** Healthy Streets Indicators?
► Why is it so important to help Londoners do more **active travel**?
Where does Healthy Streets come from?

Quick answer: The Healthy Streets Approach and the 10 Indicators of a Healthy Street were developed by Lucy Saunders, a specialist in public health and transport. These were first included in TfL policy in the first Health Action Plan in 2014 and TfL has been working on how to deliver this Approach in London. The Mayor expects the Healthy Streets Approach to be delivered by all parts of the GLA family, as set out in A City for All Londoners and Healthy Streets for London.
What terminology do I need to know?

**Quick answer:** The Healthy Streets Approach is a system of policies and strategies to deliver a healthier, more inclusive city where people choose to walk, cycle and use public transport. The 10 Healthy Streets Indicators are the essential ingredients for a healthy street environment.
The Healthy Streets Approach & Healthy Streets Indicators

**Healthy Streets Indicators:** 10 evidence-based indicators of what makes streets appealing, healthy, inclusive places.

Working towards these will help to create a healthier city, in which all people are included and can live well, and where inequalities are reduced.

**Healthy Streets Approach:** system of policies and strategies to help Londoners use cars less and walk, cycle and use public transport more.

**The 10 Indicators:**
- Pedestrians from all walks of life
- Easy to cross
- Shade and shelter
- Places to stop and rest
- Not too noisy
- People choose to walk, cycle and use public transport
- People feel safe
- Things to see and do
- People feel relaxed
- Clean air

Source: Lucy Saunders
The Healthy Streets assessment tools

TfL has developed the first tools in a Healthy Streets Toolkit to help put the Healthy Streets Approach into practice. They can help embed Healthy Streets into initial assessment, project implementation and evaluation.

Guide to the Healthy Streets Indicators
A qualitative assessment tool summarising the essential aspects of the 10 Healthy Streets Indicators by using questions as prompts. Best used at the early stages of any project development process, it is simple to understand for all stakeholders (including non-transport professionals). Each Indicator is illustrated with examples of good practice.

Healthy Streets Check for Designers (HSCD)
A technical assessment of the street layout based on 31 quantitative metrics mapped to the 10 Healthy Streets Indicators. The output is a Healthy Street Check Score (0-100). The HSCD has been developed for street designers to ensure their proposals are consistent with the Healthy Streets Approach. The Mayor has asked for this tool to be used on schemes in which TfL is involved.

Healthy Streets Survey
On-street survey in which Londoners are asked to rate the street they are standing on against eight* of the 10 Healthy Streets Indicators. They can also be asked about their expectations for each Indicator. The survey’s outputs are a Healthy Streets Experience Score (0-10) and a Healthy Streets Expectation Score (0-10). This tool can be useful to engage communities but has limited scalability so is not used systematically across all streets.

* Excludes ‘pedestrians from all walks of life’ and ‘people choose to walk, cycle & use public transport’.
What is ‘Healthy Streets’ & are there ‘Unhealthy Streets’?

Quick answer: Healthy Streets is an approach to how we use, plan and manage our transport system and public spaces. It is not a state of being. Streets are not either ‘healthy’ or ‘unhealthy’ - some perform better than others against the 10 Healthy Streets Indicators but each street has its strengths and weaknesses and almost all streets could deliver more for people.
The Healthy Streets Approach puts people at the centre of the planning process

The Healthy Streets Approach is a system of policies and strategies to put people, and their health, at the heart of decision making. This delivers a healthier, more inclusive city where people choose to walk, cycle and use public transport.

The Healthy Streets Approach is not an idealised vision for a model street. It is a long-term plan for improving Londoners’ and visitors’ experiences of our streets, helping everyone to be more active and enjoy the health benefits of being on our streets.

Eighty per cent of Londoners' travel happens on our streets and the best way to get more people out walking, cycling and using public transport is to improve the quality of the experience of being on those streets. The Healthy Streets Approach therefore focuses on creating streets that are pleasant, safe and attractive, where noise, air pollution, accessibility and lack of seating and shelter are not barriers that prevent people, particularly our most vulnerable people, from getting out and about.
There are no ‘healthy’ or ‘unhealthy’ streets, but all could be improved in different ways to encourage people to be more active

A survey was undertaken to measure people’s perception of 80 streets across Greater London. The 80 streets included all kinds of street. For eight* of the 10 Healthy Streets Indicators, people were asked to rate the street from zero to 10.

The scores for each of the Healthy Streets Indicators varied significantly. However, people rated all 80 streets with overall scores of between four and seven out of 10.

Within this sample of streets, no street stood out as especially ‘healthy’ or ‘unhealthy’. Each had its strengths and weaknesses even though the overall scores was similar.

These scores do not reflect the views of people who choose not to use the street because they find it unwelcoming or inaccessible.

Objective measures, such as the Healthy Streets Check for Designers, show bigger differences in scores between streets.

* Excludes ‘pedestrians from all walks of life’ and ‘people choose to walk, cycle & use public transport’.
Why were these 10 Healthy Streets Indicators chosen?

Quick answer: These are the indicators that are essential for making streets work well for all people. Delivering these Indicators will ensure everyone can access and enjoy using the Capital’s streets and lead active, healthy lives. Each Indicator is backed by scientific evidence that it improves health, reduces inequalities and encourages people to walk and cycle.
People choose to walk, cycle & use public transport

**Health:** Active travel enables Londoners to achieve the recommended physical activity levels to stay healthy (20 minutes a day). Inactivity is responsible for one in five deaths and diseases including type 2 diabetes, heart disease and some cancers.

**Fairness:** Car owners, older people and children are less likely to do enough physical activity to stay healthy. If people walk or cycle not through choice but through necessity, then this can also be harmful to their health*.

**Active Travel:** Walking and cycling are cheap, accessible and sustainable activities. Social norms influence active travel - people are more likely to walk and cycle when they see others doing the same.

*It’s important that people are walking or cycling out of choice. There is evidence that walking or cycling due to lack of alternative options can be harmful to people’s wellbeing. Active travel needs to be the most attractive option.

---

The chance of being obese falls by 4.8% per kilometre walked per day.

(Frank et al. 2004)

28% of Londoners are completely inactive, not achieving 30 minutes' activity per week.

(Active People Survey, 2015)

1 in 2 London car journeys are under 2km, which is just a 25 minute walk.

(TfL.gov.uk)
Pedestrians from all walks of life

**Health:** Everyone needs to be active everyday to stay physically healthy. Our health is improved by social interaction and building community ties; using the streets on foot is a valuable opportunity for this. Walking is also important for children to build their independence and as an opportunity for informal outdoor play.

**Fairness:** Environments that aren’t inclusive to all create inequalities in activity levels and social interaction. Some groups (those from deprived areas, some ethnic minorities, disabled people, children and older people) experience the worst impacts of noise, air pollution and road danger.

**Active travel:** Environments that are safe and inviting for journeys made on foot or by bike will be inclusive for all and encourage people from all walks of life to walk and cycle.
Clean air

**Health:** Transport contributes to over 60% of emissions in London. Exposure to small particles causes cancers, cardiovascular and respiratory diseases and contributes to premature deaths.

**Fairness:** Some people suffer more because: they live in deprived areas with higher levels of air pollution; live, learn or work near busy roads; or are more vulnerable because of their age or existing medical conditions.

**Active travel:** Concerns about air quality may influence Londoners’ choice to travel actively. It is sometimes appropriate for people with respiratory conditions to limit vigorous activity when pollution is high.

94% of Londoners are concerned about the impact of air quality on their family’s health.

(Air Quality London survey, 2014)
People feel safe

Health: Over 1,000 people are killed or seriously injured walking or cycling on London’s streets each year and many more experience slight injuries and ‘near misses’. Fear of injury and antisocial behaviour can be stressful and prevent people from walking and cycling. This can limit access to activities and contribute to social isolation.

