

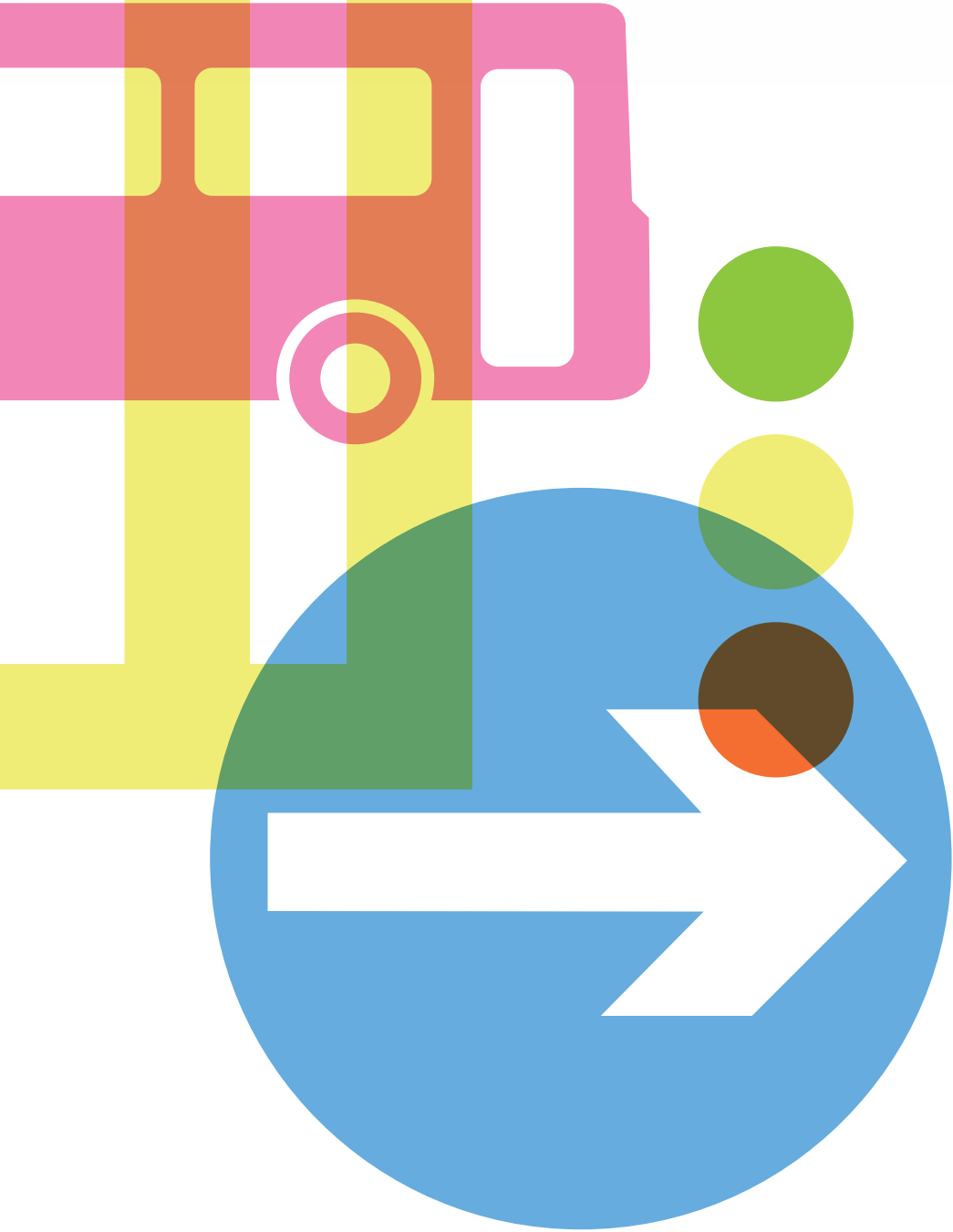


Travel Plans: Improving Health

A framework for Health and Social Care Organisations

October 2011





Foreword

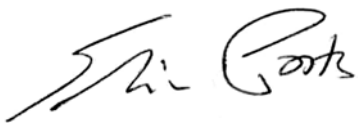
Travel planning within Health and Social Care organisations provides an important mechanism for encouraging more active forms of travel such as walking and cycling, as well as promoting increased usage of public transport for both staff and users of healthcare services. This can contribute significantly to reducing both carbon emissions through a modal shift in travel as well as providing health benefits through improving levels of physical activity and tackling obesity.

Changing habits can be difficult but supporting individuals to consider other travel options, for example by providing them with clear information on public transport availability and walking and cycling routes to help people plan their journey, can go some way to changing habits.

Not all members of society have fair and equal access to transport and transport poverty requires critical consideration in all transport policies and plans.

Reducing and preventing health inequalities should be considered during the development and implementation of travel plans to ensure that the different needs of vulnerable groups/communities are met to support access to key services.

This publication provides a useful resource to support the development and monitoring of health impacts of travel plans over time. I would encourage Health and Social Care Organisations to read this report and to take action to ensure improving health and addressing inequalities are considered locally within travel plans.



Edwin Poots, MLA
Minister for Health, Social Services and Public Safety

Preface

Promoting active travel and supporting the development of healthy urban environments is a key area of work for cities that are members of the World Health Organization (WHO) European Healthy Cities Network. WHO suggests that travel plans can promote healthy modes of transport and help to change travel patterns of patients, staff and visitors. Encouraging active travel can also reduce the carbon footprint of the organisation and deliver multiple public health benefits.

This publication is intended to support Health and Social Care Organisations in developing healthy travel plans and encourages joint working between health improvement and travel managers/estates to deliver on action.

The publication was developed as part of the work of the regional Climate Change and Health Group which is chaired by Department of Health Social Services and Public Safety and supported by Belfast Healthy Cities. A regional sub-group made up of representatives from four of the Health and Social Care Trusts throughout Northern Ireland - Belfast, Southern, Western, and Northern; as well as the Public Health Agency; Department of Health, Social Services and Public Safety; Business in the Community; and Travelwise/Department for Regional Development, supported the development of the publication.

Many thanks go to members of the group for their comments and concrete support. Special thanks go to Ruth Fleming who led this work and drafted the report.



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Section 1: Background and Process

Context

Through the Programme for Government (PfG) the Executive have set out their commitment to reduce greenhouse gas emissions by 25% below 1990 levels by 2025. By 2007, greenhouse gas emissions in Northern Ireland had reduced by 13% on the 1990 baseline. Conversely, however, emissions from road transport increased by 47% during this period, adversely impacting on the cumulative progress realised in other areas. At present over 80% of all journeys in Northern Ireland are made by car and 29% of carbon emissions are from transport (Department for Regional Development, 2010).

At the same time levels of obesity and physical inactivity are rising. The 2005/06 Health and Social Wellbeing Survey found that overall 59% of all adults (aged 16 years and over) measured were either overweight (35%) or obese (24%) (Department of Health, Social Services and Public Safety, 2011).

Travel planning which supports more active forms of travel such as walking and cycling as well as public transport can contribute significantly to reducing both carbon emissions through a modal shift in travel as well as providing health benefits and support efforts to tackle obesity.

Addressing health equity within travel plans

The World Health Organization Global Commission on the Social Determinants of Health advocates for a Health Equity in All Policies approach to tackling inequalities/inequities in health. In particular the Commission recommends that agencies consider the health equity impact of transport and urban design to promote physical activity through investment in active transport (WHO 2008).

Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. Inequity refers to differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust (World Health Organization, 1998). The social determinants of health are mostly responsible for health inequalities - these are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices (World Health Organization, 2008).

Belfast Healthy Cities (BHC), a leading member of the WHO European Healthy Cities Network, has developed a Health Equity in all Policies framework that allows organisations to systematically review strategic policies and assess policy objectives against the determinants of health with a view to identifying gaps and integrating health equity issues (Appendix 1). It is within this context that BHC worked alongside travel managers and Health Improvement staff within Health and Social Care Trusts throughout

Northern Ireland to develop a travel plan framework that would consider health equity. The **purpose of developing this framework was to provide health and social care organisations with a model that could be used to assist in the development and monitoring of travel plans, and at the same time support efforts to prevent and address inequalities** and ensure that vulnerable groups would not be further disadvantaged by population based travel interventions.

Partners involved

A travel group was established in October 2010 to develop the travel plan framework. This group consisted of travel/estate managers and health improvement staff within four of the Health and Social Care Trusts throughout Northern Ireland (Belfast, Southern, Western, and Northern), as well as the Public Health Agency, Department of Health, Social Services and Public Safety; Business in the Community, and Travelwise/ Department for Regional Development (Appendix 2). An outline of the process used to develop the framework is described below. This correlates with steps 1&2 of the Health Equity in All Policies Framework (Appendix 1).

Outline of Process

Engage

Clarification was provided for the travel group on the definitions of health determinants/ health equity/inequity. Supporting information on health impacts of travel plans was also provided.

Analyse and gather evidence

A health equity assessment was then carried out by the travel group on an existing hospital travel plan to help identify the 'important' determinants of health including vulnerable groups affected by travel plans. The following domains were used to categorise determinants: economic; environmental; access; lifestyle/personal circumstances; social; and vulnerable groups. Erica Ison, a Health Impact Assessment specialist practitioner, supported the health equity assessment stage.

An analysis was carried out on this assessment and was used as the basis for identifying and agreeing on which determinants of health were most important to consider within travel plans (outlined in section 2). A review of evidence of the health impacts of travel plans also supported the identification of these 'important' determinants.

Develop indicators

Based on the 'important' determinants of health, a set of indicators outlined in section 4 was developed which would support organisations to monitor and review travel plans for their impact on health equity. Since this is quite a comprehensive list, it is recommended that organisations choose indicators from this list which are most relevant to them/the site in question and are feasible to collect.

Develop checklist

A set of questions/checklist was developed which would act as an additional tool to assess a draft travel action plan for its inclusion of action on the determinants of health (section 5).

Collate examples of action

Finally examples of action taken to strengthen/widen transport choice were gathered from a range of healthcare, local government and central government reports and publications from Northern Ireland and the UK. These are outlined in section 6. The purpose of this is to stimulate ideas for action in new travel plans.



Section 2. Determinants of health affected by health service travel plans

The health equity assessment carried out by the travel group identified the following determinants of health as important to consider when developing a travel plan. They are categorised under the 5 determinants domains: lifestyle/personal circumstances; access; social; environmental; economic and groups affected.

