

JOINED UP POLICY AND PRACTICE IN TRANSPORT AND HEALTH

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WHY ARE LINKS BETWEEN TRANSPORT AND HEALTH DESIRABLE?

There is a growing body of research on the importance of physical activity to health outcomes. The World Health Organisation advocates that walking and cycling as part of daily activities should become a major pillar of the strategy to increase levels of physical activity as part of reducing the risk of coronary heart disease, diabetes, hypertension, obesity and some forms of cancer, as well as reducing air and noise pollution and improving the quality of urban life.¹

The benefits of regular physical activity are excellent. Adults who are physically active have a 20-30% reduced risk of premature death, and up to 50% reduced risk of developing the major chronic diseases such as coronary heart disease, stroke, diabetes and cancers. The World Health Organisation calls physical activity one of public health's "*best buys*".

Levels of physical activity across the UK are low, including in Scotland. Scotland's life expectancy lags behind comparable countries such as Sweden and Denmark, and also suffers in comparison to other parts of the UK, including traditionally industrial areas like the north east of England.

Scotland's people are becoming more inactive, and suffer from poor health, not only as a consequence of inactivity, but also together with a combination of other factors including poor diet. Moreover, people are becoming less active as they grow older, and there is evidence to suggest that those with higher levels of activity earlier in life are likely to take these healthy habits forward to later life.

Following a commitment in the Scottish Executive's White Paper Towards A Healthier Scotland, Scottish Ministers set up a National Physical Activity Task Force in June 2001, and a Strategy for Physical Activity was produced. The Strategy has a goal of increasing and maintaining the proportion of physically active people in Scotland. The associated targets are 50% of all adults and 80% of children meeting the minimum recommended level of physical activity by 2022.²

So, increased physical activity is now a target of the Scottish Executive. It is recognised as having a crucial role to play in the Nation's health. The contribution that transport policymakers can play towards health improvement, through promoting increased active travel, is not well defined or uniformly applied

¹ A physical active life through everyday transport with a special focus on children and older people and examples and approaches from Europe, WHO, 2002.

² Lets make Scotland more active: a strategy for physical activity, Physical Activity Task Force, 2003.

yet. Joined up thinking and working is by no means mainstreamed across Scotland or the UK.

Transport has an important potential contribution to play. The car has become a major part of our way of life, it is used for almost two thirds of all journeys to work made between 1km and 2km. Even for journeys to work of less than 1km, a distance that would take no more than 10-15 minutes, over one-third are made by car. The car is not all bad, it has given us much freedom to travel further and more often, to reach developments on the outskirts of our towns and cities, yet at what cost – at the same time, it has given way to sedentary lifestyles.

Car ownership and congestion is on the rise in Scotland. If left unchecked, traffic levels are forecast to grow by almost 30% over twenty years³. The Scottish Household Survey provides us with information about how people travel in Scotland. In 2003, the proportion travelling to work by car was 69%, with 13% of people walking and 2% of people cycling. For journeys between 1 and 2 km, 59% of trips are by car, and for trips of less than 1km, 31% are still by car.

The consequences of congestion on our environment and economy are widely reported, and the opportunity to address congestion problems, whilst also improving the health outcomes of the nation is an attractive one. The cost of physical inactivity is significant. The estimated costs in England are £8.2 billion annually, which does not include the contribution of inactivity to obesity, which in itself is estimated to at £2.5 billion annually.⁴

The situation in Scotland is arguably worse – figures show that one in five children in Scotland aged 12 is clinically obese. The benefits to Scotland of reducing the level of inactive Scots by just 1% each year for the next five years, would be.⁵

- Cost savings of around £3.5 million to the NHS through a reduction in annual admissions.
- A reduction of 157 deaths from coronary heart disease, stroke and colon cancer relating to inactive lifestyles.
- 2,839 life years saved from reducing these overall deaths. The total economic benefit from these saved life years is estimated to be £85.2 million.

The Chief Medical Officer for England and Wales, Sir Liam Donaldson recommends at least 30 minutes of moderate daily activity for adults, at least five days a week, for general health. However, for many people 45-60 minutes of

³ Scotland's Transport Future: the transport white paper, Scottish Executive, June 2004, Chapter 1.

⁴ At least five a week: evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer, Department of Health, April 2004.

⁵ The economic benefits of a physical activity strategy for Scotland – preliminary analysis, Scottish Executive Health Department.

moderate activity a day is required to prevent obesity. And, for young people one hour of moderate intensity physical activity a day is recommended.⁶

The Scottish Health Survey⁷ presents a summary of the key findings of the Health Survey on physical activity levels amongst the Scottish population. To allow levels of physical activity to be compared with internationally accepted guideline levels, physical activity was classified according to its frequency, intensity and duration. Both 'old' and revised classifications of physical activity were used. The 'old' guideline was that adults should take part in 20 minutes or more vigorous activity on at least three days a week; the current, revised guideline is as above. Key findings from the Scottish Health Survey research include:

