Transport planning for healthier lifestyles

A best practice guide
March 2013
Contents

Chapter 1 - Background 4
1.1 Introduction 4
1.2 The link between transport and health 5
1.3 Why have a best practice guide? 5
1.4 Scope of the best practice guide 6

Chapter 2 - The policy context and evidence base 7
2.1 The London policy context – Mayoral strategies 7
2.2 The NHS policy context 7
2.3 Local authority policy context 7
2.4 The London NHS Travel Network 7
2.5 Evidence base 8
2.6 Economic impacts of physical inactivity 9

Chapter 3 - Integrating the planning of healthcare with transport provision 10
3.1 Considering access to health – health service travel analysis tools 10
   Case study: Health for north east London - HSTAT 13
   Case study: NHS outer north east London - PTAL 15
3.2 Considering access to health – transport assessments for new developments 16
   Case study: St Leonard’s Hospital - Transport Assessment 17
   Case study: Guy’s Hospital Cancer Centre - Transport Assessment 18
   Case study: Health for north east London - Bus Planning 22

Chapter 4 - Encouraging a shift towards sustainable transport 23
4.1 Travel planning 23
   Case study: Northwick Park and St Mark’s Hospitals - Travel Plan 24
4.2 Planning for freight 27
   Case study: Great Ormond Street Hospital - Freight Survey 28
4.3 Active travel 30
   Case study: Imperial College Healthcare NHS Trust - Health and Wellbeing Programme 36
   Case study: NHS Hounslow - Travel Miles Club 38
   Case study: NHS London - ‘My Best Move’ 39
   Case study: Ealing Hospital NHS Trust - Health and Wellbeing Programme 40
   Case study: Dr Bike 41
   Case study: Barclays Cycle Superhighways - Credit Scheme 42
   Case study: University Hospital Lewisham - Safer Active Travel Initiative 44
   Case study: Epsom and St Helier University Hospitals NHS Trust - Cycle Training Scheme 45
   Case study: NHS North West London - 2012 Olympics Health Legacy 46
   Case study: NHS Lambeth - Workplace Health Programme 48
   Case study: London Borough of Camden - Bike Pool 49
4.4 Information provision 50
   Case study: Countdown 51
4.5 Carbon emission reduction 52
   Case study: Whittington Health - Carbon Reduction Programme 55

Chapter 5 - Appendix 56
Reference documents and useful links 58
Chapter 1

Background

1.1 Introduction
In London the health sector accounts for around one million daily trips or nearly five per cent of all journeys. Transport for London (TfL) and the National Health Service (NHS) have been working together to better understand best practice in transport planning for healthier lifestyles. As a result, this guide has been prepared to help the NHS integrate healthcare planning with transport provision and to encourage a shift towards the use of sustainable and active transport modes – public transport, walking, cycling and ultra-low-emission vehicles.

The guide is set out in four sections:
• Chapter 1 explores the relationship between transport and health, and sets out the scope for the guide
• Chapter 2 gives the policy context and evidence base
• Chapter 3 covers integrating the planning of healthcare with transport provision through the use of tools to consider access to healthcare facilities, transport assessments for new developments and bus route planning
• Chapter 4 covers encouraging a shift towards sustainable transport modes through facilities, promotion, travel planning, information and infrastructure for electric and other ultra-low-emission vehicles
• Chapters 3 and 4 feature case studies of best practice from healthcare organisations and organisations which promote active travel

1.2 The link between transport and health
Transport has an impact on health and wellbeing, both directly and indirectly. Access to jobs and services promotes good mental health and wellbeing, as there is a clear link between health and income. Walking and cycling are forms of direct physical activity and can provide access to leisure facilities and open space, offering the chance to participate in other physical activities such as sports.

Conversely, transport can have negative impacts. Road traffic collisions, harmful emissions and transport noise can affect mental and physical health. Car dependency can reduce opportunities for everyday physical activity while crime and fear of crime on the streets and public transport network can affect wellbeing. In addition, travelling conditions can induce discomfort and stress; for example in hot, crowded public transport or traffic congestion.

As well as its primary role of improving patients’ health, the health sector has a part to play in advocating sustainable transport. Greater use of sustainable modes has the benefit of increasing daily activity levels and can be described as ‘active travel’. In turn, this will help reduce the cost burden of physical inactivity, which in England is estimated at £8.2bn a year.1

1 TfL and the NHS share similar aims – better health and less health inequality. The Mayor of London has a statutory duty to improve health and reduce health inequalities. The Mayor’s Transport Strategy (MTS) contains his plans to tackle the adverse effects of transport on health, improve safety, air quality and the journey experience, reduce noise, provide greater accessibility and provide opportunities for active travel and sustainable transport.

1.3 Why have a best practice guide?
As part of the public consultation process of the MTS, TfL and the London NHS Travel Network held a session with the Capital’s health organisations in late 2009. Participants included primary care trusts (PCTs), hospital trusts, Commissioning Support for London, Greater London Authority (GLA) Health Team, NHS London and the London Ambulance Service. Feedback identified a need for information on projects promoting sustainable transport and healthy lifestyles. Although highly effective travel/transport projects by health organisations existed across London, awareness of them was often limited.

TfL is committed in the MTS to continue to work with the NHS to share best practice. This guide provides examples of how the MTS is being implemented, raises and maintains the profile of sustainable transport within the health sector, supports further policy development and promotes partnership working. The appendix on page 56 outlines the relevant MTS policies.

1.4 Scope of the best practice guide

The guide is intended to be a dynamic, evolving source of information that covers the sustainable transport issues raised by London health organisations. The guide links to policies and proposals in the MTS and the NHS can contribute to these while pursuing their organisational objectives.

Each case study describes a project, its aim, how it is funded and monitored, its impacts and provides a contact. The funding information shows how different forms of financing, be it initial funding from external organisations or from existing budgets, have been used to put the initiative into place. It is each organisation’s responsibility to either fund or find funding for projects.

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

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

This guide refers to a variety of TfL and third party publications which could offer further advice on planning travel. Page 58 contains links to these documents and to the websites of a number of organisations involved in active travel.

TfL welcomes additional case studies for the guide from health organisations and others. Please contact TfL at transportandhealthcare@tfl.gov.uk for more information.

2.1 The London policy context – Mayoral strategies

There are several Mayoral strategies alongside the MTS which provide a health policy context for the guide. The Mayor’s spatial strategy, the London Plan, addresses health inequalities among other policies on employment, housing, access, environment and safety.

The Mayor’s Health Inequalities Strategy and accompanying action plan encourages active travel and improving the accessibility of healthcare facilities.

The Mayor’s Air Quality Strategy includes the need for sustainable travel, particularly for shorter journeys.

These strategies are available on the GLA website – www.london.gov.uk

2.2 The NHS policy context

The NHS has five improvement domains set out in its 2012/13 outcomes framework:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long-term conditions
- Helping people recover from ill health or injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Encouraging sustainable and active travel can contribute to the first three of these.

2.3 Local authority policy context

The Public Health Outcomes Framework has a range of indicators which can be affected by transport interventions including reducing those killed or seriously injured on the roads, air pollution and physical inactivity. NHS trusts serve a local community and will help to achieve these outcomes.

2.4 The London NHS Travel Network

Co-funded by TfL and the NHS in London, the Network has played a vital role in connecting NHS organisations with TfL and other stakeholders, including local authorities and third sector and community organisations to discuss sustainable travel. It aims to improve travel-related physical activity of NHS staff, patients and visitors and reduce carbon dioxide (CO2) emissions through promoting active and sustainable travel.