Important determinants of health affected by travel plans
Lifestyle and personal circumstances
Physical activity; co-health benefits
Walking; cycling
Public transport
Car usage (business/private); car sharing; car parking; motorbikes
Level of disposable income
Access factors
Access to active travel
Access to public transport
Access to health services
Car parking; disabled parking
Infrastructure: active travel; public transport infrastructure
Social factors
Impact on local community
Social support (technical; emotional; practical)
Crime and disorder; fear of anti social behaviour; fear of crime; public and personal safety
Environmental factors
Air quality; greenhouse gas emissions; use of renewable energy sources
Traffic: Speed of traffic; traffic volume; congestion
Site management: lighting; maintenance; signage; pedestrian crossings
Built and natural environment: landscape; amount/usage of green open space
Accidents and injuries

Economic factors
Cost of infrastructure and maintenance; level of resources; level of inward investment
Technological development e.g. video and audio conferencing
Travel expenses
Groups affected
Health service staff
Service users; patients; visitors; carers
Lone parents and their families
Pregnant women
Children; young people; older people
People with a learning disability
People on low income and families
Surrounding community
Shift workers; weekend workers; night workers
Car sharers; lone drivers
Contractors
Deliveries
Service providers
Section 75 groups: <ul style="list-style-type: none"> - between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; - between men and women generally; - between persons with a disability and persons without; and - between persons with dependants and persons without.

Section 3. Active Travel: Health Benefits

A review of evidence of the health impacts of travel plans was carried out after the health equity assessment stage to support the identification/selection of the most 'important' determinants of health (section 2) that should be considered within a travel plan. The following provides a summary of evidence categorised under the 5 determinants domains: lifestyle/personal circumstances; access; social; environmental; economic and groups affected.

Lifestyle and personal circumstances - Why it matters

The **health benefits** of increasing levels of physical activity are well recognized. It can reduce overall mortality; reduce the risk of death from cardiovascular disease; reduce high blood pressure; reduce risk of colon cancer; contribute to a lower risk of developing type II diabetes; improve mood; and improve health related quality of life (Health Scotland 2007).

Active travel can be particularly effective for tackling obesity and depression. Walking and cycling for transport has been identified as perhaps the best way to increase levels of physical activity at a population level. Active travel can be incorporated into daily routines and is therefore relatively easy to sustain.

Evidence would suggest however, that cycling as a means of transport is lowest within the population who live in deprived areas with lack of bicycle ownership; lack of fitness; and preference for car ownership being the main reasons for limited uptake of cycling (Centre for Transport Research, England, 2010).

Not all members of society have fair and equal access to transport and transport poverty, defined as an excess of 10% of income spent on transport (adaptation of the fuel poverty definition), requires critical consideration in all transport policies. According to Sustrans (2008), a leading transport charity in the UK, many low-income households are spending as much as 25% of their income owning and running a car and are being driven into transport poverty.

Access factors – Why it matters

Using public transport for work journeys can increase active travel amongst those for whom walking or cycling the full journey is not an option. In turn this can encourage more active leisure journeys as well. Indeed, some studies have found this more effective than any other intervention to increasing active travel (Krizek, Forsyth & Baum, 2009). It is therefore important to explore ways of making public transport a more realistic and attractive option, for short as well as longer journeys, and on orbital as well as arterial routes.

For people who live in areas with poor access to a frequent bus service, car ownership is often seen as essential to access services and employment. The NI Travel Survey (2007-2009) found that of those surveyed, 62% of people stated that their journey to work was not possible by public transport; 26% stated poor connections hindered the use of public transport, and 23% said their journey would be too far/long by public transport. It is hard to say how many of the 62% of people are basing this on facts as opposed to their perception. Supporting individuals to consider other travel options; providing them with clear information on public transport availability, and plan their journey could go some way to changing perceptions.

A person's level of disposable income has a direct impact on car ownership. Generally people living in areas of high deprivation are less likely to own a car, and are more likely to experience transport related social exclusion (Social Exclusion Unit, England, 2002). People with disabilities are particularly disadvantaged by financial or physical barriers to mobility (Faculty of Public Health Medicine, 2000). Transport is required for access to essential facilities and services including visits to hospital and to a GP - health appointments are often missed due to lack of transport (Institute of Public Health in Ireland, 2005). A good public transport system which is affordable, accessible, and frequent can improve access to essential services.

Access to green/open space and active travel infrastructure can encourage active travel. A key issue that encourages walking and cycling is good quality cycle lanes and footpaths. In particular, it is important that the cycling infrastructure provides connections between key destinations, since short stretches that suddenly end cause confusion and often feel unsafe for the cyclist/potential cyclist. It is also important that both cycling and footpaths are well maintained and well lit, as this improves safety and encourages usage.

Environmental factors – Why it matters

Reducing motorised travel can help deal with climate change. A modal switch to active travel and public transport can also significantly reduce greenhouse gas emissions, which is a health as well as environmental risk. Road traffic currently accounts for nearly a quarter of Northern Ireland's emissions of CO₂ and emissions have risen in line with the growing vehicle stock (DRD 2006). Reducing air pollution supports equity as people living in more deprived areas typically have greater exposure to air pollution often because areas of disadvantage are located near busy major traffic arteries (Belfast Healthy Cities 2010).

Site management is particularly important in safeguarding the health of people accessing health and social care facilities. Adequate lighting and maintenance of the grounds/paths especially in dark winter months to help avoid trips/falls of pedestrians are all basic but important issues to address.

Trees/aesthetics and green open space encourages active travel. In relation to service users – people with dementia as well as people with learning difficulties benefit from

natural environments such as sensory gardens. Contact with nature can also help people coping with mental illness (Bell et al, 2008). Some findings indicate that people recover faster from surgery if they have a view of nature (Sustainable Development Commission, 2008).

Trees also provide shade and act as a natural coolant which reduces the demand for electricity and energy. They also improve air quality and protect health by absorbing pollutants, including carbon dioxide (CABE 2009).

Social factors – Why it matters

Walking and cycling offers opportunities for social interaction, which in itself supports mental wellbeing. Greater social interaction strengthens social cohesion, which in turn can provide wider benefits such as improved community safety. Good quality, affordable public transport, together with a safe and secure pedestrian and cycling environment can deliver health and social benefits and are important, therefore, to social inclusion (DRD 2011).

Fear of crime as well as concerns with road safety can deter people from walking and cycling. Safe crossing points, well maintained foot/cycling paths are particularly important for supporting active travel. Ensuring that there is adequate lighting on paths connecting buildings to car/cycle parking facilities are also important to help people feel safe.

On average each person in Northern Ireland makes around 914 journeys each year. In total 22% of journeys are made for leisure purposes (visit friends at private home/ elsewhere, entertainment/public social activities, sport participation, holiday base, day trip), 20% to and from the shops, 16% for commuting and 13% for personal business (DRD travel survey 2007-2009).

Personal business journeys (which include accessing health services) become more frequent with age for both men and women. For example, in 2007-2009, 60% of journeys made by women aged 60 and over were for shopping or personal business compared to 30% for women aged 16-29 (DRD travel survey 2007-2009). 40% of people aged over 60 years however have some difficulty with travel due to a physical disability or long-standing health problem.

Many people rely on family and friends to transport them to healthcare appointments if they do not have access to a car or a frequent public transport service. Others rely on volunteers within social car schemes or community transport providers or hospital transport. Encouraging volunteering and signposting people to a wide range of transport modes is important within a travel plan to ensure the transport needs of the wider population are supported as well as those who are disadvantaged.

Economic factors – Why it matters

In Northern Ireland almost two thirds (64%) of all journeys under 5 miles are made by car and almost a third (30%) of trips of less than one mile are made by car. During 2007-2009, walking accounted for 18% of all journeys and each walk averaged 0.8 miles in length (DRD travel survey, 2009). There has been an increase of 30% in the average distance walked by Belfast residents from 186 miles per person per year in 1999-2001 up to 242 in 2007-2009. However, there has been no change over this time period in the average distance walked by people living in the East and West of Northern Ireland (DRD travel survey, 2009).

If there was a significant population modal shift from the car to active travel the cost savings in terms of mortality as well as wider health benefits could be huge. A study undertaken in Scotland which reviewed the economic benefit to the overall economy that could result from switching a commute to walking or cycling, due to the increased productivity and reduced absenteeism showed potential costs savings between £2.8–£11.6 million through a 20% switch and £5.6–£23.1 million through a 40% switch (Transform Scotland Trust 2008).

Other tools exist to measure the economic benefit of active travel, for example, the World Health Organization has developed a *Health Economic Assessment Tool for Cycling (HEAT for Cycling; WHO, 2007)*. This tool makes it possible to calculate, over time, the economic impact of increased cycle usage however it only estimates this in terms of mortality and not morbidity.

Economic pressures faced by users of healthcare services can influence the choice and availability of transport to services and may act as a barrier to attending healthcare appointments. In Northern Ireland a Hospital Travel Costs Scheme is available to help people who are on a low income and/or on benefits to reclaim travel costs to and from hospital for healthcare treatment. Travel costs are calculated on the basis of the cheapest form of public transport available to the patient (Belfast Health and Social Care Trust website 2011). It is essential that information on these schemes is easily accessible to ensure disadvantaged groups can attend appointments.

In relation to business travel expenditure there are huge savings to be made by organisations by either cutting travel to meetings through mechanisms like phone and video conferencing instead of face-to-face meetings or other methods such as encouraging staff to use public transport for business trips or car sharing business trips (Department for Transport, 2008). Organisations need to be practical however in relation to exercising methods to cut business travel to ensure that it does not impede staff from fulfilling their job. If managers are promoting walking/cycling and/or public transport as the preferred mode of business travel, flexibility is required in relation to travel time.

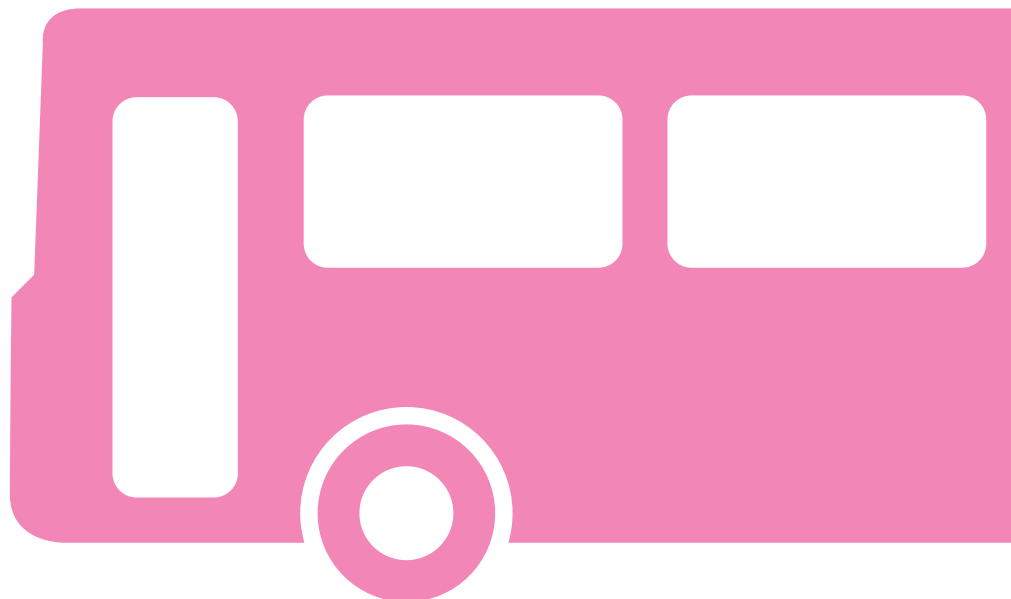
Groups affected – Why it matters

Reducing and preventing health inequalities should be a priority within the development of travel plans. Population wide interventions that fail to take account of the different needs of vulnerable groups/communities may lead to a widening of inequalities experienced by these groups.