Fairness: People walking and cycling make up over half of all those killed or seriously injured on London streets. Young and older pedestrians are most at risk of being killed or seriously injured. Women, older people, and people living in low-income areas are more likely to feel unsafe.

Active travel: People will actively travel if it is a pleasant experience. Anyone being injured on the road contributes to it feeling unsafe for them and others. Walking levels are influenced by safety concerns and perceived road danger is a barrier to cycling in London.

Road traffic injury is the leading cause of death among children aged five to 14 years.
(Improving the Health of Londoners, 2014)

80% of Londoners ranked safety as the number one barrier to cycling and 94% said traffic makes them afraid of cycling.
(Attitudes to Cycling research, 2014)
Not too noisy

**Health:** Noise pollution influences sleep, stress, anxiety, blood pressure and mental health. In children it can impact on school performance, memory and concentration.

**Fairness:** Socially disadvantaged people are more likely to live in unfavourable environments near busy roads and are more likely to experience noise pollution due to traffic or antisocial behaviour.

**Active Travel:** It is more pleasant to walk or cycle where noise levels are low. Noise pollution can put people off walking or spending time on certain streets.
Easy to cross

**Health:** Physical barriers or heavy traffic can make streets difficult to cross. This can disrupt social networks and lead to social isolation. People with weak social and community ties have worse health outcomes.

**Fairness:** Severance is more likely to affect disabled people and their carers, children, older people and people dependent on walking and using public transport for travel and people living in deprived areas.

**Active Travel:** People prefer direct routes. Unsafe streets with fewer crossings and higher traffic speeds and volumes are all associated with lower levels of active travel.

*Colourful Crossing, Southwark Street, by Better Bankside.*

Londoners said having streets that were easy to cross would encourage walking.

(Attitudes to Walking survey, 2016)
Places to stop & rest

**Health:** A lack of resting places can influence and limit mobility for certain groups of people. This barrier to walking can lead to loneliness and social isolation.

**Fairness:** Older people, people with injuries and mobility impairments and people accompanying young children all rely on places to stop to be able to break up longer walks or cycle rides.

**Active travel:** People are more willing to visit, spend time in, or meet other people in areas where there are places to stop and rest.

*This parklet on Tooley Street, by Team London Bridge, replaced car parking spaces with seating.*
Shade & shelter

Health: Shade helps protect people from sun damage and enables them to keep cool. Heat can trigger exhaustion, confusion and heart attacks, and worsen conditions such as cardiovascular and respiratory disease.

Fairness: Older people are particularly vulnerable to excess heat, as are people with heart, respiratory and other serious health problems. Poor weather (wind and rain) particularly influences older people’s mobility.

Active travel: Temperature and rain influence walking rates and shade and shelter can encourage active travel. Cycling levels are also closely related to average daytime temperatures.
People feel relaxed

Health: Poor quality physical environment can contribute to stress, anxiety and social exclusion. It reduces the likelihood that people will use streets to be active and interact with their communities.

Fairness: People who have no choice but to spend time on streets that do not feel relaxing (eg dirty, neglected, less safe) are more likely to already be from disadvantaged groups.

Active travel: People are more likely to walk or cycle in areas where they feel relaxed and which have other people in and pleasant and scenic elements such as trees, landscaping, public art, attractive gardens and shop frontages.

80% of Londoners said vandalised and dirty streets make people dislike walking in London.

(Attitudes to Walking survey, 2016)
Things to see & do

Health: Attractive street environments encourage people to choose to walk or cycle and make the experience rewarding. Having to travel long distances or experiencing barriers to everyday services can increase social isolation.

Fairness: People who live in low-density, car-orientated environments are less likely to travel actively and more at risk of chronic diseases as a result. They are also more likely to spend more money on travel. People who live in visually unappealing environments are less likely to travel actively or to find it rewarding when they do.

Active travel: People are more likely to travel actively when the street at eye-level is interesting and attractive and when there are local destinations e.g. shops that can be reached by a short walk or cycle ride.
How can you measure the ‘healthiness’ of streets?

**Quick answer:** TfL has developed three ways to measure individual streets against the Healthy Streets Indicators: through the Guide to the Healthy Streets Indicators; the Healthy Streets Check for Designers (HSCD); and the Healthy Streets Survey. Each of these tools assesses streets against the 10 Healthy Streets Indicators in different ways and at different stages of the scheme development process. The Guide to the Healthy Streets Indicators defines each of the 10 Indicators and includes prompt questions to encourage the user to consider improvements to the street or scheme. The HSCD is a technical tool to assess the changes a particular scheme can bring to the street (can be done prospectively or retrospectively). The Healthy Streets Survey captures Londoners’ perception of each Indicator for an existing street.
Guide to the Healthy Streets Indicators

The **Guide to the Healthy Streets Indicators** can be used for a high-level assessment:

- Summarises the essential aspects of the 10 Healthy Streets Indicators using questions as prompts.
- Best used to qualitatively assess the Healthy Streets Indicators on existing streets or at early stages of scheme development.
- Easy to understand for transport professionals and other stakeholders (community groups, councillors, other agencies, etc).
- Illustrated examples of good practice included for each Healthy Streets Indicator.
Healthy Streets Check for Designers

The **Healthy Streets Check for Designers (HSCD)** is a quantitative desktop tool to assess the layout of a street/scheme against the Healthy Streets Indicators.

- Focuses on physical aspects of a street that are within the gift of designers to influence (not the actual experience of being on the street).
- Developed for street designers to ensure their proposals are consistent with the Healthy Streets Approach.
- It is a technical assessment of the street using 31 metrics mapped to the 10 Healthy Streets Indicators. The output is a Health Streets Check Score with the possibility to compare an existing street with a proposals.
- Guidance and training is provided by TfL to enable engineers and designers to use it.
- Assurance of Scores is provided by TfL for Checks conducted by TfL, Boroughs, Developers and Consultancies.
Healthy Streets Check for Designers scoring system

There are 31 metrics in the HSCD which can be scored between zero and three (three is best). All metrics are linked to one or more of the Healthy Streets Indicators. Scores for each metric are used to calculate an overall score for each Healthy Streets Indicator.

Competing factors always have to be traded-off against each other so no street can score 100%.

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Scoring system</th>
<th>Enter score here</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total volume of two way motorised traffic</strong></td>
<td>There are fewer than 500 vehicles per hour at peak.</td>
<td></td>
</tr>
<tr>
<td><strong>Interaction between large vehicles and people cycling</strong></td>
<td>There will be no large vehicles using the street, or cycle traffic is separated from motorised traffic.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of large vehicles is less than 2% of motorised traffic, 7am to 7pm.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of large vehicles is 2% to 5% of motorised traffic, 7am to 7pm, or.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The proportion of large vehicles is greater than 5% of motorised traffic, 7am to 7pm, and people are cycling either.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- in a nearside general traffic lane or bus lane less than 4.5m wide, or.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- in a cycle lane where the combined width of the cycle lane and the next general traffic lane is less than 4.5m.</td>
<td></td>
</tr>
</tbody>
</table>
Example of Healthy Streets Check for Designers applied to the Archway proposal

Output of the HSCD for the Archway proposal with before and after scores for each Health Streets Indicator.
Healthy Streets Check for Designers: pros & cons

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>► Based on quantified data, not perception of a limited sample of people.</td>
<td>► Does not reflect the experience of what it feels like to be on a street, relies on proxy measures.</td>
</tr>
<tr>
<td>► Can be done by any trained person.</td>
<td>► This is not an exhaustive assessment of the street as it only takes in consideration what the designer can influence and easily measure.</td>
</tr>
<tr>
<td>► Affordable.</td>
<td>► Has to be applied to each section of the street separately so it is not possible to cover a wide area quickly.</td>
</tr>
<tr>
<td>► Relatively quick.</td>
<td>► Risk of misinterpretation of the outputs (the scores) if read in isolation or used to compare different streets. The primary role of the HSCD is to ensure a proposed scheme is an improvement on the existing situation.</td>
</tr>
<tr>
<td>► More specific and detailed analysis than through the Guide to the Healthy Streets Indicators or the Healthy Streets Survey.</td>
<td>► Can be undertaken at the optioneering stage of scheme development to compare the pro and cons of each option. It can also be used to capture the benefits delivered by a scheme.</td>
</tr>
</tbody>
</table>
Healthy Streets Survey

The Healthy Streets Survey captures how members of the public experience a street.