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The network has organised annual events and quarterly meetings to share best practice. Key achievements in 2012/13 are:

- Holding transport planning and public health tutorials for the NHS in preparation for the public health duty transferring to local authorities in April 2013
- Expanding the third stage of the London NHS cycle strategy to include driver training and vehicle safety measures on NHS fleet and supplier heavy goods vehicles

2.5 Evidence base

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

- ‘Transport and Health Resource: Delivering Healthy Local Transport Plans’, Department for Transport (DfT) and Department of Health, January 2011
- ‘Health on the Move 2 – Policies for Health Promoting Transport’, Transport and Health Study Group, 2011. Section 3 and Section 4 in chapter 19 ‘The roles of the NHS regarding transport policy and its own practices’
- ‘Promoting and creating built or natural environments that encourage and support physical activity’, NICE, 2008
- Transport and Health Essential Evidence ‘on a page’ series by Adrian Davis, Bristol City Council

For evidence about the benefits of physical activity and the amount of physical activity that is required for health:

- ‘Start active stay active’. Chief Medical Officers of England, Scotland, Wales, and Northern Ireland, July 2011. The document presents guidelines on the volume, duration, frequency and type of physical activity required to achieve general health benefits:
  - All children and young people (aged five to 18) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day
  - Adults aged 19+ should aim to be active daily. Over a week, this should add up to at least two-and-a-half hours of moderate intensity activity in periods of 10 minutes or more. One way to approach this is to do 30 minutes on at least five days a week

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

2.6 Economic impacts of physical inactivity

The Department of Health estimates that physical inactivity in England costs £8.2bn a year. This includes the rising costs of treating chronic diseases, such as coronary heart disease and diabetes, but not the contribution of inactivity to obesity – an estimated further £2.5bn a year.

For estimating the economic benefits of increased exercise from walking and cycling, the World Health Organisation has developed a health economic assessment tool (HEAT). Using basic data it produces a single economic value and NHS organisations can use the tool when making a business case. Sustrans has used it regularly, most recently for its publication ‘The Real Cycling Revolution’, which outlines the annual health benefit of those using the National Cycle Network in 2011 to be about £442m. Sustrans also uses it for local level projects.

TfL and the GLA are working with the London School of Hygiene and Tropical Medicine and Cambridge University to quantify the health benefits of transport interventions at regional and local levels. The results of this work will be shared with the NHS for their use.

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3.1 Considering access to health – health service travel analysis tools

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

TfL and NHS London have worked together to ensure that TfL’s accessibility modelling capabilities are available to the NHS. HSTAT (health services travel analysis tools) is the outcome of this collaboration – an umbrella term covering TfL’s models PTAL and CAPITAL, plus other strategic accessibility tools.

CAPITAL provides minimum travel times through the public transport network for any combination of origins and destinations. Figure 1 shows a typical output for travel time by public transport to Charing Cross Hospital.

CAPITAL combines a geographic information system (GIS) and a transportation model to calculate:

- Walking times to/from the public transport network
- Travel times through the public transport network

Combining the results gives the overall minimum journey time for each origin/destination pair. CAPITAL draws public transport data from TfL’s strategic transportation model Railplan, which provides highly detailed information about service routes and frequencies of all public transport services. The model also includes interchange times between platforms and between modes, e.g., from a bus stop to a Tube platform.

CAPITAL does not include temporary changes to the network, such as diversions and closures. However, it does provide a consistent set of travel times for a range of locations that can be used in a variety of analyses.

A similar model has also been developed to extract road-based travel times for any combination of origin and destination. This tool combines the London Transportation Study model network with the local road network to generate road travel times that take congestion into account.

By combining travel time data with key socio-economic data sets, including the 2011 census and patient data, CAPITAL can quantify the impact of changes to service configurations on the local population.

TfL’s PTAL tool measures access to the network (rather than through the network). PTAL stands for Public Transport Accessibility Level. It combines walking time to the public transport network (stations, bus stops) with service wait time (frequencies) at these stops to give an overall accessibility index.

There are six accessibility levels (one being poor and six being excellent). PTALs can be calculated for a grid of points and displayed as contour maps. At a borough level, PTALs provide an overview of public transport provision. A high PTAL will equate to a larger number of public transport services and consequently a wider range of destinations reached compared with a low score.

So, when appraising service re-configuration options, the tool can provide a useful initial measure for ranking site accessibility. Scores are relatively simple to calculate and TfL has provided an online tool that allows the PTAL for any point in London to be calculated.
Chapter 3  Integrating the planning of healthcare with transport provision

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

HSTAT modelling tools allow a more in-depth analysis, enabling informed decisions to be made on the location of healthcare provision. Often the location of health services is restricted by land, buildings or the services already available, so the tool makes it easier to understand the travel implications of the sites’ locations.

HSTAT also enables the planning of public transport to hospitals and other healthcare facilities. Once HSTAT has been used to establish options, TfL can undertake more detailed service planning by using trip rate data. (This is expanded upon in Section 3.3 on bus planning). This reduces costly alterations to public transport routes that can occur when transport is an afterthought.

HSTAT also allows timely communication between the NHS and TfL, helping to save time and public money by making healthcare services more accessible. The system has been used by the NHS in the Capital on the large scale reconfigurations in northeast London, northwest London’s ‘Shaping a Healthier Future’ and southwest London’s ‘Better Services, Better Value’ programmes.

HfNEL’s guidance on reconfiguration and travel4 outlines how HSTAT can help consider the impact of health service changes on travel and accessibility.

Case study
Health for north east London - HSTAT

Aim
To inform reconfiguration proposals by HfNEL using HSTAT.

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

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

The information was fed into the decision-making process and the importance of travel as a key concern for local stakeholders was noted and taken forward through a travel advisory group supported by TfL representatives.

The group concluded its work in April 2011, and as a result, there has been greater engagement by health stakeholders in local transport groups and consultations.

Funding
HfNEL commissioned Jacobs Consultancy to run HSTAT and prepare the analysis, an example is shown in Figure 3 on page 14.

Impact
HSTAT provided consistent travel time information for a range of scenarios to inform decision-making at all stages. However, HfNEL stressed that while HSTAT outputs helped to understand the impact of reconfiguration on travel times, stakeholders’ experience and perceptions of actual journey times challenged the outputs. Having a travel advisory group that included TfL was particularly helpful following the desktop work/modelling in understanding and progressing travel issues.

Contact
Gemma Hughes, Senior Programme Manager gemma.hughes@onel.nhs.uk

**Case study**

**NHS outer north east London - PTAL**

**Aim**
To rationalise the NHS outer north east London (ONEL) primary care estate in Barking & Dagenham, Havering, Redbridge and Waltham Forest to maximise efficiencies, improve building quality and reduce carbon footprint.

**Description**
To help understand accessibility issues the estates used PTAL information and a map of the ONEL area. The work established a great difference in accessibility levels across the NHS ONEL cluster. These differences will be used to help influence site selection alongside other criteria. While principally an estates tool, it provides useful guidance and reassurance to other stakeholders. Figure 4 shows the PTAL output for the area.

**Funding**
TfL provided the PTAL map at no cost.

**Monitoring**
Accessibility is measured by regular patient surveys.

**Impact**
By using PTAL, along with other transport planning techniques, NHS ONEL aims to improve access to health services. Issues, such as travel times and ease of journeys, remain a high priority for local people when it comes to considering the location of health services. Accessibility information from PTAL and travel planning data from HSTAT will continue to inform strategic health planning in the area.

**Contact**
Will Vote, Strategy Manager, William.Vote@onel.nhs.uk

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**Figure 3** Example of HSTAT analysis predicted travel time impact

**Figure 4** PTAL output for ONEL primary care estate
3.2 Considering access to health – transport assessments for new developments

Where developments by health organisations will have transport implications, discussions should be held with TfL and the relevant local authorities on whether a Transport Assessment is needed alongside the planning application.

TfL is concerned about developments that have specific operational impacts on the transport system in London, as well as wider strategic concerns. The coverage and detail of the assessment should reflect the scale of development and extent of the transport implications of the proposal, as well as advice received from TfL and local authorities.