Around 1 in 5 of the population in Northern Ireland have a disability -approximately 360,000 people. People with a disability may face particular barriers when using the transport network (Department for Regional Development, 2011). According to the Consumer Council for Northern Ireland (2010) access to public transport is one of the areas in which rural consumers are most disadvantaged, both in terms of routes and timetables. As a consequence, those without a car face major disadvantages in their private and work life as outlined in the previous sections.

Older people in particular who are a major user of health services can experience cumulating disadvantage in relation to transport and can be more susceptible to transport poverty. Limited mobility affects their choice of transport, and they can experience social isolation which affects social support available to them. Safety concerns may also be a higher priority for older people than the general population (Institute of Public Health, 2011).

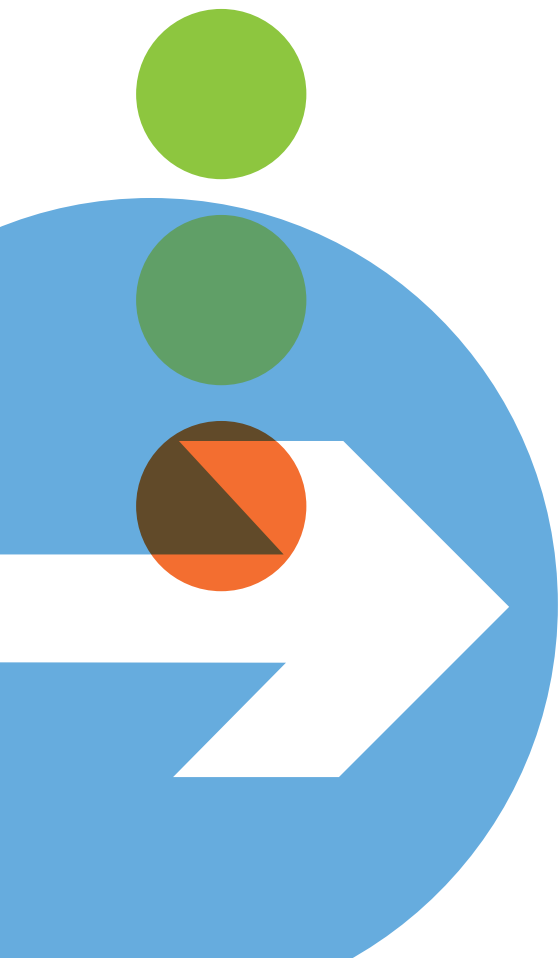
In relation to health and social care staff, and in particular low waged staff, it is important that action is taken to ensure they are not driven into transport poverty but rather incentivised to encourage use of active travel/public transport. For many the cost of public transport can look expensive relative to the cost of driving so active travel schemes to tip the balance can yield good results (Department for Transport, 2008).



According to a survey by the Consumer Council in Northern Ireland (2010) people on low incomes cannot afford to buy 'Smartcards' for multiple journeys. Providing mechanisms to support staff in all grades to buy monthly or yearly bus/train ticket can be one method to encourage the use of public transport.

Many health and social care premises are beginning to charge for car parking on their site. It is recognised that such schemes allow better management and control of parking on sites as this often provides better security for staff, visitors and vehicles and can generate revenue. However consideration should be given to the impact that this might have on vulnerable groups such as disabled people and older people who tend to have lower than average incomes. For many disabled people and older people the car provides the only viable form of transportation as public transport or taxis may not be available or be a viable option because they are physically inaccessible or unaffordable (IMTAC - Inclusive Mobility and Transport Advisory Committee, 2007). To mitigate this potential negative impact consideration could be given to providing parking concessions to older people and disabled people who hold a 'Blue Badge' (Disabled parking badge) to reduce the financial impact of charges (IMTAC 2007).

When developing a travel plan, consideration should be given to identifying the impacts of the plan on vulnerable groups/communities and ensuring action is in place to mitigate against potential negative impacts thereby ensuring groups are not further disadvantaged by population based interventions. To ensure equitable opportunities for all, it is important to give appropriate and proportionate attention to all groups.



Section 4. Indicator set

Following on from the work to identify the important determinants of health affected by travel plans as outlined in section 2, a set of indicators was developed with members of the travel group to help health and social care organisations create a baseline of information, and monitor progress on these important health determinants over time and support action to address inequalities with travel plans.

These indicators are outlined in sections 4.1 – 4.6 under the determinants of health domains with a suggested source/method of collection of the indicators. The source may differ between healthcare organisations for example as not all organisations will have a travel manager.

A number of key indicators which are essential for collection and relevant to the checklist questions outlined in section 5 are highlighted in bold – from the remaining list, organisations can choose additional indicators which are most relevant to them and which are feasible to collect.

Appendix 3 outlines a comprehensive list of site assessment questions developed by the Department for Transport (2006) which may also be useful for baseline data.

- External factors should be taken into consideration when choosing additional indicators. These include assessing:
- the location and size of the organisation or geographical site which the travel plan is targeted at
- the extent to which these indicators are already collected through organisational surveys or departments
- the level of resources which are available for collection of indicators
- current mechanisms in place to facilitate engagement/consultation with staff; patients/visitors in the monitoring of the travel plan
- the level of commitment from other departments within the organisation to support the development and monitoring of the travel plan

All of these factors will have an influence on the selection of indicators which are feasible to collect.

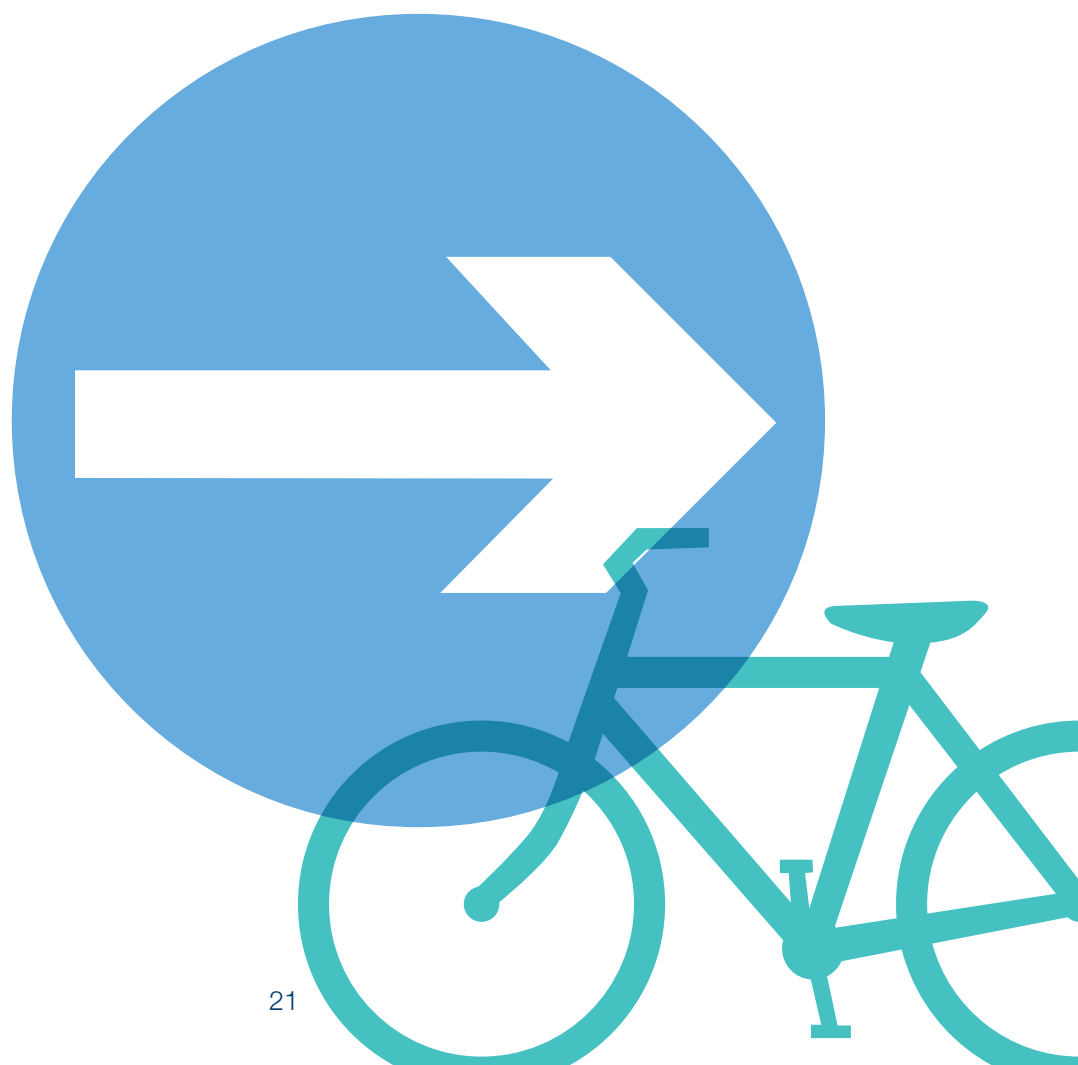
Section 4.1

Travel Plan Indicators	Method of collection/source of information
Lifestyle and personal circumstances (LP)	
Walking and cycling	
<p>LP1) Number and proportion of staff who:</p> <ul style="list-style-type: none"> a) walk to work (by salary band) b) cycle to work (by salary band) c) distance walked to work d) distance cycled to work e) average time spent walking to meetings (over a week) 	Survey
<p>LP2) Number and proportion of staff who:</p> <ul style="list-style-type: none"> a) walk as part of a multi modal journey to work (by band) <ul style="list-style-type: none"> - whole journey - part of the journey b) Number and proportion of people who cycle as part of a multi modal journey to work (by salary band) <ul style="list-style-type: none"> - whole journey - part of the journey 	Survey
<p>LP3) Number and proportion of staff who identify health benefits of :</p> <ul style="list-style-type: none"> a) walking to work b) cycling to work c) walking/cycling as part of a multi modal travel approach e.g. from the local bus stop/train stop 	Survey
<p>LP4) Number and percentage of staff participating in at least 150 minutes (2 ½ hours) of moderate intensity activity over a week.</p> <ul style="list-style-type: none"> 30 minutes 1-2 times per week 30 minutes 3-4 times per week 30 minutes 5 times per week 30 minutes more than 5 times per week No physical activity <p>Moderate intensity activities will cause adults to get warmer and breathe harder and their hearts to beat faster, but they should still be able to carry out a conversation. Examples of moderate activities include, brisk walking, cycling, dancing, swimming and gardening.</p>	Survey