- The Healthy Street Survey has been completed at 80 locations across central, inner and outer London with over 8,000 randomly selected respondents.
- Interviews are under 10 minutes and ask 40 questions.
- Respondents were asked to score the street from zero to 10 for the Healthy Streets Indicators.
- Pedestrian counts, socio-demographic characteristics and other factors were recorded by the interviewer.
Healthy Streets Survey scoring system

Respondents are asked to score eight of the 10 Healthy Streets Indicators from zero to 10 (10 is best). The Healthy Streets Experience Score is calculated for each street by averaging the eight Indicators’ scores.

A similar process is followed to calculate a Healthy Streets Expectation Score based on what respondents would expect from the street they are in. Comparing the Experience and Expectation scores helps us identify areas where we can improve customer satisfaction with streets.

Respondents are not asked about ‘pedestrians from all walks of life’ and ‘people choose to walk, cycle and use public transport’ because these Indicators cannot be assessed through a survey. They can be assessed separately to an extent through pedestrian counts and mode share data.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Survey question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean air</td>
<td>How clean do you think the air on this street is today?</td>
</tr>
<tr>
<td>People feel safe</td>
<td>How intimidated do you feel by the traffic on this street?</td>
</tr>
<tr>
<td></td>
<td>How safe from crime and anti-social behaviour do you feel on this street today?</td>
</tr>
<tr>
<td>Not too noisy</td>
<td>How noisy are you finding this street today?</td>
</tr>
<tr>
<td>Easy to cross</td>
<td>How easy do you think it is to cross this street?</td>
</tr>
<tr>
<td>Shade &amp; shelter</td>
<td>How easy do you think it would be for you to find shelter, for example if it was very sunny or raining?</td>
</tr>
<tr>
<td>Places to stop &amp; rest</td>
<td>How easy do you think it would be for you to find somewhere to sit or rest on this street if you needed to?</td>
</tr>
<tr>
<td>Things to see &amp; do</td>
<td>How attractive do you find this street?</td>
</tr>
<tr>
<td>People feel relaxed</td>
<td>How enjoyable are you finding being on this street today?</td>
</tr>
</tbody>
</table>
# Healthy Streets Survey: pros & cons

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Captures <strong>real-life experience</strong> from people on the street.</td>
<td>- Relatively <strong>costly and resource-intensive</strong> to organise. Responses limited to specific point in specific streets.</td>
</tr>
<tr>
<td>- Respondent <strong>not relying on memory</strong> to assess the street – they give their experiential feedback of being on the street there and then.</td>
<td>- Tendency of respondents to give the <strong>middle score</strong> (eg 5/10).</td>
</tr>
<tr>
<td>- <strong>Better engagement</strong> than phone-survey.</td>
<td>- Respondent might be <strong>inclined to please the interviewer</strong> in a face-to-face interview and give more positive answers.</td>
</tr>
<tr>
<td>- Interviewer <strong>can record external factors</strong> (traffic levels, weather conditions, socio-demographic mix, etc.).</td>
<td>- Responses might be <strong>influenced by external factors</strong> (news, weather, mood, major events, etc).</td>
</tr>
<tr>
<td>- Can be <strong>related to ‘objective’ measures</strong> of the actual street environment at the survey location.</td>
<td>- Approaching members of the public in the street will fail to capture the views of people who don’t use the street because they find it inaccessible on foot, so the Healthy Streets Survey <strong>does not accurately reflect how inclusive</strong> the street is.</td>
</tr>
<tr>
<td></td>
<td>- Usefulness for <strong>before-/ after-scheme impacts assessment</strong> has not yet been fully tested.</td>
</tr>
</tbody>
</table>
How do you make a street ‘healthier’?

Quick answer: Almost all streets can be improved against the 10 Healthy Streets Indicators but how that is achieved depends on the street and its uses. For example a quiet residential street can be made easier to cross with frequent courtesy crossings while on a busy main road it might be more appropriate to make it easier to cross with traffic-light-controlled crossings.

New tools have been developed to ensure the Healthy Streets Approach is used at each stage of the scheme delivery process.
Different streets require different solutions

The intervention is tailored to the street and its functions. There is no ‘one size fits all’ solution to improving streets’ performance against the Healthy Streets Indicators.

Major junctions like Euston Circus can be redesigned to provide more direct pedestrian crossings and wider pavements.

Street closures during school drop-off times make the areas around schools safer and more appealing to walk. This one in Camden contributed to a 50% reduction in children arriving by car at St Joseph’s Catholic Primary School.

Healthy Streets Indicators improved:
- Easy to cross
- People feel safe
- Shade and shelter (tree planting)
- People choose to walk, cycle and use public transport
- People feel safe
- People feel relaxed
- Easy to cross
- Not too noisy
- Clean air
- Pedestrians from all walks of life
- People choose to walk, cycle and use public transport
Different streets require different solutions

The intervention is tailored to the street and its functions. There is no ‘one size fits all’ solution to improving streets’ performance against the Healthy Streets Indicators.

Residential streets can become less traffic dominated with **build-outs** and **planting**.

- Easy to cross
- People feel relaxed
- People feel safe
- Things to see and do
- Shade and shelter

Neighbourhood centres can become more liveable with **wider pavements** and **seating**.

- Places to stop and rest
- Easy to cross
- People feel relaxed
- Shade and shelter
- Things to see and do
- Clean air
- People feel safe
Existing tools can help in delivering the Healthy Streets Approach

Small Change, Big Impact is a delivery tool that can provide inspiration for taking the first steps in changing the look and feel of a street.

- A practical guide for implementing light touch and temporary projects.
- Tips on how to overcome hurdles
- Technical guidance on delivery
- Includes case studies
- Links to other tools and resources
- Directory and glossary

Three tools have also been developed to assess individual streets and schemes (for more details see Q: 'How can you measure the ‘healthiness’ of streets?'):

- The Guide to the Healthy Streets Indicators, the Healthy Streets Check for Designers (HSCD), and the Healthy Streets Survey.
- Each of these tools assess streets against the 10 Healthy Streets Indicators in different ways and at different stages of the scheme development process.
Do Londoners actually want Healthy Streets?

**Quick answer:** YES – London’s streets do not currently meet their users’ expectations and customer satisfaction is higher on streets that perform well against the 10 Healthy Streets Indicators.
Londoners have higher expectations for their streets

The **Healthy Streets Survey** asks people what they think of the street they are on and what they would expect it to be like.

For each Healthy Streets Indicator, people rated the street from zero to 10 based on their **experience and expectations**.

The results revealed that although people adjust their expectations to the kind of street they are on, their **expectations consistently exceeded their experience** across all Indicators.

The biggest gap between experience and expectation was for ‘places to stop’ and the availability of ‘shade & shelter’.

People’s expectations of noise levels are relatively low and similar to their experience.
Customer satisfaction is higher on streets performing well against the Healthy Streets Indicators

As part of the Healthy Streets Survey, respondents were asked: ‘overall how satisfied are you with this street today?’ and gave it a score between zero and 10.

Responses to this ‘satisfaction’ question were not used to calculate the overall Healthy Streets score, but the correlation between both scores is strong, suggesting that adopting the Healthy Streets Approach will increase customer satisfaction with streets.
Is the Healthy Streets Approach just about urban realm improvement?