For major proposals, which will often be referable to the Mayor of London, it should be assumed that a full Transport Assessment is required. This should include information on the accessibility of the site by all modes, plus the likely modal split of journeys to and from the site based on evidence included in the Transport Assessment. It should also give details of proposed measures to improve access by public transport, walking and cycling, reduce the need for parking associated with the proposal and mitigate transport impacts, including those related to freight, deliveries, servicing and construction. Where appropriate, a travel plan should be included.

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

TfL’s Borough Planning team is responsible for providing advice on Transport Assessments. They respond to applications which are referable to the Mayor and where TfL is the highway authority.

TfL expects developers to follow the advice in its Transport Assessment Best Practice Guidance. It offers a formal pre-application advice service for schemes referable to the Mayor.

For further information, contact Boroughplanning@tfl.gov.uk

Case study

St Leonard’s Hospital - Transport Assessment

Aim
To demonstrate how transport demands of the proposed development at St Leonard’s Hospital would be met by making maximum use of sustainable transport.

Description
NHS City and Hackney made an outline application for St Leonard’s in Hackney (a site consisting of approximately 5,100sqm of healthcare facilities) to build a medical centre and secure mental health unit plus associated works including landscaping, car parking, cycle parking and access.

The TA included all the transport elements required by TfL, including an overview of current conditions and site accessibility, a multi-modal trip generation and impact assessment, plus a draft travel plan. Parking was proposed to be reduced from 143 spaces to 47. Considering the high mode share predicted for cyclists, TfL recommended that cycle parking be increased to accommodate demand and this was secured by planning condition.

Funding
The TA was funded by NHS City and Hackney.

Monitoring
The project is monitored by the Local Planning Authority.

Impact
As a result of the TA, the borough sought and received higher than minimum levels of cycle parking provision.

Contact
transportandhealthcare@tfl.gov.uk
Guy’s Hospital Cancer Centre - Transport Assessment

Aim
To encourage the use of sustainable transport at the Guy’s Hospital site through the TA process.

Description
Guy’s Hospital, in Southwark, made an application for the development of a new cancer centre on their site. A TA was submitted, alongside a travel plan that was processed through TfL’s ATTrBuTE system (an assessment tool for building, testing, reviewing and evaluating travel plans).

The chosen location for the centre already has excellent access to public transport. TfL was satisfied that the anticipated additional trips could be accommodated by the road network and public transport. TfL supported proposals to improve the public realm, widen pedestrian footways, and provide a pick up/drop off facility, plus benches, cycle parking and blue badge car parking.

TfL requested enforced waiting times for private vehicles; the provision of an electric vehicle charging point; covered, secure and well-lit cycle parking spaces; shower, locker and changing facilities; and a travel plan coordinator (TPC) to enforce, monitor and review the travel plan. In addition, TfL asked that a delivery and servicing plan (DSP) be produced to verify how and when service vehicles access the site, the potential impact on the surrounding area and what could be done to mitigate these changes.

These requests have been secured by conditions attached to the grant of planning permission, allowing the development to go ahead with the necessary transport measures in place.

Funding
The travel plan was secured, funded and enforced through a section 106 agreement.

Monitoring
The travel plan will be monitored annually by the TPC who will report to the London Borough of Southwark.

Impact
Following review, an improved travel plan, with the criteria as set out above, was secured by the planning process.

Contact
transportandhealthcare@tfl.gov.uk
3.3 Considering access to health - bus route planning

TfL is in a unique position in Great Britain in being able to plan and specify routes, frequencies and service quality.

The TfL bus network is subject to continuous review, enabling key changes in population, employment and land use to be picked up and reflected in services. This process involves engagement with stakeholders, extensive market research, performance monitoring and formal consultation.

There is a regular review programme consisting of routes whose contracts are due for renewal, parts of the network affected by major change, and other priority areas. More than half of the network’s 700 routes have some level of review each year.

The aim is to provide a frequent, reliable, simple and comprehensive network. Bus service changes are evidence-led and data on trip rates is necessary to allow meaningful assessment of service options. TfL collects data from a variety of sources. These include:

- Operational and market surveys
- Roadside counts
- Quality of service indicators
- Customer satisfaction surveys
- The national census
- Transport models

TfL also compiles data from local authorities, businesses, schools, the NHS, shopping centres, developers, London Travelwatch (the Capital’s transport watchdog) and the public.

Proposed changes are analysed to estimate the benefits to passengers in terms of waiting and travel times. This takes into account knowledge of the way demand varies, in time and location. The benefits are set against the cost of provision with the aim of securing the best overall value within available funding. Proposals that increase passenger benefits and reduce costs will tend to be recommended.

With any changes to bus services TfL consults with key stakeholders. These include boroughs, London TravelWatch, Assembly Members and MPs, transport groups, disability groups, NHS bodies, the police and others.

Initially, ideas and aspirations for services in the regular review programme are collected, before any detailed review. TfL will also consider information gained from work with stakeholders, including data potentially affecting services not gathered through the regular programme. Options for change are developed looking at the network, with the aim of supporting the delivery of the MTS. A public and stakeholder consultation will then take place on any specific proposals for change.

TfL has an online consultation tool that hosts all bus service consultations. If a consultation on a particular proposal has closed comments are held on file for future analysis.

To find out more, email transportandhealthcare@tfl.gov.uk
Case study

Health for north east London - Bus Planning

Aim
To explore and address travel issues raised by stakeholders following consultation on proposals to reconfigure acute services.

Description
Between October 2010 and March 2011, the Health for North East London acute services reconfiguration programme set up a travel advisory group (TAG). It comprised local authorities, TfL, NHS services, plus public and patient representatives from local involvement networks and the People’s Platform.

One of the travel issues was bus routes, and the TAG’s objective was to gather evidence to inform and support the review and extension of bus routes into Queen’s Hospital in Romford. TfL explained its route review and consultation processes and the TAG helped collate the views of stakeholders and the public for future development.

Funding
No cost except attendees’ time.

Monitoring
TAG report.

Impact
Progress to date has seen:
• A clear process developed for informing TfL’s bus route consultation
• An improved consultation process introduced via TfL’s online tool
• A methodology developed for NHS trusts to influence bus routes, including detailed information that could be used for Queen’s Hospital

Stakeholders expressed a keen interest in improving access to Queen’s Hospital. Following a TfL consultation on local bus routes, the 128 service was re-routed in June 2012 to improve links and access to Queen’s Hospital.

Contact
Gemma Hughes, Senior Programme Manager, gemma.hughes@onel.nhs.uk

Chapter 4
Encouraging a shift towards sustainable transport

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

Reconfiguration of health services across the Capital is likely to affect the way some people travel to the NHS site they need. A travel plan for the location will help to alleviate the impacts. It will outline measures that address transport and travel issues associated with the site’s activities. It may address some or all of the following:

• Staff travel – to/from work or during work
• Patient and visitor travel
• Use of fleet vehicles
• Deliveries and contractors

A travel plan should be monitored and developed over time according to the changing circumstances of the healthcare site and its environment. Effective plans involve staff, patients and visitors in finding new ways to improve transport options to the site and reduce the negative impact of traffic. The benefits of a travel plan include:

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

To help the NHS in London develop effective travel plans, TfL has produced guidance.

Home and video conferencing could be promoted within NHS organisations, where appropriate. TfL’s Smarter Working Guide describes practical methods that help employers move away from a rigid view of how and when people can work effectively. Flexible working practices can help contribute to an efficient transport system.

Advances in IT and communication technologies, plus ongoing investment in the transport network, are making it easier to manage travel and vehicles more efficiently. They are also helping find alternatives to travel and making more productive use of travelling time.