Car use	
<p>LP5) Number and proportion of staff who: a) have access to a car b) use a car to drive to work</p>	Survey
<p>LP6) Distance of travel to work by car (miles one way)</p>	Survey
<p>LP7) Number of business miles per capita of staff (by salary band) by: a) car b) cycling</p>	Salaries and Wages
Bicycle use	
<p>LP8) a) Number and proportion of staff who have access to a bicycle b) Number and proportion of staff who use a bicycle to get to work - less than once a week - once a week - 2-3 times per week - everyday c) Number and proportion of people who have made a modal shift due to the travel plan (may need to set a timescale for this if using this indicator regularly) d) distance of the trip by cycling</p>	Survey

Car sharing	
<p>LP9) a) Number and proportion of staff who car share to get to work</p> <ul style="list-style-type: none"> - less than once a week - once a week - 2-3 times per week - everyday 	Survey/Car Share Network
LP10) Number and proportion of staff registered on car share database	Car Share Network
<p>LP11) Number and proportion of staff who choose car sharing for the following reasons:</p> <ul style="list-style-type: none"> a) financial b) environmental c) social contact d) other 	Survey
Public transport	
<p>LP12) Number and proportion of staff who travel to work by public transport</p> <p>part of the journey</p> <p>total journey</p>	Survey
<p>LP13) Number and proportion of visitors/patients who travel to the site by public transport</p> <p>part of the journey</p> <p>total journey</p>	Survey
<p>LP14) Number and proportion of staff who choose public transport to travel to work for the following reasons:</p> <ul style="list-style-type: none"> a) financial b) environmental c) social contact d) no other form of transport e) preferred option 	Survey

Level of disposable income	
<p>LP15) Number and proportion of staff who spend:</p> <ul style="list-style-type: none">a) less than 10% of salary on transportb) more than 10% of salary on transportc) more than 10% of salary on transport recorded by postcode analysis of home address <p><i>(transport expenditure is defined as the amount spent on bus/train tickets; petrol/diesel)</i></p>	Survey



Section 4.2

Access factors (A)	
Access to active travel	
A1) Organisations investment in active travel infrastructure (for staff/visitors) per capita (infrastructure – e.g. cycle shelters/signage/cycle paths/ lighting/shower facilities)	Estates/Travel Manager
A2) Uptake of bicycle loans by staff	Estates/Travel Manager/Cycle to Work Coordinator
A3) Number of dedicated cycle routes leading/linking to hospital/services within a 4km radius	Site management
A4) Number of designated bicycle spaces available on this site	Site management
A5) Usage of bicycle sheds/versus inappropriate bicycle parking	Site management
Access to public transport	
A6) Number and proportion of a) staff and b) patients within 400 metres of bus stop served by a frequent service (every 10 minutes)	Information and Records – postcode analysis
A7) Number and frequency of public transport routes available to the site a) direct routes b) indirect routes	Translink
Disabled parking	
A8) Misuse of disabled parking spaces	Site management

Car parking	
<p>A9) a) Car park usage/percentage fullness by hour of day for</p> <ul style="list-style-type: none"> - staff - patients/visitors <p>b) amount/percentage of illegal parking</p> <ul style="list-style-type: none"> - on site - off site 	Site management
<p>A10) Number and percentage of spaces dedicated for:</p> <p>a) car sharing</p> <p>b) number of disabled parking spaces</p>	Site management
<p>A11) Car parking charges for staff</p> <p>a) hourly</p> <ul style="list-style-type: none"> - on site - off site <p>b) daily</p> <ul style="list-style-type: none"> - on site - off site <p>c) no charge for car parking</p>	Site management
<p>A12) Car parking charges for visitors/patients</p> <p>a) hourly</p> <ul style="list-style-type: none"> - on site - off site <p>b) daily</p> <ul style="list-style-type: none"> - on site - off site <p>c) no charge for car parking</p>	Site management
Access to health services	
<p>A13) a) Perceived difficulty in accessing hospital services without a car</p> <p>b) awareness of how to access hospital services without a car</p>	Survey

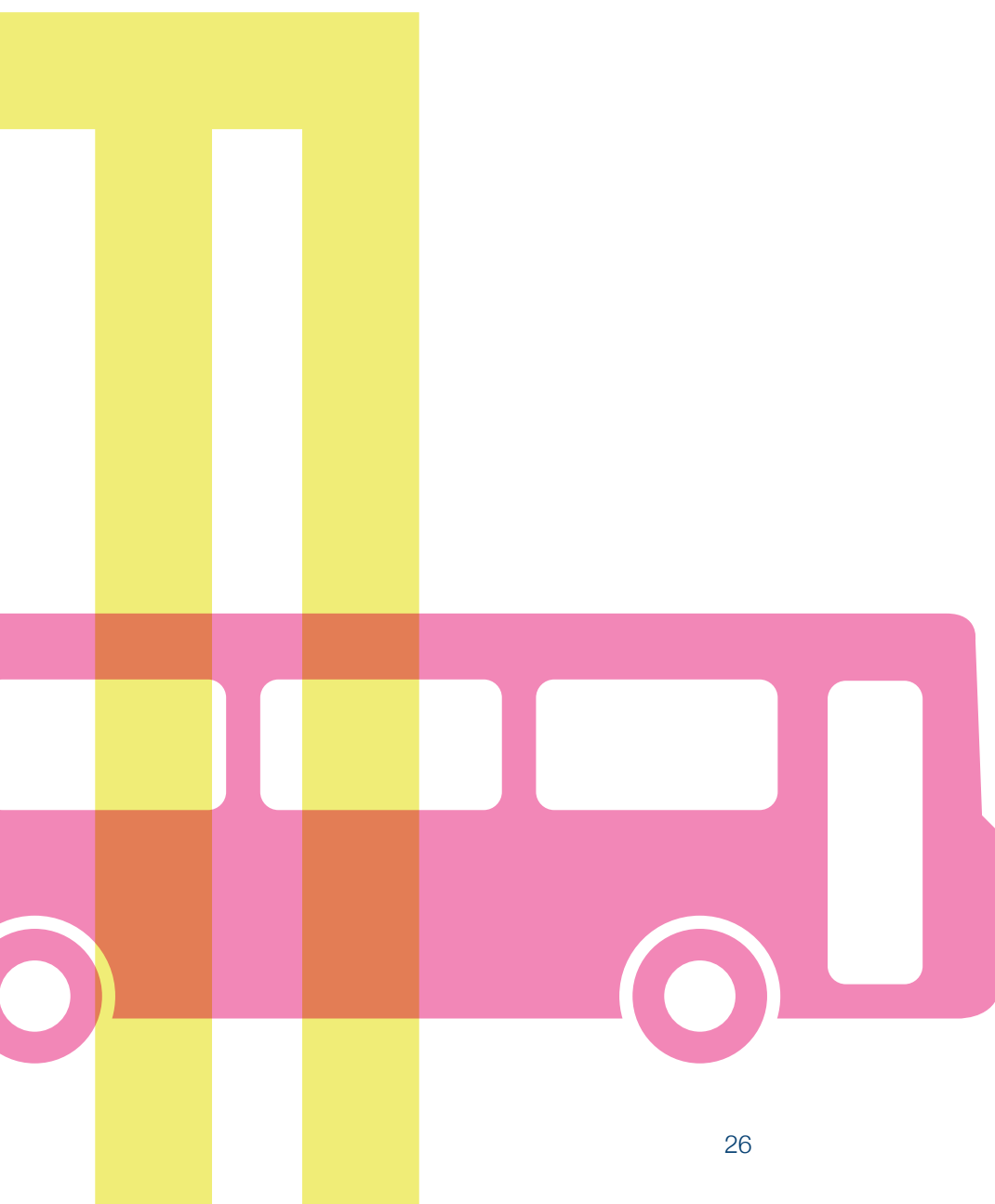
Section 4.3

Social factors (S)	
Security/fear of crime/public and personal safety	
S1) Number and proportion of people who feel unsafe on their journey to work whilst: walking cycling walking from the car park using public transport	Survey
S2) Number of offences on the premises: a) offences against the person; b) cycle theft c) vehicle theft; d) criminal damage to vehicles/cycles e) general criminal damage	Site Management
Social support : practical	
S3) Number and proportion of patients who: a) rely on friends and family to transport them to appointments b)use social car schemes to get to appointments c) use community transport/door to door transport to get to appointments d) use hospital transport e.g. ambulance e) use a taxi f) drive themselves	Survey
Local community impact	
S4) Number of complaints by local residents about staff/visitors parking in local community/residential areas	Site Management

Section 4.4

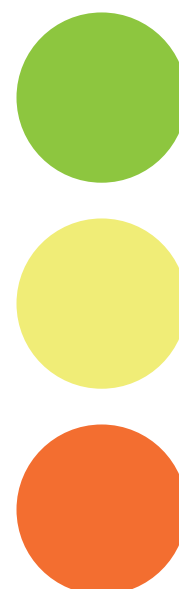
Environmental factors (E)	
Air quality	
E1) Emissions to air of greenhouse gases for fleet vehicles	Estates
Use of renewable energy resources	
E2) Number of charging points for electric vehicles in close proximity to the site (the infrastructure is currently being developed by DRD)	Estates
Traffic volume	
E3) Number of places on the site where traffic volume/ congestion is seen as a problem	Survey/Site Management
E4) Traffic count by each mode of transport within busy residential areas in close proximity to the site	Observation
E5) Number of complaints about the time it takes to get in and out of the site	Survey/Site Management
Built and natural environment	
E6) Percentage of green/open space available within the estate/site for: a) relaxing/social interaction b) leisure/recreation/walking c) wildlife	Estates
E7) Usage of green/open space within the estate/site by: a) staff b) visitors	Survey/Observation

Accidents and injuries	
<p>E8) Reported injury from road traffic collisions and casualties on site</p> <ul style="list-style-type: none">- collisions a) fatal b) serious c) slight- casualties a) killed b) seriously injured c) slightly injured <p>(identify if casualties were the driver/passenger/pedestrian or cyclist)</p>	Site Management/ PSNI



Section 4.5

Economic (Ec)	
Travel expenses	
<p>Ec1) a) Uptake of hospital travel cost scheme* b) level of awareness of hospital travel cost scheme</p> <p><i>*(supporting people on benefits to reclaim travel expenses)</i></p>	<p>Travel Expenses Office/Finance Directorate</p>
Technological development	
<p>Ec2) a) Access to facilities/technology such as video/audio telecommunication by staff b) usage of facilities/technology such as video/audio telecommunication by staff</p>	<p>Facilities/Room Management Survey</p>
Level of resources/inward investment	
<p>Ec3) a) How much money is available within the healthcare budget to support actions within a travel action plan b) how much money are you bringing in from outside investment to support the travel plan c) how much money are you bringing in from car parking charges that is being redirected back into the budget to support the travel plan</p>	<p>Corporate Management Team</p>



Section 4.6

Groups affected/general (G)	
G1) Number of staff working on the premises and where they live (by postcode) to assess: a) Proportion of staff living within 1km (0.6 miles) of their workplace b) Proportion of staff living within 4km (2.4 miles) of their workplace	Human Resources
G2) Number of outpatient/inpatients per month/year – broken down by geography (postcode analysis of home address)	Information and Records
G3) Number and proportion of patients who are: under 16 years/over 60 yrs	Information and Records



Section 5. Checklist

Following the development of the indicators as outlined in section 4 a checklist was developed which incorporates key questions that can be used for assessing travel plans/proposals in relation to the extent to which they address health equity and the determinants of health/vulnerable groups.

