

Dr Stephen Watkins Presentation
Health & Transport Group
25th April 2007

Presentation was split into 3 sections:

- (i) Presentation by Dr Watkins
- (ii) Interactive discussion with Dr Watkins
- (iii) Discussion with Bev Gallier & Mary Brooks – Future of the Health & Transport Group?

Presentation by Dr Watkins

Transport is of vital importance to people, it ensures they can access education, employment and leisure services.

Transport can be socially inclusive, e.g. enable those people who do not have a car to access services.

There are 3 levels of transport impairments:

1. Those who can get to the bus stop, but who are unable to catch the bus.
2. Those who can get to their front door, but no further.
3. Those who can not get to their front door.

Level 1 is being addressed by accessible transport services, Level 2 is starting to be address by Demand Responsive Transport (DRT) that exist currently in local areas, and also future developments with Integrated Social Needs Transport (ISNT) project which is examining how social transport providers can jointly use service ‘downtime’.

The next question is how do we serve those people with Level 3 impairments who are unable to move outside their own homes.

Walking & cycling are a very important modes of travel which contribute positively towards a person’s health. Walking networks are a good way to encourage walking.

Health & Transport group aims to promote the use of walking & cycling.

Street design is very important towards encouraging walking & cycling in communities. In Holland streets are designed with trees and sitting areas which make them a more attractive place to be. This type of street designing is starting to happen in the UK.

Dr Watkins recommended the book ‘Jam Today, Jam Yesterday, Jam Tomorrow’ by Mogridge, unfortunately out of print now. The book states that we know how to move people around without congestion ‘We can only improve traffic flow by investing in public transport’.

Public health advice and recommendations given to the local transport planning process were:

1. Develop a comprehensive cycle and walking network.
2. Develop strategies to implement walking and cycling in the districts.
3. Take steps to promote the use of cycle / train combinations. E.g. Caltrain in California. Which has been hugely successful in increasing ridership since it provided space for and encouraged the use of cycle & train combination journeys.
4. Develop a comprehensive and integrated public transport network which includes both orbital and radial routes.
5. Make improvements to ensure those people with level 2 and 3 transport impairments can access transport.

Interactive Discussion with Dr Watkins

Demand Responsive Transport (DRT) was discussed, a county wide DRT system would be beneficial for those people with level 2 transport impairments.

GMPTE is developing DRT and Integrated Social Needs Transport (ISNT) schemes within the districts.

Cheshire County Council pays for taxis to take people to the transport interchange if they have a disability or access problems.

GMPTE run a taxi voucher scheme which can be used by those people who are unable to access public transport.

The closing and relocation of mental health services were discussed. Some local health centres have closed and mental health patients are being encouraged to travel longer distances to access activities. This can have both a negative and positive effect on patient's health.

The issue of resistance to use the bus by car users was highlighted. It was felt that the bus needs to make itself more attractive, but that there will always be some of the population which will always use their car.

Due to the recent press coverage, Congestion Charging was highlighted. Dr Watkins confirmed that the Greater Manchester Directors of Public Health issued a press statement in support of congestion charging.

The problem is financing the improvements to the public transport system. Imposing a congestion charge will help fund an improved public transport system.

Dr Watkins explained that he felt it would be better to charge per mile via taxing fuel.

The question was asked 'which sort of transport do we finance?' Buses are cheaper to finance initially than trams and trains (though have a shorter lifespan) however, buses have an image problem.

Financial comparisons between rail and trams need to be made with bus priority systems. The problem with bus lanes is that they are only for short distances. In order to increase journey times, bus lanes need to be situated along the whole route. Enforcement and the implementation of regulations would help to speed up the bus journey.

Bev confirmed that the Health & Transport group will be consulted on the congestion charging plans in due course.

The need to include public transport information on health centre leaflets was highlighted. It was felt that health centre staff are unaware of what public transport options are available for patients.

Dr Watkins summarised the main themes from the discussion as:

1. The need to change national policy
2. The need to overcome the dual problem of financing the improvements to the public transport system and improving the image of public transport.
3. The need to change small things within own organisation in order to contribute toward change. e.g. providing public transport information for patients

Discussion with Bev Gallier & Mary Brooks – Future of the Health & Transport Group?

Bev and Mary asked the group initial questions to start the group discussion:

How will the group take issues forwards?

Is there value in forming a small committee?

How do we overcome barriers within own organisations in pushing green travel forward?

Do we produce a manifesto for green travel?

Discussion

How much of the information for the Health & Transport meetings is reported back to GMPTE?

Bev stated that information is distributed to specific GMPTE staff through the Health & Transport newsletter, GMPTA reports and officers attend the Health & Transport Group meetings.

It was suggested the group could be used as a voting mechanism. Reports can be drafted by the group and taken to both transport and health lead organisations for approval i.e. GMPTE / NHS.

Dr Watkins could be nominated to represent the voice of the group within the NHS.

Mary introduced the Health & Transport Study Group, this group could provide a mechanism to influence national and regional policy. Contact: Mary Brookes Stockport PCT.

It was suggested the Health & Transport group may like to develop a 10 point manifesto to lobby MP's. N.B.The manifesto would have to come from the group not GMPTE.

Successes of the Health & Transport group should be publicised.

The committee concept was discussed. It was felt formation of a committee may not be the best way forward for the group to campaign. The implementation of task and finish group for specific projects would be beneficial. Beverley felt that this was the way that the group was operating already as it has been able to respond to single issues which have included consultation on GMPTE Walking & Cycling Action Plan, LTP2 and the Accessibility Strategy.

Agenda for taking the group forward was discussed. All members have individual knowledge and represent organisation with their own strategies and objectives. The group needs to examine how the different organisation's strategies work together and what are the common goals.

A way to take this agenda forward is for all LA's members, PTE / transport operator members and NHS members to meet separately in order to discuss their organisations aims and goals and find common themes.

The common themes will lead to the development of the Health & Transport Group's agenda.

Mary asked - what can workplaces / organisations do to encourage car free work places? Involving large property companies in the green travel agenda would be beneficial in developing facilities for staff. E.g. introducing cycle racks, providing showers.

'Manual for Streets' manual was recommended as a good book for information on developing streets with pedestrian access.

Mary suggested the NHS group could consider car parking issues within the NHS.

End of meeting.