**Quick answer:** NO – while a lot can be done through physical changes to the street, a more holistic approach is required to deliver a step change in the health of Londoners. The Healthy Streets Approach is delivered at three levels: the street level, the network level and the spatial planning level, with ‘soft’ measures such as behaviour change campaigns, enforcement activity and education supporting all three.
1st level of the Healthy Streets Approach: the street level

Physical changes to street environments (temporary or permanent) can help to change the look and feel of the street.

Public realm improvements on their own are not always sufficient.

Physical changes to Holborn Circus improved pedestrian crossings, provided seating, shade and more greenery, and made the street safer for cyclists. It was not able to make significant impacts on air quality and noise which were strongly influenced by the location of the junction and the buildings surrounding.
2nd level of the Healthy Streets Approach: the network level

Some factors affecting the Healthy Streets Indicators cannot be addressed solely at the local level.

- Reducing the traffic dominance on one street may affect and rely on changes to the broader street network.
- Making a street accessible to pedestrians from all walks of life will partly rely on the availability of accessible public transport, which has to be planned at the network level.
- Reducing harmful pollution partly relies on the uptake of cleaner vehicles, which is encouraged by policies implemented at the GLA and central government.

A pan-London approach is required to improve London’s air quality.
2nd level of the Healthy Streets Approach: better network management across all transport modes

Strategic management of transport networks across London can support significant mode shift and enable reallocation of space at street level.

- **Bus**: takes cars off the road and gets more people walking.
- **Tube, train & tram**: takes cars off the road and gets more people walking.
- **Freight & servicing**: needs to be managed to reduce conflict with public transport, cycling and walking but also is also essential to supporting a vibrant street environment.
- **Cycle routes**: need to connect people directly and comfortably to where they want to go.
- **Parking provision**: needs to be managed to reduce attractiveness of car use for short trips.
- **Speed control**: reducing traffic speeds improves safety, air quality and noise levels.

Redistribution of ‘switchable trips’ from car travel to other modes.
For example, 770,000 car trips could be switched to cycling or walking.

With a comprehensive approach to mode shift, people will switch the car for public transport for long trips and switch from public transport and car to active travel for short trips.
3rd level of the Healthy Streets Approach: the spatial planning level

To support car-dependent Londoners living in the least walkable and least cycleable areas of London to become active and travel sustainably we need spatial planning to deliver more people-oriented environments – higher density, mixed land-use, low-car developments with permeable street networks.

Transforming the least walkable and least cycleable areas, particularly on the outer fringes of London, is a long-term aspiration but good planning of growth areas can be delivered now.

The new London Plan will have a key role in delivering the Healthy Streets Approach. The 10% least walkable areas of London will require long term planning to become healthier. Growth areas are opportunities for highest standards deliverable in the short term.
‘Soft’ measures support the three levels of delivery

Street, network and spatial-planning changes must be accompanied by **behaviour change measures** to facilitate a substantial and sustainable mode shift.

► **Education**: cycle skills training for both children and adults and travel mentoring for those who need it gives people the confidence to travel independently and sustainably.

► **Road danger awareness activities**: Exchanging Places events, where lorry drivers experience cycling in London and cyclists experience the field of vision in a lorry, increase awareness of dangerous behaviours and help manage conflict between road users.

► **Enforcement**: speed cameras and enforcement of Advanced Stop Lines and close overtaking help maintain safe environments for vulnerable road users.

► **Promotional events and street activation**: play streets, street markets and other events encourage people to use their streets differently and be more active.
Does public transport play a role in delivering Healthy Streets?

Quick answer: Public transport is essential to delivering the Healthy Streets Approach. Walking and cycling as part of daily travel is the main way people in London stay active. Half of all walking by Londoners is to or from public transport stops and stations. High-quality public transport services also contribute to improving air quality and reducing traffic dominance.
Increasing public transport use is essential to achieving minimum activity levels

Fifty per cent of walking by Londoners is part of longer public transport journeys – walking to or from the bus stop or Tube station.

Providing good public transport options for longer trips reduces people’s reliance on private cars, encouraging them to walk and cycle shorter trips.

Accessible public transport enables everybody to travel more freely over longer distances, reducing social isolation.

Streets need to be attractive to walk and cycle in to encourage more people to use public transport.

Good public transport access supports a vibrant street and encourages more people to walk and experience it.

Increasing public transport use and increasing active travel are interconnected – good public transport enhances streets for walking and good walking and cycling conditions make public transport use more attractive.

Duration of walking stages for public transport trips.
All forms of public transport contribute to delivering Healthy Streets

The Overground network provides a high quality, accessible service that is well integrated into London’s walking, cycling and public transport network.

The network will soon be fully electrified (final lines are currently being upgraded) lowering emissions and improving London’s air quality.

Stations and platforms are bright, well lit and protected environments with staff at every station.

Door-to-door transport includes social needs transport and delivers safe, fully accessible and reliable transport to people at greatest risk of social isolation due to the challenges they face in mobility.

This makes work, leisure and education more accessible for all.
All forms of public transport contribute to delivering Healthy Streets

**River Services** connect communities with strategically located piers near key business, residential and tourist centres. This reduces dependence on car use by tourists (taxis) and residents in areas that are less well served by other forms of public transport.

**Piers** encourage onward travel by walking, cycling and public transport use with dedicated facilities at piers such as cycle hire and cycle parking.

**London Underground and DLR** services have supported mode shift from private cars over decades, particularly for commuting to central London and Canary Wharf. Stations and platforms all have quality wayfinding provision and knowledgeable staff.

TfL is investing in **improving inclusiveness** - making stations and platforms step-free, with colour blindness design, sufficient lighting and seating, and more space on trains.
Buses play a particular role in delivering Healthy Streets

**Bus services are critical to the vitality** of London high streets and town centres.

**Buses are essential to reducing car dependency** in lower density suburbs which are underserved by rail.

**Buses support an inclusive street environment** as they are the most accessible and most affordable public transport mode.

Maintaining a **clean and safe bus fleet** is essential to improving air quality and reducing noise pollution. The rollout of a greener TfL bus fleet will contribute to improved air quality.

Drivers are trained to considers the needs of people walking and cycling, and TfL is developing improved **safety orientated bus driver training**.

Bus services should be planned in concert with walking and cycling to ensure they meet the needs of all people travelling sustainably on London’s streets.
Will all streets be included in the Healthy Streets Approach? Even strategic roads?

Quick answer: YES - The Healthy Streets Approach applies to all streets. It is particularly important to ensure strategic roads perform as well as they can against the 10 Healthy Streets Indicators – they tend to be more traffic-dominated and are often where the most vulnerable Londoners live, work and shop so they must be improved to reduce health inequalities.
The Healthy Streets Approach must be applied on all streets to achieve a step change in Londoners’ health

Some factors affecting the Healthy Streets Indicators cannot be addressed solely at the local level.

- Reducing the traffic dominance of one street may affect and rely on changes to the broader road network.
- Making a street accessible to pedestrians from all walks of life will partly rely on the availability of accessible public transport, which has to be planned at the network level.
- Reducing harmful pollution partly relies on the uptake of cleaner vehicles, which is encouraged by policies implemented at the GLA and national level.
Strategic roads with high Movement function should be a particular focus of the Healthy Streets Approach

**Noise** on these roads affects local people (e.g. mental health, sleep, concentration).

Strategic roads are a **major source of harmful emissions** (NOx & PMs) affecting the health of both road users and local residents.

Heavily-trafficked roads creates **severance**, which makes it difficult for local people to cross the street, damages communities and can cause social isolation for vulnerable people.

Main roads pass through some of the most **deprived communities**. London boroughs and the GLA have **duties to reduce health inequalities**. Reducing the harms to health from traffic dominance on main roads is an opportunity to reduce health inequalities linked to these roads.