In the absence of baseline data or the resources to extensively collect all of the indicators listed in section 4, the purpose of the checklist is to provide a method of conducting a quick assessment of proposed actions with a travel plan to ensure they address inequalities and promote the important determinants of health. The checklist can be used in developing new or reviewing existing travel plans. Checklist questions have been cross referenced with essential indicators*, highlighted in bold in section 4.

Travel Checklist for Assessing Travel Plans/Proposals				
Lifestyle and personal circumstances				
Essential indicators*	Will this plan/proposal:	Yes	No	Don't know
LP4 LP3 LP1 LP1	<ul style="list-style-type: none"> • Increase levels of physical activity? • Increase health benefits? • Increase the number of people who walk to work who live within 1km (0.6 miles) of work? • Increase the number of people who cycle to work who live within 4kms (2.4 miles) of work? 			
LP12, LP13	<ul style="list-style-type: none"> • Increase the number of trips by public transport by: <ul style="list-style-type: none"> o staff o visitors/patients 			
LP9	<ul style="list-style-type: none"> • Increase car sharing? 			
LP5, LP7	<ul style="list-style-type: none"> • Decrease the use of the private car? <ul style="list-style-type: none"> o by staff to get to work o for business trips o for appointments/visits by patients/visitors 			

LP15	<ul style="list-style-type: none"> • Affect the amount of money spent on travel to work? • Ensure inequalities/reduce transport poverty? (transport poverty is defined as more than 10% of income spent on transport costs) 			
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If the answer is yes, please outline how these will be achieved.
If the answer is no or don't know what action is necessary?

Access factors

Essential indicators	Will this plan/proposal:	Yes	No	Don't know
A1, A7, A10, A13	<ul style="list-style-type: none"> • Increase staff/visitor access to the site? 			
A6, A7	<ul style="list-style-type: none"> • Improve access to the site by public transport? 			
A11, A12, LP15	<ul style="list-style-type: none"> • Measure and promote equity in relation to car parking allocation and charges for: <ul style="list-style-type: none"> o Staff o Visitors/patients 			
A8, A10, S3	<ul style="list-style-type: none"> • Improve access by disabled people/older people? 			
A13	<ul style="list-style-type: none"> • Remove difficulties faced by staff/visitors in accessing the site without a car? 			

If the answer is yes, please outline how these will be achieved.
If the answer is no or don't know what action is necessary?

Social factors				
Essential indicators	Will this proposal:	Yes	No	Don't know
S4	<ul style="list-style-type: none"> Improve infrastructure around the site to promote safety and reduce incidences of crime e.g. well lit paths etc? 			
S1, S2, A1	<ul style="list-style-type: none"> Improve the feeling of safety on the site? 			
S3, A6, A10, A13	<ul style="list-style-type: none"> Improve accessibility for those who provide support to patients accessing the site e.g. friends/family/volunteers? 			
S4	<ul style="list-style-type: none"> Decrease the number of complaints by local residents regarding staff/visitors parking in residential areas? 			
<p>If the answer is yes, please outline how these will be achieved. If the answer is no or don't know what action is necessary?</p>				
Environmental factors				
Essential indicators	Will this proposal:	Yes	No	Don't know
E1, E3, LP5, LP9	<ul style="list-style-type: none"> Decrease the volume of vehicles on site thereby reducing ambient pollution and greenhouse gases? 			
E5, A4, A9, A10	<ul style="list-style-type: none"> Improve site management/infrastructure <ol style="list-style-type: none"> clear signage adequate car spaces bicycle spaces blue badge spaces car sharing space 			
E6, E7	<ul style="list-style-type: none"> Improve the ascetics around the site to encourage active transport/social interaction e.g. tree planting/shade; attractive open spaces; proper sidewalks; investment in green infrastructure? 			
A6, A7	<ul style="list-style-type: none"> Ensure public transport services meet the needs of staff/visitors/patients 			

E8	<ul style="list-style-type: none"> • Reduce accidents and injuries from traffic collisions on the site? 			
E3	<ul style="list-style-type: none"> • Improve movement/flow of traffic around/through the site? 			

If the answer is yes, please outline how these will be achieved.
If the answer is no or don't know what action is necessary?

Economic factors

Essential indicators	Will this proposal:	Yes	No	Don't know
Ec2	<ul style="list-style-type: none"> • Increase availability, access and usage of facilities/technology such as video and audio telecommunication for staff with the aim of reducing business miles? 			
Ec3	<ul style="list-style-type: none"> • Increase investment available to support action within the travel plan 			
Ec1	<ul style="list-style-type: none"> • Improve awareness and uptake of hospital travel cost scheme? 			

If the answer is yes, please outline how these will be achieved.
If the answer is no or don't know what action is necessary?

Group affected				
Essential indicators	Will this proposal:	Yes	No	Don't know
G1, G2	<ul style="list-style-type: none"> Improve access by vulnerable groups/ disadvantaged communities? 			
G3	<ul style="list-style-type: none"> Have any adverse effects on section 75 groups? Has equality screening been carried out? 			
LP15	<ul style="list-style-type: none"> Have any adverse effects on people on low incomes (visitors/staff) 			
Please outline how these will be achieved:				
General				
Will this proposal:		Yes	No	Don't know
<ul style="list-style-type: none"> Fully engage all relevant departments in developing, promoting, implementing and monitoring the travel plan? 				
<ul style="list-style-type: none"> Is the organisation fully committed to delivering on the travel plan at corporate level? 				
<ul style="list-style-type: none"> Is there a communication plan to disseminate information about this travel plan? 				
<ul style="list-style-type: none"> Does the travel plan support and align with other business objectives e.g. environmental policies/health improvement plans/corporate strategic objectives? 				
<ul style="list-style-type: none"> Does the plan consider the needs of all staff? 				
<ul style="list-style-type: none"> Does the travel plan meet the business needs of the organisation in an equitable way? 				
<ul style="list-style-type: none"> Improve and promote information on sustainable transport options? 				
Please outline how these will be achieved:				

Section 6: Travel plan actions: Northern Ireland and UK

When developing travel action plans it can be useful to consider examples of action that have been taken by other organisations and assess what is feasible to include in your action plan within each health determinant domain. The examples below are taken from a range of healthcare, local government and central government reports and publications from Northern Ireland and the UK – examples of action with corresponding sources are numbered accordingly (See page 46 for sources).

Lifestyle and personal circumstances

Walking

- Provision of area maps for staff to encourage walking (2, 5)
- Promotion of the health benefits including mental health benefits of walking (1, 2)
- Provision of a changing room with drying facilities and lockers (1, 2, 5)
- Promotion of health promotion related activities/programmes e.g. Fitbugs (Fitbug is a personal health and well-being online coach, designed to help a person achieve goals by encouraging small changes to everyday life. People can log onto their very own pages at fitbug.com where they can track activity, keep a food diary, monitor progress, access healthy eating plans, recipes, challenges and much more) (2)
- A 'walking buddy' scheme; walking to work groups and lunchtime walks/'Step' Challenges (5)
- Provision of personal alarms, pedometers and umbrellas to staff (1, 5, 6)
- Investment in 'pleasant surroundings' to encourage a walking culture (5)
- Incentives e.g. walkers breakfast (2, 5)

Case Study

Guided walks

The travel for work coordinator at Cambourne Business Park, near Cambridge, has taken advantage of their situation in attractive countryside to establish a popular programme of 'healthy lunchtime walks', with support from the local medical practice and the district council. The walks aim to promote the benefits of walking and to encourage people to walk to work. Each walk lasts about 40 minutes. The coordinator leads the walks herself, but also plans to produce walking maps and put them onto the website so that staff can follow the routes on other days.

(Source: Department for Transport: The Essential Guide to Travel Planning, March 2008, <http://www.dft.gov.uk/pgr/sustainable/travelplans/work/essentialguide.pdf>)

Cycling

- Information promoting cycling for short business journeys (1)
- Information on travelling with bikes on trains/buses (5)
- Maps providing cycle routes (2, 5, 7)
- Secure and sheltered cycle parking provided in preferential locations near building entrances (15)
- Shower/changing facilities and secure locker facilities with drinks machines. Showers with shampoo, towels and hair dryers provided. Irons and ironing boards also available (2, 5, 15)
- Schemes to allow staff to borrow a bicycle for a month to try out cycling (5)
- 'Bike buddy' scheme where novice cyclists are paired with a more experienced rider who will cycle to work with them (5)
- Volunteers who will help mend punctures and carry out emergency repairs for fellow staff. 'Dr Bike' maintenance events for staff (2, 5)
- Bike to Work Scheme – to encourage employees to cycle into work. Also bike week/day events (1, 5, 8)
- Adult cycle training (2)
- Cyclist/walkers' breakfasts to reward staff who cycle/walk to work (2, 5)
- Interest free bike loans to purchase bikes and equipment or reduced price or free staff bikes (2)
- Pool bikes for business miles (1, 2, 5, 10)
- Bicycle users group (BUG) (1, 2, 5)

Case Study

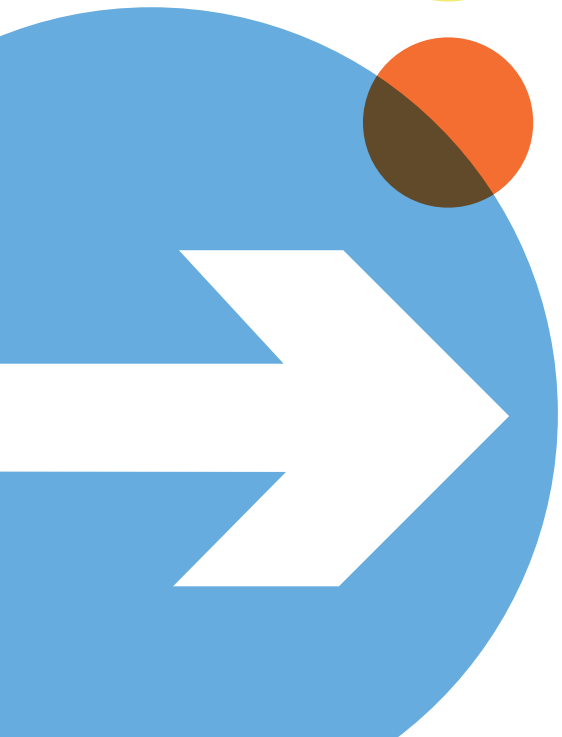
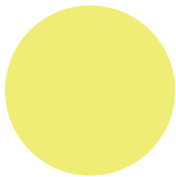
Cycle to work – personal achievement

The Southern Health and Social Care Trust have some very keen 'Cycle to Work' users with over 200 availing of this Scheme as of August 2011. Heather a Nursing Auxiliary who works in South Tyrone Hospital in Dungannon, as part of the Cycle to Work Scheme cycles from Stewartstown to Dungannon each day, which is a round trip of 16 miles. During a recent Cycle to Work competition held during bike week in June, Heather pushed herself and cycled 135 miles in one week - even with an injury! Heather began cycling through short journeys and has built this up over time and cycles between April and September. Heather says that cycling is great exercise – it allows you to get plenty of fresh air, there is no need for fake tan and you can save petrol! The benefits to Cycling to Work are huge, so happy cycling, everyone!