New approaches to risk management and driver training can improve safety, reduce stress and save fuel, while new vehicle technologies and fuels can help reduce carbon emissions. For more information, see TfL’s Sustainable Business Travel Strategy, or email transportandhealthcare@tfl.gov.uk
Chapter 4

Encouraging a shift towards sustainable transport modes

Case study

Northwick Park and St Mark’s Hospitals - Travel Plan

Aim
To encourage healthy, environmentally friendly, efficient travel to Northwick Park and St Mark’s Hospitals for staff, patients and visitors through information and facility improvements, plus the introduction of a travel plan.

Description
Two travel plans have been produced for the hospitals (2006 and 2010) covering:

• Commuting to/from the sites
• Travel during the course of work
• Travel to the site by visitors and patients

The plans are seen as integral to the North West London Hospitals NHS Trust being awarded the Carbon Trust Standard in 2011 (one of only 20 in the UK). The trust has also topped the Government’s carbon reduction commitment league table.

Northwick Park and St Mark’s are working to link their Carbon Management Plan and travel plan. They are doing this through the NHS Travel Carbon Footprint system, which has been developed by the Support Services Partnership of NHS South West London (Guy’s and St. Thomas’ Foundation, Barts and the London NHS trusts).

The 2010 travel plan has comprehensive targets to be achieved by 2014, building on the progress of the 2006 plan. A new A&E unit will be opened at the Northwick Park site in late 2013 and, following this, the plan will be updated.

A range of measures have been implemented to achieve these targets. These include:

• Promoting the cycle to work scheme through improving shower, changing and parking facilities
• Providing interest-free season ticket loans for public transport
• Reviewing parking space provision for disabled users
• Promoting home-working and teleconferencing which, in 2011, resulted in upgraded teleconferencing facilities to save staff travelling to the trust’s other site at Central Middlesex Hospital in Park Royal
• Promoting active travel through posters in waiting areas

Further planned measures include:

• Incorporating new staff cycle facilities, including locker storage and improved showers in the new A&E unit
• Additional promotion of the cycle to work scheme

Northwick Park and St Mark’s Hospitals - Travel Plan

| 24 Chapter 4 Encouraging a shift towards sustainable transport modes | 25 Transport planning for healthier lifestyles - A best practice guide |
4.2 Planning for freight

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

Benefits for the NHS are:

• Reduced costs from eliminating unnecessary journeys
• Improved operational efficiency owing to on-time, predictable deliveries
• Increased staff productivity
• Reduced CO₂ and particulate emissions
• Being a good neighbour, with fewer vehicles and more appropriate activity resulting in less noise and intrusion and improved safety
• Improved purchasing power through economies of scale from partnership working

Wider benefits are:

• Reduced congestion
• Greater reliability of the road network
• Improved safety by reducing potential conflict with other road users

TfL has developed Delivery and Servicing Plans (DSPs) to manage supply chains efficiently. DSPs are travel plans for freight which aim to reduce deliveries and ensure those that are made are safe and as environmentally friendly as possible.

For more information, email transportandhealthcare@tfl.gov.uk
Great Ormond Street Hospital - Freight Survey

Aim
To improve efficiency of freight deliveries at Great Ormond Street Hospital by better understanding the number and type of deliveries being made, and to introduce environmental benefits.

Description
In 2010, a five-day survey was carried out at the hospital’s three sites (the main site, the Institute of Neurology site and the National Hospital for Neurology and Neurosurgery). It involved counting and classifying vehicles delivering and picking up goods, plus driver interviews. The survey was the first of a three-stage process to develop a DSP. The second stage, in May 2011, saw the hospital join forces with the University of Southampton and other trusts within the University College London Partnership (UCLP) to analyse delivery activity over a longer period and in more detail. This information will be used to develop an action plan that improves delivery efficiencies at the hospital and has potential for national roll out.

The work involved:
• Developing and researching DSP and supply chain strategies for the hospital and other trusts within UCLP
• Using the best techniques to quantify potential benefits of collaborative distribution strategies

Funding
TfL and Great Ormond Street Hospital funded the survey and the project.

Monitoring
Through vehicle counts and interviews a wide range of data around deliveries has been collected. It includes:
• Timing
• Destination (between the three sites and within them) and which departments receive deliveries
• What is delivered and by whom
• Frequency of particular types of delivery
• The associated vehicle emissions per delivery (measured by assuming each is from an average vehicle driving average mileage through a year)

Impact
The survey provided evidence of current delivery activity and the opportunity to analyse areas for greater efficiency.

Deliveries
• A total of 366 deliveries were made (45 per cent to the hospital, 17 per cent to Neurology and 13 per cent to the National site)
• The average number of deliveries per day was 70, with peak periods of 08:00 to 12:00 and 14:00 to 15:00
• Twenty-one per cent of deliveries were for catering
• The longest delivery time was for chemical/gas/equipment
• The quickest delivery time was for cash/mail

Suppliers
• Out of 145 suppliers, 30 were caterers, 17 were couriers and 17 were medical
• Seventy per cent of companies delivered, 20 per cent collected, 10 per cent did both

Vehicles/ emissions
• Vehicles used were 56 per cent transits, 33 per cent larger and one bicycle
• An estimated 1,252 tonnes of CO2 would be produced per year
• In terms of efficiency, five per cent of deliveries/collections were made by a vehicle on a single journey, 50 per cent had less than 15 stops

Funding
TfL and Great Ormond Street Hospital funded the survey and the project.

Monitors
Through vehicle counts and interviews a wide range of data around deliveries has been collected. It includes:

Contact
transportandhealthcare@tfl.gov.uk
4.3 Active travel

Walking and cycling are often termed ‘active travel’ as they require physical activity, although use of public transport can also have health benefits, e.g. walking to bus stops and up and down stairs at stations.

Both walking and cycling can result in positive outcomes not only for those who participate but also the transport and health sectors.

There are further benefits when individuals change from using cars to walking, cycling and public transport. These include reduced road congestion (which has economic benefits in shopping areas, as it can result in better pedestrian access) and fewer CO2 and particulate matter emissions, the latter of which is harmful to human health. Savings are generated for the NHS through reduced susceptibility to disease.

Active travel at work places leads to healthier staff and contributes to economic benefits through reduced absenteeism. It lends itself to being promoted as health-enhancing physical activity that can form part of everyday life. Achieving a shift to active travel modes requires physical and cultural changes to be made. This will need investment and partnerships between the transport sector and the health sector. Travel plans can also play a key role in the shift away from car use.

There are many initiatives to promote walking and/or cycling, by TfL and other organisations such as the Department of Health, Walk England, the Ramblers, Natural England and Sustrans. The NHS could look to promote these schemes within their work place to help encourage staff and patients to participate in active travel. A selection of initiatives in London are listed below by organisation:

Mayor of London/TfL

Barclays Cycle Hire
A public bicycle sharing scheme, covering 65Km² of London. A total of 15,000 docking points across central and east London. More than 2,000 additional bicycles and 5,000 docking points, almost half of which will be south of the Thames, should be implemented by spring 2014.

Barclays Cycle Superhighways
A network of 12 routes running from Outer and Inner London to central London with bespoke signs, road markings, tailored safety measures and additional parking, to be completed by 2015. Workplaces close to the routes (including the NHS) can apply for free cycle stands, training and maintenance sessions, plus promotional materials for display.

Biking Boroughs
TfL has provided £4m in funding to 13 Outer London boroughs who pledged to put cycling at the heart of their transport plans. The money will be used for various schemes such as improving cyclists’ safety by introducing bike lanes and other infrastructure. Funding needs to be spent by March 2014.

London Cycle Challenge
TfL’s annual online competition to see which team can cycle the most miles in a month will begin again in 2013. It was suspended in 2012 owing to the Olympic Games.

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

Cycle parking guidance
Information produced by TfL offering advice on security, capacity, demand, location and types of cycle parking.