**Making these streets healthier is an achievable goal** (e.g. reallocating parking spaces, greening, better crossings, cleaner motorised vehicles, reduced speeds, etc.).

---

**Eastern Avenue, Ilford.** 1937

**Eastern Avenue, Ilford.** 2016
Are freight & servicing included too?

**Quick answer:** YES – Goods and services are vital to healthy, vibrant and attractive streets that people want to walk, cycle and spend time on. Better managing freight and servicing traffic at the street and network scale is essential to reducing the negative health impacts of motorised transport and to deliver a healthier environment.
The Healthy Streets Approach includes freight & servicing

**Freight and servicing are essential to businesses and street activation.** Freight is essential if streets are to have ‘things to see and do’.

The movement of goods and services **needs to be well managed to reduce traffic dominance** on our streets. This will help make people feel safer walking and cycling and improve air quality and reduce noise.

Reducing the impact of freight and servicing can be done through a wide range of measures including:

- Cleaner and safer vehicle fleet.
- Dedicated off-street loading zones in new developments.
- Flexible kerbside management.
- Off-peak delivery incentives.
- Consolidation and sustainable micro-distribution networks.
What are Street Types, Place function & Movement function?

**Quick answer:** Street Types is a framework for understanding the variation in streets across London. It takes account of the Movement and Place functions of streets. The Place function is defined by the street’s catchment area while the Movement function is defined by the importance of the street to the transport network. In general, streets that score well on the Healthy Streets Survey tend to have a lower Movement function.
London’s streets can be categorised into nine Street Types

Streets in London have a diverse range of characteristics. There are quiet residential streets, busy urban motorways, major tourist attractions and everything in between.

The way we frame our understanding of these differences is by looking at their ‘Movement’ and ‘Place’ functions.

Every street in London has been categorised as falling into one of nine ‘Street Types’ depending on its role in moving people and goods and its role as a place that attracts people.
The Place & Movement functions define the Street Types

The Place function does not mean ‘a nice place to be’. It is a measure of how far people are travelling from to access the street.

Although the Movement function is often thought to be dictated by the volume of general traffic the street carries, the function also includes pedestrian, cycle and freight and servicing movement, as well as the availability of alternative routes. The Movement function measures the street’s strategic importance to the road network.

<table>
<thead>
<tr>
<th>Place function</th>
<th>Movement function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P3</strong>: international, national or city-wide significance</td>
<td><strong>M3</strong>: primary routes which play a key role for the city-wide movement of goods and people</td>
</tr>
<tr>
<td><strong>P2</strong>: attracts visitors from across a borough, or a neighbouring borough</td>
<td><strong>M2</strong>: connects strategic routes with local points of access to ensure people and goods can move freely</td>
</tr>
<tr>
<td><strong>P1</strong>: serves a predominantly local function with a small catchment</td>
<td><strong>M1</strong>: used for local access by people and deliveries</td>
</tr>
</tbody>
</table>
Street Types distribution of London’s roads

**83% of streets are the M1/P1** Street Type. These are mostly **residential streets** managed by London boroughs.

The majority of M1/P2s and M1/P3s are in central London.

**Under 8% of London’s streets are M3.** Around half of these are in the Transport for London Road Network (TLRN); the other half are part of the Strategic Borough Road Network (SBRN).
Street Types do not reflect street forms

Street Type classification does not describe the form or quality of the street but illustrates consensus on its current Movement and Place functions.

The types of interventions that deliver Healthy Streets improvements will vary by the form of the street as well as by Street Type.

For example, making a street ‘easy to cross’ on a local street may involve reducing the speed and volume of vehicles travelling on that street while on a core road it may mean increasing the crossing time of a traffic-light controlled pedestrian crossing.
Is Healthy Streets the same as Place function?

Quick answer: NO – The Place function is one of the two Street Type functions and it is a measure of how far people are willing to travel to reach a particular street as their destination. Place function is not a measure of how pleasant a street is as a place to spend time. There is no clear link between the Place function and how well a street delivers against the 10 Healthy Streets Indicators.
There is no clear correlation between the Place function & the Healthy Street Experience Score

The Place function is one of the two functions defining a street’s Street Type (the other is the Movement function). It is based on how far people are willing to travel to get to a street as a destination. The larger the street’s catchment, the higher the Place function. **The Place function is not about how nice a place is.**

The Healthy Streets Approach focuses on how inclusive and welcoming a place is for people to walk, cycle, use public transport and spend time on.

Based on the Healthy Streets Survey, streets with high Place function tend to have a marginally better Healthy Street Score than streets with a low Place function. However, there are many exceptions and the correlation is too weak to draw firm conclusions.
There are a wide range of streets within each Place function, each scoring differently against the Healthy Streets Indicators.

- **Chingford Station Road (Waltham Forest)**
  - Experience score: 6.6

- **Brushfield Street (Tower Hamlets)**
  - Experience score: 6.9

- **North Circular (Barnet)**
  - Experience score: 4.2

- **Camden High Street (Camden)**
  - Experience score: 4.8
Does delivering the Healthy Streets Approach conflict with Movement function?

Quick answer: NO – All streets can be improved against the Healthy Streets Indicators but the nature of the intervention will depend on what functions each street needs to perform. Streets can improve their performance against the 10 Healthy Streets Indicators without compromising on their Movement function. The most efficient modes of transport are walking, cycling and public transport use so increasing the amenity for using these modes helps to optimise a street’s Movement function.
Streets with higher Movement function tend to have a poorer Healthy Streets score

The Movement function is one of the two functions defining a street’s Street Type (the other is the Place function).

A street’s **Movement function is based on more than just traffic volumes** - it is based on the strategic importance of the street for the functioning of the transport network. It takes into consideration the number of people and volume of goods that the street carries across all modes of transport and the availability of alternative routes.

Although the correlation is not strong, streets with a **low Movement function tend to perform better against the 10 Healthy Streets indicators** than streets with a high Movement function.
Motorised traffic has a negative impact on Healthy Streets Survey results

The Healthy Streets Survey scores for ‘experience’ correlate more strongly with the volume of motorised traffic the street carries than with its Movement function.

There is a clear relationship between traffic volumes and Healthy Streets Survey results – streets carrying large traffic volumes tend to have poorer public perceptions of how healthy they are.

This can be attributed to the impact of motorised traffic on several Healthy Streets Indicators such as noise, air quality, ease of crossing the street, feeling safe and feeling relaxed.
Streets can be made healthier without compromising their Movement function

A wide range of measures can be implemented to make our streets healthier while preserving their Movement function. These include:

- Using greening to make streets feel less noisy, polluted and unwelcoming.
- Providing better crossings and accessible footpaths (longer pedestrian crossing times, better sightlines and reduced speeds).
- Fairer street space allocation to each transport mode to reflect the mode share of its users (e.g. the Torrington Place/ Tavistock Place scheme in Camden, shown here).
- Reducing traffic dominance through quieter and cleaner vehicles (e.g. ULEZ, clean bus corridors, and better freight management).
Strategic roads with high Movement function should be a particular focus of the Healthy Streets Approach

**Noise** on these roads affects local people (e.g. mental health, sleep, concentration).

Strategic roads are a **major source of harmful emissions** (NOx & PMs) affecting the health of both road users and local residents.

Heavily-trafficked roads creates **severance**, which makes it difficult for local people to cross the street, damages communities and can cause social isolation for vulnerable people.

Main roads pass through some of the most **deprived communities**. London boroughs and the GLA have **duties to reduce health inequalities**. Reducing the harms to health from traffic dominance on main roads is an opportunity to reduce health inequalities linked to these roads.

**Making these streets healthier is an achievable goal** (e.g. reallocating parking spaces, greening, better crossings, cleaner motorised vehicles, reduced speeds, etc.).
Why do transport authorities have to deliver health? Isn’t that the job of the NHS?