Source: Cycle to Work Coordinator, Southern Health and Social Care Trust, Northern Ireland

Public transport

- Promotion of public transport for short business journeys e.g. leaflets, emails or information on pay slips for staff. For visitors/healthcare users – information attached to appointments (16)
- Shuttle bus service running between sites (5)
- Public transport information included in staff induction packs as well as introductory free weekly season bus/train tickets
- Translink information days held for staff and information provided on the Corporate Commuter Initiative (CCI), the Interactive Journey Planner service, ticketing and current public transport services (1)
- Schemes to allow staff to buy yearly bus tickets and pay back monthly through a payroll deduction (1, 5, 10)
- Discounts on season tickets (2, 5)



Car sharing

- Providing a guaranteed lift fund if someone's lift falls through, so they can get home by taxi (1, 3, 5)
- Prioritising allocation of spaces to car sharers (2)
- Coordinating and promoting a car sharing scheme (1, 2, 5)
- Providing a car share mileage allowance (£0.05 per mile per person) for staff who car share whilst travelling for business (9)
- Breakfast or lunch sessions and/or postcode coffee clubs for prospective car sharers to meet (1, 5)
- Promotion of car sharing websites (1, 5)
- Special incentives e.g. eligibility for prize draws (5)

Case Study

Northern Ireland Car Share Scheme

The NI Civil Service (NICS) Car Share Scheme was launched by Travelwise NI in June 2005 to support the promotion of car sharing and other forms of sustainable travel.

The NICS Scheme was promoted to members of staff to deal with a demand that had been identified within that organisation but also to establish a population base that would assist the roll out of similar schemes to other major employment groups and subsequently the promotion of a public scheme.

The scheme had immediate impact with over 600 members registered by September 2005 when the car share website was launched to the public. Use of the website has grown steadily over the intervening period – in September 2011 the NICS Scheme had 1418 members.

Car share websites exist across the UK and Ireland and success is measured not only in numbers but in journey match-rate. The UK norm is a 33% match-rate however in NI the overall match-rate for Carshare NI websites is 55% and the NICS Scheme has a remarkable 71% match-rate.

While the growth in car sharing generally and of website based car share schemes owes much to the price of fuel and traffic congestion the success of the NICS scheme has been supported by other factors such as the regular promotion of the scheme by all Departments; a workforce where most staff have a set start/finish pattern rather than variable shifts; and a workforce drawn from across the region and with widespread work sites.

Business travel

- Removal of incentives that promote use of the own car for business trips such as high level set mileage reimbursement rates (5, 10)
 - Ensuring new staff are not offered private use of company cars as perks (10)
 - Creating pool car schemes for employers for business trips: smaller companies may team up with other local firms to create a viable pool option (10)
 - Providing access to vehicles on pay-as-you-go basis (10)
 - Raising awareness of importance of proper planning of driving journeys (4)
 - Arranging meetings and training courses in locations accessible by sustainable modes
 - Promoting car sharing for business trips (5)
- (see also suggestions under technological development section)

Motorcyclists

- Allowing motorcyclists to park free (within car parking areas) (15)

Level of disposable income

- Discount scheme with local cycle shops for staff (9)
- Cycle mileage allowance (£0.10 per mile) available for business journeys Providing cycle milometer's for staff to keep a record of distance cycled for business purposes (9)
- 'Cash for cars' schemes where a cash benefit is given in exchange for handing back a company car (10)
- If car parking is introduced – an offer of assistance with travel costs for staff on low incomes could also be introduced. This would also need to consider the following criteria (5):
 - o Personal mobility difficulties
 - o Car sharing
 - o Out of hours work responsibilities
 - o Caring responsibilities that necessitate a car on the journey to or from work
 - o Home address too far to walk to the office or too far from public transport routes to the site
 - o Business need for a vehicle

Case Study

Step for Health Challenge

The Western Health and Social Care Trust's (Western Trust) Health Improvement Department introduced the Step for Health Challenge in February 2009.

The Challenge aims to encourage and promote the benefits of a healthy lifestyle by incorporating physical activity and nutrition and encouraging participants to make small challenges to their lifestyle that they can maintain in the long term.

All staff are challenged to walk at least 10,000 steps each day. The winners of the challenge are the team who walks the most in the 4 weeks. Previous challenges among staff have been highly competitive which all teams thoroughly enjoy.

For further details contact the Health Improvement Department, Maple Villa, Gransha Park, 02871 865127.

Access factors

Access to active travel/infrastructure

- Redevelopments to include the provision of footways of at least 2m wide (6)
- Provide cycling infrastructure around the site (6)
- Provide well lit and well paved pedestrian access to encourage walking/cycling (2)
- Produce maps of walking routes to and around the site and publish them on the web (3)

Access to public transport

- Provision of personal journey plans which provide information on public transport routes (9)
- Work in partnership with public transport operators to improve and enhance public transport services, facilities and information within the area (9, 15)
- Bus timetables information, maps showing cycle and walk routes (annotated with distances) should also be provided in areas where staff/visitors are likely to gather (6)
- Provide online access to real time bus information (2)
- Provide interest free loans for season bus/train tickets (1, 2, 5)
- Provide discounted bus tickets (2, 5)
- Flexitime to ensure staff can schedule their day to catch public transport (5)

Case Study

A needs-based approach to parking

The RBS Group Transportation Manager believes staff bought into the travel plan because its needs-based parking permit allocation was seen to be fair. In addition to its many sustainable transport initiatives, at sites with significant car parking facilities the company is gradually rolling out a scheme to assess an employee's need for a parking permit. The system was pioneered at the new HQ campus at Gogarburn which currently provides only one parking space for every 2.7 staff, despite being on the edge of Edinburgh. Permit applications are assessed annually against the following scoring criteria:

Personal mobility difficulties
Lack of convenient access to public transport
Care commitments
Early or late contracted working hours
Business need for a vehicle
Active participation in car sharing or space sharing.

Points are additive and the highest scoring personnel are allocated available permits.

(Source: Department for Transport: The Essential Guide to Travel Planning, March 2008, <http://www.dft.gov.uk/pgr/sustainable/travelplans/work/essentialguide.pdf>)

Access to parking/disabled parking

Parking

- Park and Ride Schemes within or near the site (9)
- Withdrawal of staff parking permits for staff living within 2km radius of the site (none essential car users) (8)
- Provide an agreed quota of onsite parking visits per month with staff, the remainder of visits to site have to be by an alternative sustainable mode of transport e.g. walking, cycling car sharing, public transport (1)
- Car share bays (1)
- Needs based allocation of parking permits (where there is limited parking spaces) using the following criteria (5):
 - o Personal mobility difficulties
 - o Car sharing
 - o Out of hours work responsibilities
 - o Caring responsibilities that necessitate a car on the journey to or from work
 - o Home address too far to walk to the office or too far from public transport routes to the site

Disabled parking

- Ensure that disabled parking bays are available, clearly laid out and signed in accordance with current parking standards (9)

Access to other services/facilities

- Shuttle bus available free for staff to get into town at lunch time (5)

Case Study

Cycle to Work Scheme

The Western Health and Social Care Trust (Western Trust) introduced the Cycle to Work Scheme on the 1st July 2010. The aim of this scheme is to encourage its staff to get on their bikes to do their bit for the environment as well as improve their health. The scheme encourages staff to consider cycling as an alternative method of travel in line with the Trust's approach on sustainable travel. It has been made possible by all directorates working well together to give Western Trust staff the opportunity to make cycling to work a cost-effective option. To date over 290 employees have signed up to the scheme with the numbers increasing on a daily basis.

The Scheme allows staff to save up to 54% of the cost of purchasing a new bike. It allows the Western Health and Social Care Trust to provide employees with a bicycle and associated safety equipment. The Trust buys the bicycle and accessories selected by the employee and loans the bicycle to him/her for an agreed 12 months during which the employee pays hire charges through a salary sacrifice. In addition the Trust have further encouraged cycling among staff by offering Cycle Training Sessions to enable people to brush up on their cycling skills and improve their confidence on the road.

For further details contact the Health Improvement Department, Maple Villa, Gransha Park, 02871 865127.

Social factors

Impact on local community

- Local cycle clubs invited to take part in travel plan promotional events to raise awareness of this mode (15)

Social support

- Encourage/promotion of social car schemes/volunteering to support access by users to the site (5)
- Provision of information on a wide range of modes of transport to the site to accommodate all population groups (15)

Security and fear of crime

- Lighting and suitable pedestrian crossing points and parking areas to promote personal security and road safety (15)
- CCTV coverage of car/cycle parking areas (5, 6, 15)

Environmental factors

- Air quality
 - Provide an opportunity to rent or buy low-emissions vehicles (10)
 - For large sites consider investing in charging points for electric vehicles (5)
- (see also action under business travel)

Traffic

- On-site speed limits and traffic calming (3, 5, 15)
- Shorter/efficient routes which are clearly signposted for delivery vehicles/HGV through site grounds (15)

Site management

- Improve crossing facilities at the junction with roads within the site and between parking facilities and entrances (6)
- Installation of security cameras and improved lighting (5, 6)

Built and natural environment

- Make waiting environments for bus more attractive/user friendly (3)

Accidents and injuries

- Promotion of safety and security measures (4, 5, 12)
 - o Drop off areas close to entrance
 - o Well-lit and maintained paths
 - o Supply of cycle accessories (helmets)
 - o Vehicle induction/driving assessment for new employees