Bike pool
Safe, well-maintained pool bikes can be used by employees for any type of journey but typically for work-related trips such as local meetings, travel between sites and visiting clients. Generally bikes are kept in a central location and booked out by staff to cycle safely on public roads.
Legible London
Legible London is TfL’s pedestrian way-finding mapping system which helps people develop greater confidence to walk more often. As well as on-street signs, the system has been integrated into TfL maps in bus shelters, Tube stations and DLR ticket halls as well as in Tube strike leaflets. This means the public is receiving consistent and integrated walking information.

Legible London mapping is also in high demand from companies and authorities for use in paper maps and websites. TfL recently completed a set of 40 maps for NHS North West London sites. The base mapping is available for all NHS organisations to enable staff and visitors to walk more easily. Contact legiblelondon@tfl.gov.uk

Walking Good Practice
The Walking Good Practice document is prepared twice a year by TfL for boroughs and sub-regional transport partnerships. It includes walking case studies, ideas and measures to encourage more people to walk and increase the trips they make. The 2012 version summarises Greater London walking data, including future walking potential within the Capital. To obtain a copy contact walking@tfl.gov.uk

The Walk London Network
The Walk London Network (previously known as the Strategic Walk Network) comprises seven strategic routes in the Capital. They cover more than 350 miles and a range of city environments including tourist attractions, industrial and suburban landscapes, waterways, plus wooded and rural countryside. The routes are:

• London Outer Orbital Path
• Capital Ring
• Lea Valley
• Thames Path
• Jubilee Walk
• Jubilee Greenway
• Green Chain

The network is managed by Walk England on TfL’s behalf and forms part of the 2012 Games transport legacy. For more information, contact info@walklondon.org or walking@tfl.gov.uk

Results to date show that increases in footfall of more than 10 per cent are possible when key walking routes are completed, supporting local businesses (people walking spend more in town centres than those using other modes). More than 10 key walking routes have been completed to date, with more under way. For more information, contact walking@tfl.gov.uk

Key walking routes
TfL is working with London’s boroughs to introduce key walking routes. They include routes to shopping parades, surgeries, libraries and schools. They encourage people to swap short car and public transport journeys for trips on foot.

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

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

Businesscycle
Businesscycle is a partnership between Business in the Community, TfL, British Cycling, Cycle to Work Alliance and the DfT which aims to get more people cycling to, from and in work.

It focuses on why and how employers should promote cycling in the workplace and provides advice on dealing with two commonly cited barriers to cycling – safety and security. Its website www.businesscycle.org.uk highlights cycle safety tips, cycle training, good locking practice and bike registration. It also includes guidance on pool bikes, cycle parking facilities and cycle to work schemes.
Organisations that sign up have access to offers for themselves and their employees. Examples include discounts on cycle parking, British Cycling membership and cycle security kits.

Through this new initiative TfL and its partners are helping to create a lasting cycling legacy, capitalising on the success of the 2012 Games.

Walking for Health
The nationwide Walking for Health programme offers free, regular volunteer-led walks to encourage the public, particularly at risk groups, to become more active.

Bike User Groups (BUGS)
A loose association of staff who cycle – or who would like to. It works to improve conditions for cyclists and to persuade people to try.

Walk England
Walk4Life
The Walk4Life programme, managed by Walk England, is designed to encourage more people to walk to improve their health. It is part of the Department of Health’s ‘Change4Life’ programme which promotes eating well and physical activity. The project includes the Walk4Life miles (previously called Active Challenge Routes) which identified and promoted 2012 one-mile routes across England during 2012. People record their time to cover the route and are challenged to improve it. There are currently 3,269 Walk4Life miles in the UK, with 359 in London.

A total 17,000 people are now registered on the Walk4Life website. The site encourages the user to plot walks, download existing routes and record their activity. Users so far have plotted more than 46,000 walks on this site, and more than one million miles of walking activity has been recorded.

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

Olympic and Paralympic legacy
TfL, Change4Life and Go London, supported by the Department of Health and the NHS, used the 2012 Games as a catalyst to encourage more active travel. Supporting the delivery of the 2012 Games and its legacy is one of the six goals of the MTS. The Games were a once in a lifetime opportunity to inspire people, particularly younger people, to take up active forms of travel and create lasting change.

The London 2012 Active Travel programme aimed to encourage more walking and cycling before, during and after the Games. The programme was delivered by TfL and London 2012 with representatives from NHS London and the Department of Health as members of the Active Travel Working Group.

In the lead up to the Games:
• More than 75km of walking and cycling routes in east London were enhanced by TfL and partners following £10m investment from the ODA
• Signage was added to eight of the improved routes to aid navigation
• More than 90 innovative projects that encouraged uptake of walking and cycling were awarded the Inspire Mark.

The London 2012 Inspire Programme was part of a national initiative in the run up to the 2012 Games.

Walking and cycling were key to reducing demand on public transport and the road network during the Games. Both were heavily promoted in the lead up to and during the events through the Get Ahead of the Games campaign. Secure cycle parking, maps, guided walks, led cycle rides and a cycle maintenance service all made it easier for spectators to walk or cycle.

The investment in infrastructure has provided an important legacy for Stratford and east London. The programme has provided a knowledge legacy that can be used for future major events. The lessons learned from the London 2012 Active Travel programme will be captured as a case study and published on the Legacy Learning website in December 2012.

Full results on all Games-related transport operations will be published by TfL in spring 2013.
Case study

Imperial College Healthcare NHS Trust - Health and Wellbeing Programme

Aim
To increase active travel and improve health and wellbeing at Imperial College Trust through a cycle to work and walk to work programme.

Description
The trust introduced a staff bike loan scheme, called ‘I heart cycling’ in February 2011. Staff can hire a bike for up to eight weeks, before buying their own. There are 10 bikes available in total – eight folding and two electric. Staff are also provided with a high-visibility jacket, access to cycle training and support for navigation.

The trust has also introduced ‘I heart walking’ a competition in which staff compete against each other to walk the greatest distance over an eight-week period. They are loaned ‘smart pedometers’ which they use to assess their current level of walking activity at the start and then over the remaining seven weeks, gradually increase their daily activity levels.

Funding
The bikes are leased or bought with funding from the London NHS Travel Network. Bike locks, helmets, lights and high-visibility jackets are also funded by the network as are the pedometers.

Monitoring
Monitoring is carried out through questionnaires before, during, immediately after and six-months after the loan.

Before the programme participants answered questions about their usual journey to work and their attitude to cycling/walking. During the programme they were asked to complete an online diary of the journeys made, the distance travelled and how they felt. Afterwards, they were questioned again about their attitude and whether or not they planned to buy a bike and continue cycling, or carry on walking. After six months participants were asked if they were still cycling or walking.

Impact
Since the scheme’s launch, 95 staff members have used a loan bike, 18 per cent of participants have bought their own bikes and 60 per cent of those that did not buy a bike have continued to cycle through other means.

Survey results have shown:
- Ninety-one per cent enjoyed the commute and felt fitter
- Seventy-three per cent saved money
- Fifty-five per cent felt less stressed and happier
- Forty-five per cent enjoyed being outside and among the community

Thirty-six per cent lost weight and felt more productive

It is estimated that that since February 2012 participants had cycled 3,000 miles and saved 479kg of CO2 emissions.

Contact
travel@imperial.nhs.uk
Case study

NHS Hounslow - Travel Miles Club

Aim
To help change employees’ travel behaviour, with a pilot travel loyalty scheme.

Description
Based on an air miles scheme, participants accumulated frequent travel miles for the number of minutes they cycled, walked or jogged to work. Other ways to build up miles included taking part in lunchtime and other workplace activities, such as yoga, walking or cycling to different sites for meetings, or taking a lunchtime walk. Participants had to do at least 30 minutes of exercise a day, five days a week.

The scheme ran for four weeks and teams were rewarded with prizes, such as book and shopping vouchers, depending on which threshold they reached. Economy class winners consisted of those who did their 30 minutes a day, five days a week for four weeks. There were upgrades to business class if participants did 3,350 travel minutes in total. Those who did more could apply to join the gold members club, where overall winners received cash prizes.