Quick answer: Keeping people well is the job of everyone including TfL, the GLA and the London boroughs - this is public health ‘preventing people from getting avoidably ill’. Taking the Healthy Streets Approach is one way to help keep people well. The NHS also has a role is keeping people well, but its primary role is to treat sick people.
The GLA, TfL & local authorities have a duty to improve public health

The GLA, TfL and local authorities have a **responsibility to seek to reduce health inequalities**.

**Transport is the main way people in London stay active** and transport authorities are uniquely able to make the changes to the transport system necessary for increasing Londoners’ physical activity.

The GLA, TfL and local authorities are also well-placed to take the lead on improving **air quality**, reducing **noise** and creating **inclusive street environments** for everyone to live well in London.

Many other organisations have roles in other areas of public health e.g. alcohol companies not promoting their products to children and food companies labelling nutritional values.
Who is responsible for delivering Healthy Streets within TfL & externally?

Quick answer: Healthy Streets is the overarching framework of the Mayor’s Transport Strategy. This means all parts of TfL and teams in local authorities need to incorporate the Healthy Streets Approach into their daily activities. Most importantly, due to the variety of factors contributing to the Healthy Streets Indicators, a wide range of stakeholders needs to be fully involved in the process.
Delivering the Healthy Streets Approach is not just the responsibility of people delivering new street schemes

Delivering the Healthy Streets Approach requires all parts of TfL and multiple teams in local authorities to work differently and adapt their processes.

The Healthy Streets Approach needs to be incorporated into policy, business case development, design, delivery, monitoring, communication and marketing.

All transport modes have a role in delivering the Healthy Streets Approach.

Crucially, TfL and boroughs must engage stakeholders in the delivery of the Healthy Streets Approach, including:

► The GLA
► Developers
► Businesses
► Community groups

The success of the Healthy Streets Approach relies on the participation of many stakeholders.
The Healthy Streets Approach is embedded in all statutory Mayoral strategies

Delivering the Healthy Streets Approach is dependent on a wide range of organisations working together to improve the 10 Indicators.

To facilitate this, and show his commitment to the Healthy Streets Approach, the Mayor has embedded Healthy Streets in all his statutory strategies.

For example the London Plan includes Healthy Streets policy T2 to ensure delivery of the spatial planning level of Healthy Streets.
TfL will be working with other parts of the GLA family, boroughs, central government, 3rd sector stakeholders & communities to embed the Healthy Streets Approach

Many different groups are needed to deliver improvements in the Healthy Streets Indicators.

TfL will provide training, support, tools and guidance to London boroughs, developers and land owners to help them embed the Healthy Streets Approach in their work.

The Metropolitan Police Service are key partners, providing on-street law enforcement and education.

Working with businesses can help deliver the Healthy Streets Approach, for example through reducing the impact of freight on London’s streets.

Education and community organisations are also vital for providing a range of supportive measures.
How are boroughs involved in Healthy Streets?

Quick answer: Boroughs are already working to deliver the 10 Healthy Street Indicators. Adopting the Healthy Streets Approach will be a requirement of Local Implementation Plan (LIP) funding and will help boroughs to fulfil their public health duties.
Boroughs have a central role in delivering the Healthy Streets Approach

The vast majority of streets in Greater London are managed by boroughs. TfL manages only 5% of streets and the Highway Agency controls the national motorway network.

Boroughs can deliver the Healthy Streets Approach in ways that suits the needs and aspirations of their residents and the unique character of their streets through public realm improvements and local policies that promote sustainable travel and reduce the dominance of motorised traffic.

Engaging residents with the 10 Healthy Streets Indicators and discussing what would improve streets against the Indicators can help unlock creative solutions to long-standing local challenges in a more inclusive way (without focusing unduly on specific transport modes such as cycling).
Boroughs are already delivering the Healthy Streets Approach

Every borough has examples of how it is already delivering the Healthy Streets Approach. Some examples are:

- **Lambeth** was the first borough to install bike hangars.
- **Barnet** fully funds the Bike It programme, training families in cycle skills.
- **Barking and Dagenham** has award winning community engagement projects combining infrastructure with behaviour change.
- **Islington** was the first borough to implement a 20mph speed limit.
- **Hackney** has widespread filtered permeability.
- **Waltham Forest** successfully delivered its Walthamstow Village neighbourhood.
When should I use the Healthy Streets Approach?

**Quick answer:** You should be applying the Healthy Streets Approach to your work now. The Healthy Streets Approach is about applying a people-centred approach to decision making to ensure we put human health and a positive experience first. Some of the tools being used include the Guide to the Healthy Streets Indicators, the Healthy Streets Check for Designers and the HEAT tool. If you are not sure how to apply the Healthy Streets Approach to your work, please contact healthystreets@tfl.gov.uk.
Tools & support are available to help you apply the Healthy Streets Approach to your area of work

Tools are already being developed to help you to apply the Healthy Streets Approach. These include:

- **Guide to the Healthy Streets Indicators**: This guide defines each of the 10 Healthy Streets Indicators and includes a list of prompt questions to help you consider potential improvements to the street.

- **Healthy Streets Check for Designers (HSCD)**: This is a technical assessment of the street based on 31 metrics mapped to the 10 Healthy Street Indicators. Guidance and training are provided to enable project teams across TfL, London boroughs and consultancies to use it for schemes that will change people’s experience of the street.

- **HEAT tool**: The Health Economic Assessment Tool was developed by the World Health Organisation and approved by the DfT and TfL to measure the economic benefits of prevented deaths as a result of increases in physical activity. This simple online tool can make a significant positive contribution to a Benefit Cost Ratio for a scheme.

- **Healthy Streets Survey**: This survey captures peoples experiences and expectations for the Healthy Streets Indicators on a given street. It can be useful to engage communities.

You may need to adapt an existing tool or develop a new tool for your work. For advice on how to do this please contact healthystreets@tfl.gov.uk.
Does the Healthy Streets Approach supersede street design guidance documents?

**Quick answer:** NO - The Healthy Streets Approach provides a framework to support high-quality street design and management, focussing on delivering better outcomes for people. Existing design guidance documents can be used to deliver the Healthy Streets Approach.
Healthy Streets is not a design guidance document

The design of streets plays a crucial role in how streets perform against the 10 Healthy Streets Indicators.

The width and quality of pavements & cycle paths, the layout of junctions, accessibility of pavements & bus stops and the availability of facilities like public toilets and drinking water are all important considerations.

**Existing design guidance and standards are not superseded by the Healthy Streets Approach;** they help to deliver it.

The Healthy Streets Check for Designers directs the users to the relevant design guidance for each metric.
Does Healthy Streets address wider environmental issues?

Quick answer: YES – Street greening, sustainable travel and reductions of emissions harmful to Londoner’s health also help reduce carbon emissions, increase resilience to climate change and support biodiversity.
Street greening & emissions reductions are two key components of the Healthy Streets Approach

The core objective of the Healthy Streets Approach is to enable more people to travel sustainably rather than use private motorised transport. **Mode shift towards active travel will reduce transport based emissions.**

Modernising the vehicle fleet for essential traffic such as buses, freight and some car journeys to reduce emissions harmful to health will also reduce carbon emissions contributing to climate change.

**Street greening** can help to improve performance against multiple Healthy Streets Indicators (e.g. it helps people feel more relaxed and makes the street more attractive to walk in) but it also absorbs more carbon, supports urban biodiversity and improves London’s resilience to climate change threats (e.g. heat waves, flooding).
Does the Healthy Streets Approach contradict the network management duties of highway authorities in London?

Quick answer: NO – Sustainable modes are the most efficient so increasing sustainable mode share is the only way to meet the network management duties as the population grows and the road network doesn’t. In addition, people who walk and cycle count as traffic, and streets are also places which authorities have a duty to provide.
What are highway authorities’ network management duties under the Traffic Management Act 2004?