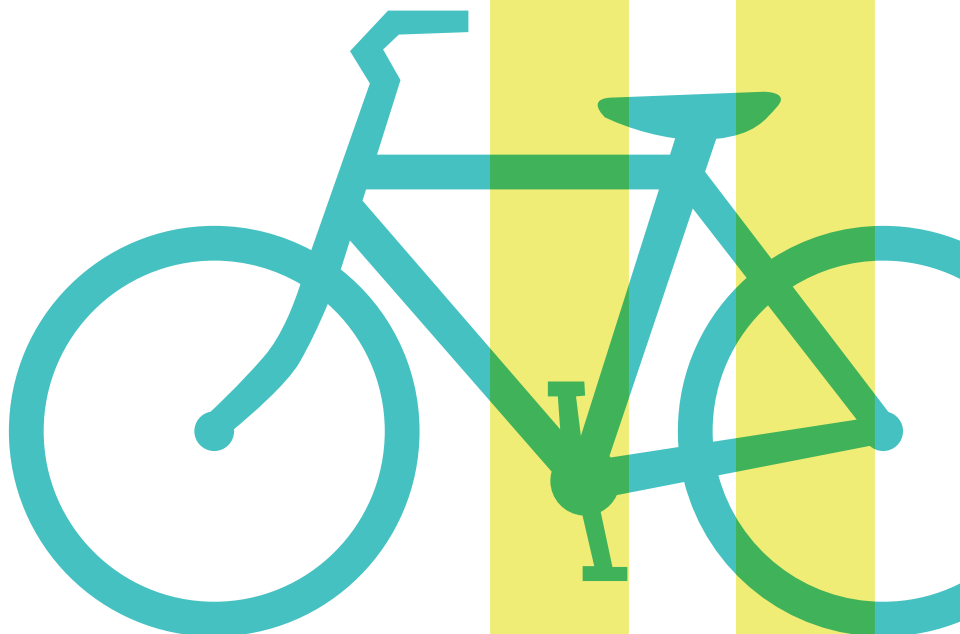
Economic factors

Level of inward investment

- Introduce car parking charges and redirect income back into the budget to support the travel plan (5)

Technological development

- Provide facilities for video and telephone conferencing (5, 9)
- Offer staff training in the use of video and telephone conferencing (6)
- Promote home working schemes (5, 10)
- Provide public transport information boards and touch-screen information points at entrances to the hospital (15)



Groups affected

Service users

- Ensure that all internal access routes and car parking areas are clearly signed and marked appropriately (9)
- Provision of user transport information outlining full range of modes of transport available/accessible to the site. Also include directions to the site by public transport, walking and cycling. Consider the needs of people with learning disabilities/poor literacy/poor vision/poor mobility (5)
- Reviewing the need for users to visit the site – is there a need for a face-to-face meeting or could another form of communication be considered e.g. telephone call (9)
- All staff liaising with visitors/service users should be equipped with a standard email to send to visitors with information on a range of travel modes. If there are car park charges -visitors/service users should be made aware of this in advance (5)

Staff

- Promote “car free” days or no-parking days to encourage employees to use sustainable modes to get to work or car share where possible (1)
- Promote the use of flexible working arrangements; home working or compressed working weeks to reduce the number of journeys made to work during the average week (5)
- Distribute Guidelines on Staff Travel to encourage a reduction in travel or use alternative modes to the private car where possible (1)
- Provide the option of a detailed assessment of travel options available to fulfil everyday journeys (5)
- Promote a company culture where managers recognise the importance of staff leaving on time to honour car sharing arrangements or bus timetables (5)
- Use staff email bulletins, newsletters and mail drops with payslips to raise awareness of the Travel Plan objectives/actions and the health benefits of walking and cycling (6)
- Show staff how monies raised as part of car parking charges have been used to improve other travel measures (5)
- Free parking for disabled staff and staff whose hours extend beyond public transport services (5)

Deliveries

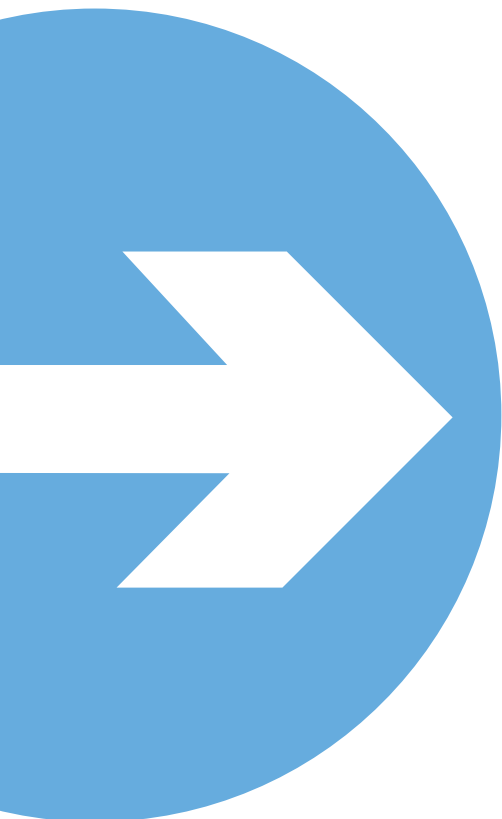
- Where possible rationalise deliveries from the same supplier in an effort to reduce trips through the better co-ordination of deliveries (15)
- Encourage delivery and servicing outside the network peak periods to reduce traffic congestion (15)
- Ensure the most efficient route for servicing and delivery vehicles through appropriate signage (15)
- When considering contracts with new suppliers endeavour to choose suppliers who operate in accordance with the Governments sustainable freight policies (15)

Local community

- To discourage on-street parking in the local community around the site assess the potential for street parking controls (5)

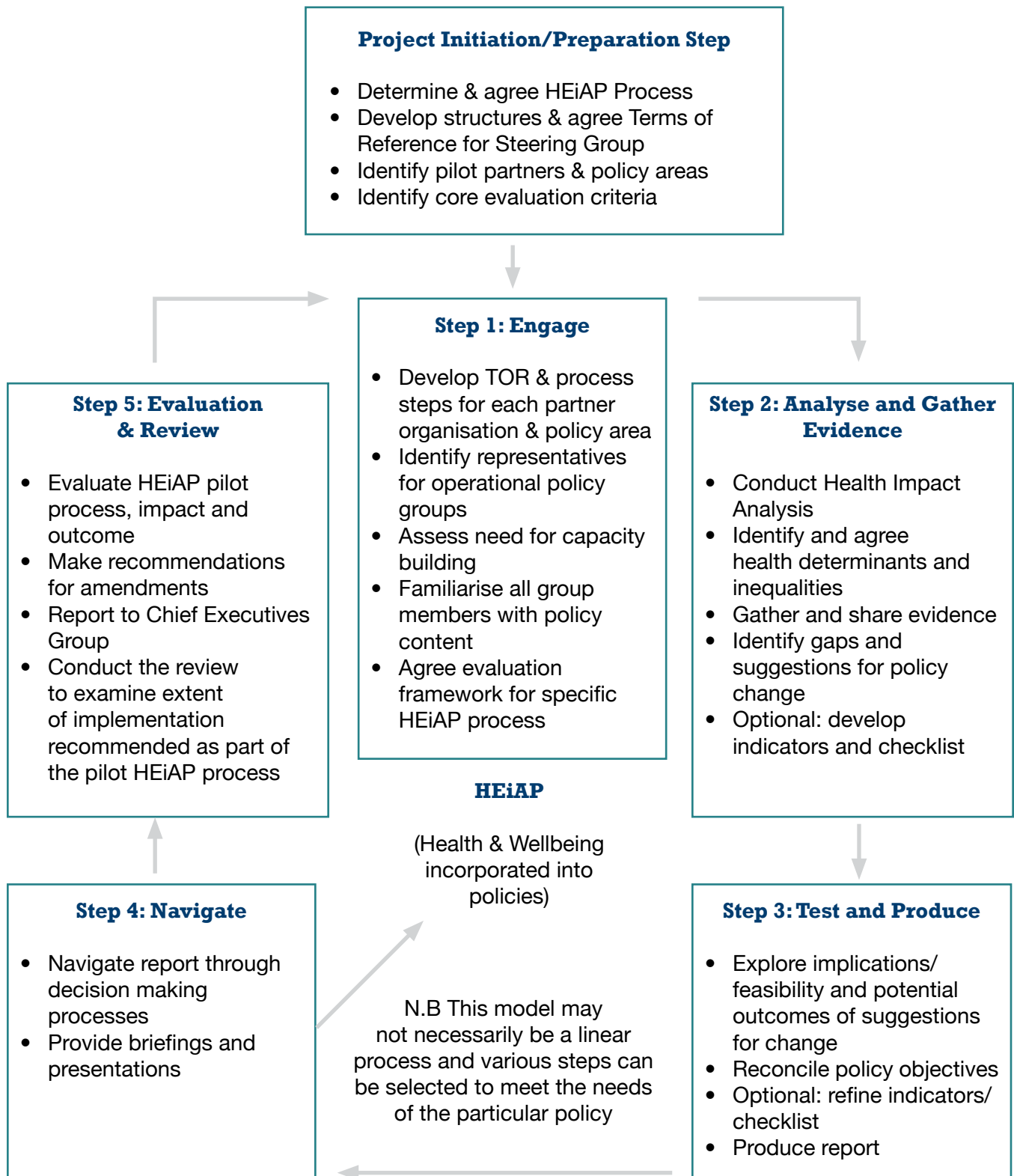
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Appendix 1: Health Equity in All Policies Framework



Source: Belfast Healthy Cities (2011) Equity from the Start: Health Equity in all Policies - Health Lens Approach

<http://www.belfasthealthycities.com/PDFs/Equity%20from%20the%20Start.pdf>

Appendix 2: Acknowledgements

This publication has been produced in partnership with the following members of the travel group. Many thanks go to this group for their commitment and considerable input into this work and to Erica Ison, Specialist Practitioner in Health Impact Assessment who supported the Health Equity Assessment stage. The publication has been written by Ruth Fleming within the Belfast Healthy Cities office with input from Laura McDonald.

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Mandy Magee	Belfast Health and Social Care Trust, Travel Manager
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Appendix 3: Site Assessment questions

Source: Department for Transport, "A travel plan resource for employers" (2006) <http://webarchive.nationalarchives.gov.uk/+/http://www.dft.gov.uk/pgr/sustainable/travelplans/work/resourcepackemployers/>

This list of questions developed by the Department for Transport is intended to provide ideas for the type of information needed to collect during a site assessment at the beginning of developing a travel plan that will contribute to the collation of baseline data. A few additional questions have been suggested by the travel group which are included at the end of this section.

General information collected

- How many people are employed at your site? (Full-time; Part-time; Shift workers; Seasonal workers)
- What are the hours of operation? Shift working? Specific hours for deliveries? etc.
- What roads serve the site?
- Where does the main entrance link into the road network?
- Where are the other entrances?
- Do you share the site with other organisations?
- Are there any specific operational issues which impact on movement around the site e.g. routes for deliveries?

Public Transport Provision – Bus Services

- Where are bus stops located? It may be useful to indicate these on a map.
- How well maintained/secure are bus stop waiting facilities:
 - Is a covered shelter provided?
 - Are seats provided?
 - Are bus stops well lit?
 - Are bus shelters free of vandalism/graffiti?
 - Are bus times displayed at the bus stop?
- What bus routes serve the site? Consider:
 - Operating times/service frequency - are suitable morning and evening services provided to cater for the journey to work? What time does the last bus depart in the evening? Are services suitable for lunchtime trips to the nearest shopping area?
 - Cost - what are the bus fares for typical journeys and for a season ticket?
- Are staff provided with bus route/timetable information? Consider provision via: leaflets; staff noticeboards; the Intranet
- Are visitors provided with public transport information?
- Are there any Park & Ride facilities which could be used by staff/visitors?
- Are there any local organisations that run private buses/minibuses who may be willing to share services with your organisation?