Funding
The scheme was joint-funded by the London NHS Travel Network, and NHS Hounslow. The Network contributed £1,210 towards cash prizes. This was matched by the London Borough of Hounslow bringing the total to £2,420 for the pilot.

Case study

NHS London - ‘My Best Move’

Aim
NHS London wanted to increase physical activity in patients with long-term conditions such as diabetes, osteoporosis, asthma, depression and osteoarthritis.

Description
As part of the 2012 Games health improvement legacy work, NHS London introduced ‘My Best Move’. It is an initiative developed by Dr William Bird MBE, a GP with 20 years’ experience of physical activity promotion in primary care. The scheme educates GPs and practice staff about the benefits of physical activity and aims to improve their confidence and skills in advising patients. So far, 48 GP practices in 28 London boroughs have taken part in training, which is usually an hour-and-a-half lunchtime session either at their surgery or a neighbouring practice.

The training provides GPs with the skills to encourage the patient to change their behaviour and helps GPs understand what activities are available locally and point patients to suitable, easy-to-start activities, such as walking.

Funding
The £80,000 initiative was funded by NHS London. Expenses covered the expert adviser to help roll out the scheme, training sessions, tailored resources and production of two reports to encourage expansion of the scheme.

Monitoring
NHS London and Local Clinical Commissioning Groups have been monitoring the scheme. The results will be written up and presented in two reports.

Impact
Pre-training research before the training found that none of the GPs knew of the current Department of Health UK-wide physical activity guidelines (published July 2011). Before the My Best Move training many GPs believed that gyms were the best place to get physical exercise for their patients.

Contact
Lily Makurah, Health Improvement Legacy Manager
lily.makurah@london.nhs.uk
Case study

Ealing Hospital NHS Trust - Health and Wellbeing Programme

Aim
To raise awareness of different travel options and increase physical activity levels of Ealing Hospital staff to improve their health and wellbeing.

Description
Following a bike marking session and cycle seminar about safe cycling and bike maintenance in November 2011, staff cycle training and Dr Bike sessions were introduced in March 2012. They are available to staff in Ealing Hospital Trust and there are plans to link up with NHS Ealing and West London Mental Health Trust.

As Ealing Hospital Trust incorporates Brent, Harrow and Ealing Community services, the initiative offers at least one full day of cycle training, one morning Dr Bike session and one seminar to be held at each location.

The walking maps were promoted to all trust staff on the intranet and during Walk to Work Week in May 2012, where prizes were awarded for the trust’s top walkers.

The cycle seminars, training and Dr Bike session will be advertised on the intranet, and through emails and posters at various sites.

Funding
The scheme is funded by Cycle Training UK, the London Boroughs of Brent and Ealing, and the London NHS Travel Network.

Monitoring
Uptake of cycle sessions is being monitored. The trust carried out a survey in November 2012 to see how many people cycle, how often and how far, and what cyclists think can be done to encourage more people to cycle. The number of people cycling will also be monitored by Payroll through cycle miles claimed through expenses.

Impact
Increased awareness of walking as a means of helping achieve the recommended 150 minutes physical activity targets a week.

Contact
Ian Hughes, Head of Workforce Intelligence Team, ian.hughes@nhs.net

Case study

Dr Bike

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

Description
The Dr Bike repair service was set up by the London Cycling Campaign (LCC) and offers a bicycle repair service. It allows NHS organisations to pay for a mechanic to carry out minor repairs and services on site (or refer them to local repair specialists if necessary). Those taking advantage also receive advice on road safety and how to look after their bikes. The scheme is popular with organisations that understand that cycling to work is only viable if bikes are in good working order and infrastructure, such as racks and shelters, is in place. Several NHS sites, such as Homerton and the Royal London Hospital, have used the service.

Funding
Costs are covered by the organiser – usually £45 an hour per mechanic for a minimum of two hours.

Monitoring
Participating organisations could monitor success by recording the number of registered attendees and seek feedback, including whether the sessions have encouraged them to cycle to work more often.

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

Contact
London Cycling Campaign
Cyclingprojects@lcc.org.uk
Case study

Barclays Cycle Superhighways - Credit Scheme

Aim
TfL’s Barclays Cycle Superhighways Workplace Scheme aims to encourage organisations located near superhighways to use them for commuting and business travel.

Description
Superhighways are designated cycle routes from Outer and Inner London into central London. They provide cyclists with safer, faster and more direct journeys into the city. The scheme provides organisations with funding in the form of credits, which are exchanged for products and services to kick-start cycling in the workplace.

Products and services available are:

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

Other resources include:

- An events calendar of London, national and international cycling events
- Staff discounts and offers at local bike shops
- Support and assistance with promoting cycling and safety to staff

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

Several NHS organisations are registered with the scheme:

- South West London and St George’s Mental Health NHS Trust
- Guy’s and St Thomas’ NHS Foundation Trust
- East London NHS Foundation Trust
- Barts and The London NHS Trust
- NHS Newham
- Newham University Hospital NHS Trust
- South London and Maudsley NHS Foundation Trust
- NHS Tower Hamlets
- Chelsea & Westminster NHS Foundation Trust
- Lewisham Healthcare NHS Trust

Funding
TfL funding of up to £9,300 (depending on organisation size) is available for 100 organisations near routes CS5 and CS2X in 2012/13. Route CS5 runs from Lewisham to Victoria and route CS2X (an extension of the original CS2) runs from Bow to Stratford. Additional funding will be available for organisations in other areas when more routes launch.

Monitoring
Organisations carry out a short five-question survey before and after cycling measures are put in place. It asks employees how they travel to work, how often they cycle and how often they use the superhighways.

Impact
The creation of pilot routes CS3 and CS7 has increased cycling levels by 70 per cent on those routes, according to TfL roadside counts. Around 200 businesses with approximately 68,500 staff took part in the workplace scheme for routes CS2 and CS8 during 2011/12.

Around 600 staff will have received cycle training by the end of December 2012. A total of 2,084 bike parking spaces have been introduced and 1,133 cycle safety checks have taken place.

Contact
transportandhealthcare@tfl.gov.uk
Case study

University Hospital Lewisham - Safer Active Travel Initiative

Aim
To engage with and reassure hospital staff about the safety of active travel and develop a handbook with information on walking, running and cycling in the hospital’s vicinity.

Description
University Hospital Lewisham (now Lewisham Healthcare NHS Trust) identified personal safety while travelling to and from work as a key issue in its staff travel survey. It set up lunchtime kiosks where staff could get advice about making local journeys. Routes were devised for walking, cycling and running. A table of duration and distances to key local destinations for all modes was created, and walking and cycling safety tips were shared with staff through a manual. Pedometers and a cycle computer were also available.

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

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

Impact
All cycle storage facilities on the site are now at full capacity. The trust is now seeking further funding to increase cycle storage on site owing to the increased uptake in cycling. A local bike company also offers a 10 per cent discount to trust’s staff. A lunchtime walking group has also been set up to further encourage active travel.

Contact
transportandhealthcare@tfl.gov.uk

Case study

Epsom and St Helier University Hospitals NHS Trust - Cycle Training Scheme

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

Description
Epsom and St Helier University Hospitals NHS Trust, offers cycle training to staff. It takes place at the Sutton Hospital site offering a safe environment for inexperienced cyclists to build confidence. The trust has pool bikes available for staff for commuting and business-related travel. They are also used for cycle training.

Other measures to encourage staff to cycle to work, include:

• Providing secure parking for bicycles
• Providing shower and locker facilities for staff cycling to work
• Offering staff the opportunity to buy a bike through the Cycle to Work Scheme

Funding
Training is free through the Smarter Travel Sutton programme.

Monitoring
The number of people who attend training and go on to cycle to work is not recorded however, feedback suggests the courses are enjoyed. Family training sessions have proved the most popular.