Traffic Management Act 2004, Section 16 (1):

► ‘It is the duty of a local traffic authority to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives:

(a) securing the expeditious movement of traffic on the authority’s road network; and,

(b) facilitating the expeditious movement of traffic on road networks for which another authority is the traffic authority.’

Our population is growing in London and the Mayor’s Transport Strategy (MTS) says we will manage congestion by switching to more space-efficient modes. This applies to all London highway authorities:

► ‘The Mayor’s Transport Strategy (MTS) forms the basis on which the TfL Road Network (TLRN) and borough roads should be managed.’

(Network management duty guidance, DfT, 2004.)

So transport authorities in London must ensure road networks are managed effectively to minimise congestion and disruption to vehicles and pedestrians in this context.
What are highway authorities’ network management duties under the Traffic Management Act 2004?

Transport authorities in London must ensure road networks are managed effectively to minimise congestion and disruption.

**BUT we must remember:**

<table>
<thead>
<tr>
<th>People who walk and cycle count as traffic</th>
<th>Streets are also places</th>
<th>The GLA, TfL and boroughs have public health duties too</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘The duty requires the [Local Transport Authority] to consider the movement of all road users: pedestrians &amp; cyclists as well as motorised vehicles.’ (DfT, 2004)</td>
<td>‘Roads facilitate the transport of people &amp; goods, provide access to homes, businesses and other destinations, and provide public space where people shop, socialise or relax.’ (DfT, 2004)</td>
<td>The Traffic Management Act has to be delivered in the context of Mayoral and borough public health duties.</td>
</tr>
</tbody>
</table>
What are highway authorities’ network management duties under the Traffic Management Act 2004?

People who walk and cycle count as traffic:
► We can keep traffic moving by reducing car use and shifting to sustainable modes. Sustainable modes are the most space-efficient means of travel, so enabling people to switch means more people will be able to move around London.

Streets are also places:
► The Act is not just about moving people and vehicles; authorities must ensure streets function as places as well.

Authorities have public health duties too:
► We need to deliver the Healthy Streets Approach to ensure we are improving health and reducing health inequalities through how we manage the network.
What impact will the Healthy Streets Approach have on general traffic & congestion?

**Quick answer:** By supporting a shift away from private car use towards active and public transport, the Healthy Street Approach will help to reduce the number of non-essential car, freight and servicing journeys on London’s streets, freeing up space and reducing congestion for the remaining, essential journeys.
What impact will the Healthy Streets Approach have on traffic & congestion?

Congested, car-dominated streets are not attractive places to walk, cycle or use public transport. So reducing the dominance of motorised vehicles in London is an important part of the Healthy Streets Approach.

By supporting a shift away from private car use towards active and public transport, the Healthy Streets Approach will help to reduce the number of non-essential car, freight and servicing journeys on London’s streets. This will free up space and reduce congestion for the remaining, essential journeys.

Many journeys that are currently conducted in private vehicles could be directly switched to active and sustainable modes, and the Approach aims to make these alternatives more attractive.

Walking, cycling and public transport are the most space-efficient means of getting around, and private cars are amongst the least space-efficient.

Cars take up 19% of street space in central London, but account for only 11% of journey kilometres.

Buses take up only 11% of street space but account for 57% of journey kilometres.
Will the Healthy Streets Approach worsen air quality by slowing down traffic?

Quick answer: By encouraging people to switch from using cars to walking, cycling and using public transport, the Healthy Streets Approach will reduce the volume of motorised traffic on London’s streets and improve air quality. In addition, research suggests 20mph speed limits and cycle lanes do not have a net negative impact on exhaust emissions and 20mph zones lead to people driving in a style that causes fewer emissions.
By shifting from cars to active travel & public transport, motor traffic will decrease & air quality will improve

The draft Mayor’s Transport Strategy sets a long-term vision for London. In 25 years’ time the Mayor wants 80% of trips to be made by foot, cycle or public transport, compared to 64% now.

This ambitious target is necessary to manage increasing congestion on London’s streets and tackle growing health and environmental challenges, such as air pollution.

Walking, cycling and public transport are the most space-efficient means of getting around, and private cars are among the least space-efficient.

Supporting a shift away from private car use towards active travel and public transport will help to reduce the amount of motorised traffic on the streets, reducing vehicle emissions and improving air quality.
20mph zones & cycle lanes are unlikely to make air quality worse & will contribute to people choosing to walk, cycle & use public transport

In perfect (test) conditions, vehicles are most efficient when moving at a constant speed of around 55-60mph.

However research suggests 20mph speed limits do not have a net negative impact on exhaust emissions.

One reason for this is, by slowing traffic to 20mph, people drive more smoothly with fewer accelerations and decelerations. This driving style produces lower emissions, especially of particulate matter (PM) which causes the greater health harms.

The impact of protected cycle lanes on local air quality has not yet been evaluated in detail, but they are predicted to be similar to 20mph zones, and not significantly increase exhaust emissions.

A London study found people spent more time accelerating and decelerating on 30mph routes compared to 20mph streets.

It is important to consider the wider health benefits 20mph zones and cycle lanes will deliver: increasing physical activity and reducing road danger, noise and severance.
The effect of congestion is complex. The health impacts of local pollution caused by congestion are likely to be negligible

As well as traffic, a number of other factors affect local air quality. These include the weather and characteristics of the street such as building height and street width.

Although traffic congestion can increase local emissions, this is not necessarily the case. For example, if congestion results in smoother driving, this may reduce particulate emissions.

Even where local pollution is marginally increased by congestion, the health impacts are likely to be negligible. This is partly because the known health harms of air pollution come from long-term exposure over a person’s whole life, rather than brief exposure to localised worsening of emissions*.

The Mayor of London is taking city-wide action to improve air quality across all of London. This will bring wide-scale, long-term change that aims to reduce all Londoners’ exposure over their lifetimes. Reducing car use and shifting to walking, cycling and using public transport is key to achieving this.

* Some people with pre-existing health conditions might be affected by short-term exposure.

With the Mayor’s low and ultra-low emission zones, 92% of London’s streets will be within safe NO2 limits by 2021 (compared to 79% of streets if no action was taken).
Will the Healthy Streets Approach homogenise London’s streets?

Quick answer: NO – Every street in London is unique and the measures we put in place to improve performance against the Healthy Streets Indicators for each street will depend on the local context.
Different streets require different solutions

The intervention is tailored to the street and its functions. There is no ‘one size fits all’ solution to improving streets’ performance against the Healthy Streets Indicators.

Major junctions like Euston Circus can be redesigned to provide more direct crossings and wider pavements.

Street closures during school run times make the areas around schools safer and more appealing to walk. This one in Camden contributed to a 50% reduction in children arriving by car at St Joseph’s Catholic Primary School.

Healthy Streets Indicators improved:

- Easy to cross
- People feel safe
- Shade and shelter (tree planting)
- People choose to walk, cycle and use public transport

- People feel safe
- People feel relaxed
- Easy to cross
- Not too noisy
- Clean air
- Pedestrians from all walks of life
- People choose to walk, cycle and use public transport
Different streets require different solutions

The intervention is tailored to the street and its functions. There is no ‘one size fits all’ solution to improving streets’ performance against the Healthy Streets Indicators.

Residential streets can become less traffic dominated with **build-outs** and planting.

Neighbourhood centres can become more liveable with **wider pavements** and seating.

<table>
<thead>
<tr>
<th>Healthy Streets Indicators improved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Easy to cross</td>
</tr>
<tr>
<td>- People feel relaxed</td>
</tr>
<tr>
<td>- People feel safe</td>
</tr>
<tr>
<td>- Things to see and do</td>
</tr>
<tr>
<td>- Shade and shelter</td>
</tr>
</tbody>
</table>

| - Places to stop and rest            |
| - Easy to cross                      |
| - People feel relaxed                |
| - Shade and shelter                  |
| - Things to see and do               |
| - Clean air                          |
| - People feel safe                   |
Will the Healthy Streets Approach gentrify streets & increase inequalities?