Public Transport Provision – Rail/underground services

- How far away is the nearest rail/underground station?
- How can you reach your site from the rail/underground station, and how much does it cost? Consider: Pedestrian routes; Cycle routes; Bus services; Taxi; Other
- What locations are served by train - and which rail operator runs these services?
- What is the cost for typical journeys/season tickets by train?
- What are the service frequencies and times of trains? Are they conducive with working hours?
- What information is available to staff e.g. rail planners on personal computer terminals, leaflets etc.?
- What information is available to visitors e.g. leaflets detailing public transport links (and costs) between the rail station and your site?

Pedestrian Access

- Are pedestrian routes direct to bus stops and other important locations - do pedestrians need to take any long detours either outside or within the site?
- Are routes pleasant/comfortable e.g. good surfacing, greenery, no overhanging foliage, away from traffic?
- Are there any conflicts between vehicles and pedestrians? Are any pedestrian crossing points provided either outside or within the site?
- Are pedestrian routes well signed? Is the most direct route signed?
- Are footways serving the site and within the site in a good state of repair?
- Are footways to and within the site well lit?
- Are any CCTV cameras provided along well used pedestrian routes?

Cycling

On-site provision

- What facilities are provided for cycle parking? Consider:
 - o Are they secure - are they in an overlooked location, are CCTV cameras in use?
 - o Are they covered?
 - o Are they well lit and well maintained?
 - o How many cycle racks are provided?
 - o How many cycles are generally parked (consider numbers parked in good and bad weather)?
 - o Are they conveniently located, close to building entrances? Can cyclists/motorcyclists park closer to entrances than the car drivers?
- What other facilities are provided for cyclists? Consider:
 - o Lockers for lights, clothing etc.
 - o Showers
 - o Laundry facilities and drying rooms

Site access

- Are there any cycle routes/lanes serving your site? Are they well signed and in a good state of repair?
- Are roads serving your site conducive to cycling? Consider:
 - o How busy are they?
 - o Are there any busy junctions to cross?
 - o Are crossings for cyclists provided in the vicinity of your site?
 - o Are there any steep or long hills?

Is information provided to staff e.g. maps showing cycle routes?

Can cycles be taken on connecting train services?

Motorcycling

On-site provision

- What facilities are provided for motorcycle parking? Consider:
 - o Are they secure - are they in an overlooked location, are CCTV cameras in use?
 - o Are they covered?
 - o Are they well lit and well maintained?
 - o How many parking spaces for motorcycles are provided?
 - o How many motorcycles are generally parked (consider good and bad weather)?
 - o Are they conveniently located close to building entrances?
- What other facilities are provided for motorcyclists? Consider:
 - o Lockers for lights, clothing etc.
 - o Showers
 - o Laundry facilities and drying rooms

Vehicle Access

- Are there any congestion problems on/around the site?
- Are there any concerns with safety on/around the site from conflicts between motor vehicles and other road users?
- What information is provided to staff/visitors for travel to/from the site?
- How many cars enter/exit your site daily? Consider numbers of: staff; visitors; deliveries/contractors
- How many vehicles exit and return to the site over the lunchtime period?

Car Parking

Car parking availability

- How many car park spaces are provided for: staff; visitors; disabled and other
- How many cars are generally parked? Is the car park busier at certain times of the day - is there a parking problem with demand close to/exceeding supply?
- Does parking overspill into surrounding residential/non-residential areas?
- What is the ratio of users per space?
- Is circulation of vehicles around the car park easy?
- Do drivers have to queue for a space/queue to get out? If so, for how long?
- Are cars left overnight?
- Are car parks well lit and secure e.g. is CCTV provided?
- Are car parks well signed?

Car parking policy issues

- Is the car park owned or rented?
- What are the costs associated with the car park e.g. rent, management, maintenance etc.?
- How are car parking spaces allocated:
 - o Needs based
 - o According to grade
 - o On a first come-first served basis
 - o Staff are allocated certain days on which they are allowed to park etc.
- Are there reserved spaces for e.g. management, disabled staff/visitors, visitors, car-sharers, pool cars? If so, how many?
- Is access to the car park regulated? If so, how? e.g. is there a permit system in operation?
- Are staff/visitors charged for parking?
- Do new recruits receive a car parking space?
- Is there a cash alternative available for staff members opting to surrender their parking space?
- What is the cost of parking in adjacent areas compared with the cost of your own car park (if a charge is made)?

Company Policy

General conditions of employment

- Are there contractual arrangements relating to:
 - Provision of free car parking?
 - Assistance with travel costs?
- What is the policy regarding company cars? Who is entitled to a company car?
- What cars are offered? Is there a cash alternative available if a member of staff chooses a smaller engine car - or even a bicycle?

Expectations given to new staff through the recruitment process

- What are staff told when they join regarding travel to work/travel for business?

Opportunities offered to encourage/discourage car use

- Are any of the following provided:
 - Free rail/bus season tickets
 - Subsidised rail/bus season tickets
 - Rail/bus season ticket loans (are these interest free?)
 - Clothing allowance for walkers/cyclists
 - Equipment allowance for walkers/cyclists
- Do you allow:
 - Flexi-time working (if so, how does the system operate? What are the latest/earliest start and finish times)?
 - Compressed week working
 - Job sharing
 - Term-time working only
- Is a Guaranteed Ride Home provided for staff who may be required to work late?
- Does your organisation support home working? If so:
 - How many staff work from home (permanently/occasionally)
 - How are home workers supported (equipment purchased, phone lines installed etc.)
- Does your organisation operate a policy of 'hot desking' (whereby desks are shared amongst staff as and when they are in the office)?
- Does your organisation have video-conferencing facilities available - and do you encourage your staff to use them through training sessions?
- Does your organisation offer on-site facilities e.g. crèche facilities, holiday play scheme, gym?
- Does your organisation offer computerised travel planning facilities?
- Does your organisation provide car-sharing information?
- Are staff attending the same meeting officially encouraged to travel together?
- Is there a central contact for booking tickets for business travel?
- Are there policies detailing which transport modes should be used by different staff or for different types of journey?
- Does your organisation provide a shuttle/taxi service to local rail/bus stations?

Incentives given to new staff moving into the area

- What is your organisation's relocation policy for new employees? Is there a greater incentive for employees choosing to relocate closer to the workplace?

Recruitment policy

- Is there a policy to try and recruit locally?

Payment structures and conditions for car use during the course of work

- What are the existing mileage allowances for business use for travel by:
 - o Car (company/private/pool/lease) - does it vary according to engine size?
 - o Cycle
 - o Public transport
 - o Walking
- Are any members of staff required to have their cars available during the working day? If so, how many and which type of staff?

Policy affecting and advice given to visitors

- What information is provided to visitors for reaching your site? Is information provided for transport to your site by all modes?

Procedures for and policy concerning deliveries and collections

- Are contractors required to provide details of their own environmental policies?

Procedures for, and policy concerning fleet vehicles

- How many pool/lease cars are available - who can use these?
- How 'green' are pool/lease cars? e.g. engine size, fuel type, age.
- Are pool bikes available?
- What is your policy on driver training?
- How often are vehicles serviced?

Any future changes that will affect travel demand/use of different modes of transport?

- Are there any imminent changes to company policy that may affect your organisation's travel demand/use of different transport modes? If so, what are these changes and when will they be implemented?

Addition questions suggested by the travel group (2011)

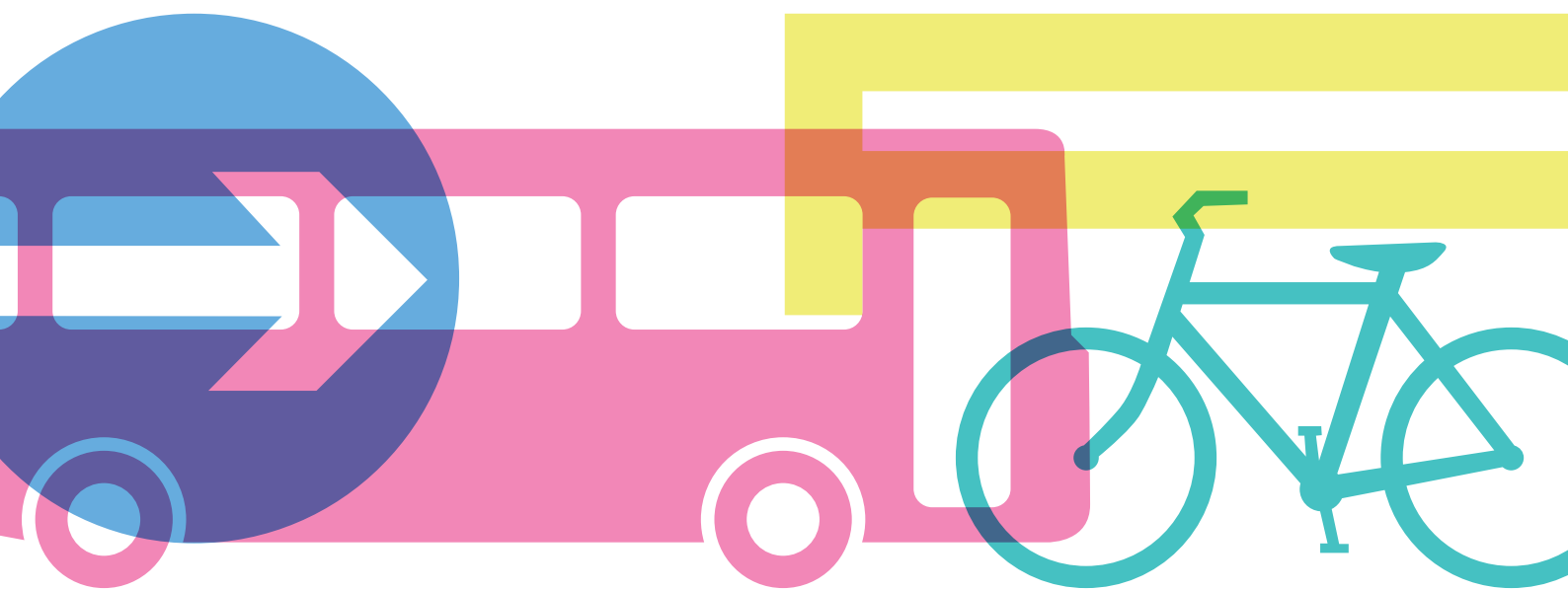
- Does the organisation run health promotion activities that would be relevant to travel planning e.g. walking and cycling activities?
- What literature/promotional materials are available which promote the health/environmental/social/economic benefits of active travel?
- Outline the population/geographical area served by the site/organisation
- What is the ranking of deprivation score for the surrounding area/community?

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