Impact
Anecdotal evidence suggests that since spring 2010 there has been a large increase in the number of staff who cycle and that the availability of pool bikes is a significant factor in encouraging this.

Contact
transportandhealthcare@tfl.gov.uk
Case study

NHS North West London - 2012 Olympics Health Legacy

Aim
To promote active travel as part of NHS London’s Olympic legacy work.

Description
The key themes of the programme were developing partnerships to help generate a significant rise in staff physical activity levels, a focus on active travel and making the most of existing physical activity opportunities.

NHS Northwest London worked with TfL, WestTrans, Sustrans and the London NHS Travel Network, to encourage active travel during the Games and help staff make informed travel choices in the future. The scheme used various methods to promote active travel in the eight boroughs comprising the northwest London cluster:

- TfL provided 20 NHS sites with Legible London maps to encourage staff to increase their levels of walking and cycling
- The maps were publicised by 11 Active Travel Champions at roadshow events and on the staff intranet. The Champions were the point of contact for travel queries, during the Games. The events presented a great opportunity to engage staff with fun competitions, personalised route planning and to monitor their current travel behaviour
- A total of 1,000 staff took part in two eight-week Fitbug London to Rio pedometer challenges. Prizes were awarded to the top, and most improved stepper
- Staff participated in regular running training and a 5K race
- Walk to Work Week was popular and the West London Mental Health Trust took top position with 52 participants walking 1,115.01 miles in a week

Funding
NHS North West London’s programme board funded a full-time project manager post for eight months and 1,000 Fitbug subscriptions. WestTrans provided £4,000 funding and the London NHS Travel Network provided £3,000 for the development and production of the active travel maps/leaflets. TfL completed the maps for the NHS at a cost of £50 per map.

To support a legacy shift to active travel, WestTrans funded the redesign and distribution of all mapping leaflets, removing references to the Games.

Monitoring
An initial survey was conducted in October 2012 to measure the impact on behaviour change. Ongoing active travel will be monitored through the Active Travel Champions, and this information will continue to be collected by Sustrans.

Impact
Around 2,000 NHS staff have benefited from the work of the Active Travel Champions. They have led a range of activities including a big push to promote cycling and walking routes to work by marketing the Legible London maps.

In addition, a third of the champions have set up lunchtime walking groups to provide an opportunity for staff to get active at work. The champions also played crucial roles in supporting existing NHS initiatives, such as recruiting for the Fitbug scheme and the pedometer challenge.

The project also resulted in closer working practices with the many stakeholders brought together to deliver the project. These relationships will be an advantage when taking forward future initiatives.

Contact
Laura Su, Public Health Project Manager (2012 Health Legacy)
laurasu@lsuconsulting.com
Legible London, legiblelondon@tfl.gov.uk
Case study

NHS Lambeth - Workplace Health Programme

**Aim**
To promote physical activity within the workplace at NHS Lambeth sites.

**Description**
NHS Lambeth set up a workplace health programme [in July 2009] which included a staff Fitbug scheme which ran for two years. Those taking part were asked to use pedometers to measure their activity and record it online on the Fitbug website, which also has a range of advice on exercise and healthy eating. The initiative was supported by NHS Lambeth and NHS Lambeth Community Health with launch days, led walks, competitions and incentives. In addition, a Walking at Work initiative was introduced. Walks of 20 to 30 minutes were devised around 14 health centres, linked with local destinations, duration and distance. They were complemented by a number of ‘diagrams’. A walking buddy programme was also introduced, personal safety leaflets and other walking initiatives were developed, such as treasure hunts, quizzes and a poster competition.

**Funding**
The first year was funded by Workforce Development and London Community Challenge. NHS Lambeth and NHS Lambeth Community Health funded the second year.

**Monitoring**
Fitness levels were measured at the start and every three months after that.

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

**Contact**
Claudette Edwards claudette.edwards@gstt.nhs.uk

Case study

London Borough of Camden - Bike Pool

**Aim**
To encourage borough staff to cycle when travelling between council sites.

**Description**
London Borough of Camden’s pool bike scheme is now more than 10 years old. It provides around 33 cycles, locks and helmets. The bikes are serviced at least every three months. Staff must complete a training session before they can use the bikes. All the sites have CCTV-covered parking areas, which can be accessed by card.

**Funding**
The bikes were bought using the council’s travel plan funding, with spare parts and servicing purchased with its internal budget.

**Monitoring**
A register is kept of all the staff that have had training and records of bike use are updated by the pool bike coordinator at each location.

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

**Contact**
Paul Davis paul.davis@camden.gov.uk
4.4 Information provision

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

TfL’s travel information services include:

- A website, which has eight million unique users per month and includes live travel news and Oyster information. There is also a mobile-optimised version of the site
- Journey Planner, which finds the fastest route between two points
- Widgets, which can be downloaded and added to any homepage to easily access live travel information
- Tube maps, which are available in large print and black and white, showing step-free stations
- Bus maps

Information can also be found on buses and trains. Countdown provides real-time information for every one of London’s 19,000 bus stops via text message and web. Countdown signs are also provided at 2,500 key bus stops.

TfL contact transportandhealthcare@tfl.gov.uk

Case study

Countdown

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

Description
Countdown is a TfL system which shows the arrival time of buses. This real-time information could be displayed on TV screens, in reception areas of any NHS premises. The following NHS organisations are collaborating with TfL on potentially rolling-out this new technology:

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

External organisations may use TfL Countdown data for display with their own data.

Funding
NHS organisations will have to provide their own screens and fund the maintenance of the data feed on an annual basis. The maintenance cost is still to be agreed.

Contact
transportandhealthcare@tfl.gov.uk
4.5 Carbon emission reduction
TfL and the NHS are focused on reducing CO\textsubscript{2} emissions. The Mayor of London wants the city to lead the way in addressing climate change and has set a challenging target to reduce CO\textsubscript{2} emissions by 60 per cent by 2025 from 1990 levels. Road vehicles currently account for 72 per cent of transport-related CO\textsubscript{2} emissions in the Capital.

The NHS has a Carbon Reduction Strategy\textsuperscript{5} and is committed to being a leading sustainable and low-carbon organisation. It has a Government target of a 34 per cent cut in carbon emissions by 2020 and an 80 per cent drop by 2050\textsuperscript{6}. In 2010 the NHS England carbon footprint stopped rising and began levelling off.

Figure 5 (taken from the NHS Carbon Footprint Report\textsuperscript{6}) shows the primary sources of the NHS’s carbon footprint in 2010. Travel can be seen to comprise 16 per cent of the emissions. This is a reduction of two per cent since 2004.

The MTS outlines three areas for reducing CO\textsubscript{2} emissions from ground-based transport:

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

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

In 2009, the Mayor of London published his Electric Vehicle Delivery Plan for London. The document outlines plans to make the city the electric vehicle capital of Europe. The aspiration is to have:

- Around 100,000 electric vehicles on the road as soon as possible

\textsuperscript{6} Sustainable Development Unit, (2012) ‘NHS Carbon emissions; Carbon Footprint report,’ NHS
A pan-London charge point network of 1,300 points by 2013. Source London, launched in May 2011 by the Mayor, will bring together the city’s new and existing public charge points into one network. The ultimate aim is for every Londoner to be within one mile of an electric vehicle charge point and TfL is working with organisations around the city to install points as part of Source London. They will be located at supermarkets, on the street, in Tube station car parks, and in car parks across the Capital. Customers pay an annual fee to register with Source London and this allows them access to any of the charge points at no extra cost.

TfL has discussed the installation of charge points with many NHS trusts and has worked with the Whittington Health, Epsom and St Helier University and Whipps Cross to install charge points in their car parks. One hundred per cent funding is available to NHS trusts for the purchase and installation of publicly accessible electric vehicle charge points. NHS organisations can become part of the Source London network by registering online.