**Quick answer:** NO – Everyone deserves to live in an environment that is healthy and everyone should feel they can travel actively if they want to. The Healthy Streets Approach is not about just making the streets look nicer, it is about making them safer and healthier for everyone, especially children, older people and disabled people.
Why isn’t ‘street greening’ one of the Indicators?

**Quick answer:** Increasing high-quality street greening is desirable. Appropriate, well maintained street greening can contribute to all the Healthy Street Indicators. In some situations street greening can have negative impacts on other Healthy Street Indicators and in some locations it may not be possible to add street greening, but the street can still be a healthy environment.
Street greening can contribute positively to all 10 Healthy Streets Indicators

The 10 Healthy Street Indicators reflect the human experience of the street and are applicable to any kind of street anywhere in the world.

Green infrastructure can contribute positively towards each of the 10 indicators when done well.

Good quality green infrastructure is desirable on most streets. It may not be feasible to add street greening to some very small and restricted streets, but that doesn’t mean these streets can’t provide a healthy human environment through other ways.
Street greening can have negative impacts too

While green infrastructure can contribute positively towards each of the 10 Indicators it also has the potential to contribute negatively in some circumstances.

Potential negative impacts on the 10 Indicators of street greening include:

► People feel relaxed
  » Raised tree roots in footways can cause trip hazards.
  » Overhanging plants can restrict pavement widths.

► People feel safe
  » Planting and trees in the ‘wrong’ place can make streets feel less safe from ambush.

► Easy to cross
  » Planting and tress in the ‘wrong’ place can reduce visibility for people walking, making crossing the street less easy and safe.

► Clean air
  » Pollens can worsen air quality.

A positive solution. Planting trees in the carriageway can serve as traffic calming and avoid pavements being obstructed.
Why is one Indicator ‘pedestrians’ instead of ‘pedestrians & cyclists’ from all walks of life?

**Quick answer:** The ‘Pedestrians from all walks of life’ Indicator refers to creating street environments that are accessible and welcoming to all on foot. It particularly refers to pedestrians because over 90% of Londoners walk each week; people access public transport, cycles and cars on foot. While almost everyone could ride a cycle, this remains an aspiration in the short term. But, it is reasonable to expect that everyone, including our most excluded and vulnerable groups, should be able to walk comfortably on London’s streets. Therefore, as a first step, this Healthy Streets Indicator focusses on pedestrians.
The Healthy Streets Approach aims to achieve an inclusive environment where everyone can & does choose to walk

The primary goal of the Healthy Streets Approach is to keep people healthy by increasing their activity levels; walking is the most accessible form of physical activity.

Encouraging Londoners to walk more often is one of the easiest ways to increase population-wide activity levels.

However, not everyone finds it equally easy to walk on London's streets. Some groups such as older people, children, car owners and disabled people are less likely to meet the minimum activity level required to remain healthy.

By enabling these groups to walk more (through accessible pavements, affordable transport fares, places to rest, behaviour change campaigns, etc.) we will reduce health inequalities amongst Londoners.

91% of Londoners make a ‘walk all the way’ trip at least once a week. 54% make a ‘walk all the way’ trip five days a week.

About 2.4 million extra daily trips could be walked instead of using motorised transport.
Why aren’t public toilets & drinking water fountains Healthy Streets Indicators?

Quick answer: Healthy Streets Indicators apply to every kind of street. It is not realistic, or necessarily desirable, for all streets to offer public toilets and drinking water. However, these measures are essential for creating streets that are inclusive to pedestrians from all walks of life. If a street is not reflecting the diversity of the local community, a lack of public toilets or drinking water might be part of the explanation and the solution to making the streets more inclusive.
Why is it so important to help Londoners do more active travel?

**Quick answer:** The easiest way for most Londoners to stay active is by walking and cycling as part of their daily travel. Two ten-minute periods of walking or cycling a day is enough physical activity to avoid the greatest health risks associated with inactivity. At present only a third of adults in London report this level of activity.
Low levels of physical activity are a major health concern

Physical inactivity is a **leading cause of illness and early death** for Londoners

- Inactivity is responsible for one in five deaths as well as serious diseases including type 2 diabetes, heart disease and some cancers.

**Children are at particular risk** from inactivity

- Four in 10 children aged 11 in London are already overweight or obese.
- Compared to the rest of England and other peer cities, London’s children are the most overweight and obese.
- Today’s children are the first generation not expected to live as long as their parents.
- Eight in 10 children are not getting the minimum one hour of activity that they need to stay healthy.
Not enough people are meeting minimum healthy levels of physical activity

Adults need 150 minutes of activity each week to reduce the risk of getting many of the most serious long-term conditions.

► But four in 10 adults in London do not achieve this.

Two 10-minute periods of brisk walking or cycling a day is enough to stay healthy.

► But only about a third of adults in London report doing this.

Car owners are two to three times less likely to travel actively than non car owners.

► Owning a car is the single biggest factor in whether people get regular physical activity (much bigger than ethnicity, income or employment status).

[Percentage of the population meeting the 150 minute/week physical activity requirement through active travel, by household car ownership, 2013/14.]

(Health Impacts of Cars in London, GLA 2015)
What is the role of the transport sector?

The easiest way for most Londoners to stay active is by **walking and cycling as part of their daily travel.**

- People who regularly use public transport can get all the activity they need walking to/from stations & stops.

**Active travel helps people to build activity into their routine and stick with it.**

- Walking for travel purposes is the main source of activity among Londoners.
- There is still huge potential to increase active travel in London.

Every tube trip results in people **walking on average 12 ½ minutes.** If they are doing this twice a day they are likely to be achieving their 20 minutes of physical activity a day.

*Current walking and cycling delivers* 60,000 years of healthy life to London’s population each year.

(Transport and Health in London, GLA 2014)
What are the potential health benefits?

Current walking and cycling in London delivers **60,000 years of healthy life every year**.

TfL’s current Cycling Programme will deliver an additional **7,000 years of healthy life every year**.

Significantly increasing the proportion of adults achieving **2x10 minutes would deliver a further 60,000+ years of healthy life every year**.

To put it into context, a doctor delivers around **20 years of healthy life per year**.

*The transport sector has the opportunity to deliver a transformation in the health of Londoners.*

A person who is active every day reduces their risk, in any given year, of:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reduction (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes</td>
<td>35-50%</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>20-35%</td>
</tr>
<tr>
<td>Hip fracture</td>
<td>36-68%</td>
</tr>
<tr>
<td>Depression</td>
<td>20-30%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>20-35%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>20%</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>30-50%</td>
</tr>
</tbody>
</table>
A street’s Street Type is defined by its Place & Movement functions

The **Place function** does not mean ‘a nice place to be’. It is a measure of how far people are travelling from to access the street.

Although the **Movement function** is often thought to be dictated by the volume of general traffic the street carries, the function also includes pedestrian, cycle and freight and servicing movement, as well as the availability of alternative routes. The Movement function measures the street’s strategic importance to the road network.

<table>
<thead>
<tr>
<th>Place function</th>
<th>Movement function</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P3</strong>: international, national or city-wide significance</td>
<td><strong>M3</strong>: primary routes which play a key role for the city-wide movement of goods and people</td>
</tr>
<tr>
<td><strong>P2</strong>: attracts visitors from across a borough, or a neighbouring borough</td>
<td><strong>M2</strong>: connects strategic routes with local points of access to ensure people and goods can move freely</td>
</tr>
<tr>
<td><strong>P1</strong>: serves a predominantly local function with a small catchment</td>
<td><strong>M1</strong>: used for local access by people and deliveries</td>
</tr>
</tbody>
</table>