### Case study

**Whittington Health - Carbon Reduction Programme**

**Aim**
To reduce CO2 emissions from Whittington Health’s fleet and visiting vehicles.

**Description**
Whittington Health comprises the Whittington Hospital NHS Trust and NHS Haringey and NHS Islington community health services alliance. It has implemented several initiatives to reduce its carbon footprint:

- Six parking bays in the Whittington Hospital car park are equipped with electric vehicle charging facilities, which are available for use by the public, staff, patients, visitors and Whittington Health pool cars.
- In January 2013 the Whittington Health took delivery of a new Peugeot Ion electric vehicle as a pool car. It plans to replace a number of pool cars with electric Citroen C0’s in the near future.
- The Whittington Hospital has introduced a parking permit scheme which encourages staff to purchase low and zero-carbon vehicles. Annual permit charges are based on the income of the staff member combined with the CO2 emissions from the car. The scheme does not charge for zero emission electric vehicles.

**Funding**
The electric vehicle charging points are part of the Government’s PiP initiative. The scheme provides funding from the DfT (up to 75 per cent) for the installation of publicly accessible electric vehicle charge points through a consortium of partners led by TfL.

**Monitoring**
The parking charges will be monitored through the parking permit application process. Usage of the electric vehicle charge points is also monitored.

**Impact**
Over a one-year period from June 2011 to May 2012 the electric charge points were used 59 times by 11 different users. The amount of times that the charge points were used by any one car varied from one to 16 times.

**Contact**
Cecil Douglas
cecil.douglas@nhs.net
### Transport planning for healthier lifestyles - A best practice guide

#### Chapter 5

**Appendix**

<table>
<thead>
<tr>
<th>Policy type</th>
<th>Policy link</th>
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<tr>
<td><strong>Mayor’s Transport Strategy (MTS)</strong></td>
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<tr>
<td>MTS proposals 3 and 22</td>
<td>Improving access to economic and social opportunities and services for all Londoners and improving access to jobs and services in deprived areas. HSTAT can help in meeting these requirements of ‘access for all’ to health services and reducing health inequalities by showing who will benefit and who will lose out from changes in service provision. PTALs can help in showing areas of good accessibility for locating services.</td>
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<tr>
<td>MTS proposal 23</td>
<td>MTS Proposal 23 states that TfL, working with the London boroughs and other stakeholders, will keep the development of the bus network under regular review. This includes five-yearly reviews of the strategic priorities underlying the process to ensure it caters for population and employment growth, while maintaining ease of use, attractive frequencies, adequate capacity, reliable services, good coverage and good interchange with other modes. All proposals for change will be appraised to ensure that they deliver good value for money and that the funds available are being invested in optimum service improvements.</td>
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<tr>
<td>Proposal 116</td>
<td>The Mayor, through TfL and working with the boroughs and other stakeholders – which will include the NHS – will use smarter travel initiatives.</td>
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<tr>
<td>Proposal 62</td>
<td>Promote walking and its benefits through information campaigns and workplace travel plans.</td>
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<tr>
<td>(Policy 12) and Proposal 117</td>
<td>Improving the efficiency and effectiveness of freight operations through DSPs and other efficiency measures.</td>
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<tr>
<td>MTS Policy 17</td>
<td>Promotes healthy travel options, such as walking and cycling, through TfL and other groups including health organisations. Eight proposals concerning cycling are given and include Barclays Cycle Hire, Barclays Cycle Superhighways, Biking Boroughs, cycle parking, training and road safety. There are also four proposals for walking measures, including urban realm enhancements to make a safe, comfortable and attractive street environment and information making it easier to plan walking journeys.</td>
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<tr>
<td>Policy 21</td>
<td>Increase accessibility for all Londoners through information provision.</td>
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<tr>
<td>Proposal 41</td>
<td>Improving the availability, quality, quantity and timeliness of information about the transport system to remove barriers to travel.</td>
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<tr>
<td>Proposal 24</td>
<td>Focuses on improving bus passengers’ journeys by increasing access to real-time information.</td>
</tr>
<tr>
<td>Policy 24</td>
<td>Describes how the Mayor, TfL, government agencies, transport operators and other stakeholders will deliver the required contribution to achieving the Mayor’s 60 per cent CO2-reduction target.</td>
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<tr>
<td><strong>Proposal 105</strong></td>
<td>Enabling and supporting the development and mass-market-uptake of low-carbon road vehicles, including electric vehicles, through delivery of infrastructure, such as charging points.</td>
</tr>
<tr>
<td>Policies 3 and 22</td>
<td>Improving access to economic and social opportunities and services for all Londoners and improving access to jobs and services in deprived areas. HSTAT can help in meeting these requirements of ‘access for all’ to health services and reducing health inequalities by showing who will benefit and who will lose out from changes in service provision.</td>
</tr>
<tr>
<td>Policy 9</td>
<td>Local development control processes will be used to seek to ensure that the design and layout of development sites maximise access on foot, cycle and to public transport facilities.</td>
</tr>
<tr>
<td>Proposal 57</td>
<td>Developments to encourage cycling.</td>
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<tr>
<td>Proposal 60</td>
<td>Supporting developments that emphasise the quality and permeability of the pedestrian environment.</td>
</tr>
<tr>
<td>Proposal 97</td>
<td>Reduce the need to travel through integration of transport and land use planning.</td>
</tr>
<tr>
<td><strong>London Plan</strong></td>
<td></td>
</tr>
<tr>
<td>Policy 6.3</td>
<td>Assessment of the effects of development on transport capacity.</td>
</tr>
</tbody>
</table>
**Useful links**

<table>
<thead>
<tr>
<th>Reference documents</th>
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<th>Useful links</th>
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<tbody>
<tr>
<td>Barclays Cycle Hire</td>
<td><a href="http://www.tfl.gov.uk/barclayscyclehire">www.tfl.gov.uk/barclayscyclehire</a></td>
<td>London Cycling Campaign</td>
<td>lcc.org.uk</td>
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<td>BusinessCycle</td>
<td>businesscycle.org.uk</td>
<td>National Obesity Observatory</td>
<td><a href="http://www.noo.org.uk">www.noo.org.uk</a></td>
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<td>Cycle to work Scheme</td>
<td><a href="http://www.cyclescheme.co.uk">www.cyclescheme.co.uk</a></td>
<td>Natural England</td>
<td><a href="http://www.naturalengland.org.uk">www.naturalengland.org.uk</a></td>
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<td>Department of Health</td>
<td><a href="http://www.doh.gov.uk">www.doh.gov.uk</a></td>
<td>Ramblers</td>
<td><a href="http://www.ramblers.org.uk">www.ramblers.org.uk</a></td>
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<td>Fitbug</td>
<td><a href="http://www.fitbug.com">www.fitbug.com</a></td>
<td>Skyride</td>
<td><a href="http://www.goskyride.com">www.goskyride.com</a></td>
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<td>Greater London Authority</td>
<td><a href="http://www.london.gov.uk">www.london.gov.uk</a></td>
<td>Sustrans</td>
<td><a href="http://www.sustrans.org.uk">www.sustrans.org.uk</a></td>
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<td>Health Economic Assessment Tool</td>
<td><a href="http://www.euro.who.int/HEAT">www.euro.who.int/HEAT</a></td>
<td>TFL live bus arrival times</td>
<td><a href="http://www.tfl.gov.uk/countdown">www.tfl.gov.uk/countdown</a></td>
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<td>London Cycling Campaign</td>
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<td>Walk London Network</td>
<td><a href="http://www.walklondon.org.uk">www.walklondon.org.uk</a></td>
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<td>MTS Accessibility Implementation Plan</td>
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<td>Walking for Health</td>
<td><a href="http://www.walkingforhealth.org.uk">www.walkingforhealth.org.uk</a></td>
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<tr>
<td>NHS travel plan guidance</td>
<td></td>
<td>World Health Organisation</td>
<td><a href="http://www.who.int">www.who.int</a></td>
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