- For men the types of activity most likely to be done were sports and exercise (44%) and heavy housework (43%). For women, heavy housework was mentioned most often (62%) – considerably more often than by men. Sports and exercise activity was reported by 39% of women.
- Participation in physical activity (when all types of activity were considered together) declined with increasing age for both men and women, although for women this decline did not begin until after the age of 44. Overall, participation rates in physical activity declined with age among both boys and girls, with the decline steeper among girls.
- Men are more physically active than women on average, and the same trend occurs amongst boys and girls.
- Thirteen per cent of men and five per cent of women met the old guideline, while one-fifth of both men and women were classed as inactive according to this guideline (that is, had no occasions of 20 minutes or more moderate or vigorous activity in the past four weeks).
- Using the revised guideline, just less than one-quarter of men and women were inactive.
- Men in manual-employment social classes were more likely than men in non-manual-employment social classes to meet the revised guideline whilst among women there was little difference between social classes.
- Nine in ten boys and girls participated in some physical activity on five or more days per week. The most common type of activity was active play (done by 69% of boys and 56% of girls on at least five days), followed by walking (respectively, 53% and 50%) and sports and exercise (respectively, 27% and 15%).

⁶ At least five a day: evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer, Department of Health, April 2004.

⁷ The Scottish Health Survey 1998 VOLUME 1: A survey carried out on behalf of The Scottish Executive Department of Health. Edited by Andrew Shaw, Anne McMun and Julia Field. JOINT HEALTH SURVEYS UNIT at the National Centre for Social Research and Department of Epidemiology & Public Health, UCL, November 2000. First published 2000: www.show.scot.gov.uk/scottishhealthsurvey/sh8-00.html

- One in seven boys did not meet either of the recommended activity levels, with participation in activity being even lower among girls.

Furthermore, for adults, the Scottish Health Survey results showed a steady decline with age in proportion taking part in walking. At the same time, walking was only mentioned by 26% of women as the activity most likely to have been done in the last four weeks, compared to men at 32%. Conversely, participation in walking increased with age amongst boys and girls.

Health and inequality

Health and life expectancy is linked to social circumstances and childhood poverty⁸. In simplest terms, the more affluent people are, the better their health. There are wide variations amongst social groups and the health inequality gap is arguably widening. The reasons for the inequality and the widening gap between social groups are complex, but can include differences in access to services and opportunities in general, in material resources, in access to or awareness of information about opportunities, as well as difference in the lifestyle choices of individuals.

Physical inactivity is seen as a major factor in health inequality. Part of the Government's action on tackling health inequalities is to raise levels of physical activity, particularly amongst disadvantaged groups, children and the elderly, including action to increase walking and cycling.

Moreover, the Scottish Strategy for Physical Activity recognises the role of physical inactivity in health inequality, with the proportion of sedentary adults (doing 30 minutes or less of physical activity on one day a week or not at all) in the lowest socio-economic groups being double that among those from the highest socio-economic groups.⁹

JOINED UP POLICY AND PRACTICE IN SCOTLAND

In 2005, the Scottish Executive commissioned Steer Davies Gleave to explore the links between transport and health at both the policy, and the practice level, and to learn from what has already been done in this field in Scotland and elsewhere.

There are an increasing number of mechanisms aiming to link health promotion and health improvement with wider policy goals and initiatives, including transport.

⁸ Tackling Health Inequalities: A programme for action. Department for Transport, 2003.

⁹ Lets Make Scotland More Active: A Strategy for Physical Activity. Physical Activity Task Force, Scottish Executive, 2003.

A [National Physical Activity Task Force](#) was set up in 2001. This followed a commitment in the Government's White Paper "[Towards a Healthier Scotland](#)." The resulting [National Strategy for Physical Activity](#), published in 2003, states its vision as: *people in Scotland will enjoy the benefits of having a physically active life*. The [Scottish Physical Activity and Health Alliance](#) has been set up to support further implementation of Scottish physical activity policy, in particular, the [National Strategy for Physical Activity](#).

A [National Cycling Strategy](#) exists at a UK level, and the health benefits of cycling are a strong theme throughout. A [Draft Walking Strategy for Scotland](#) was published in 2003 by the Scottish Executive, and this covers a wider range of policy priorities linked to encouraging and thus increasing levels of walking, particularly walking as a form of exercise that can be incorporated easily into life as a means of transport rather than a leisure activity.

[Choose another way](#) is a Scottish Executive campaign, which aims to help individuals choose another way of travelling. The campaign includes mass media and a website. Commuters are encouraged to walk because... *"walking for just 30 minutes a day can help you stay fit, reduce your chance of getting heart disease, diabetes, becoming overweight or having problems with high blood pressure."* [Do a little, change a lot](#) is a Scottish Executive campaign focused on helping the environment. Transport is one of six themes, for which the campaign website has information on putting your *"best foot forward"* and getting *"on your bike."*

The [Scottish Healthy Living](#) campaign is a collaboration between NHS Scotland and the Scottish Executive. The campaign features physical activity and gives advice on how to get active.

The [Land Reform \(Scotland\) Act 2003](#) has led to outdoor access planning. Key outputs under the legislation include Core Paths Plans and Local Access Forums. Guidance accompanying the Act states that the core paths system should *"provide the basic framework of routes sufficient for the purpose of giving the public reasonable access throughout their area"*.

[Active Travel Scotland](#), launched by Sustrans, sets out a clear commitment to cross-sector working with community planning and joint health improvement partnerships. Active Travel here is defined as *"practical projects to demonstrate the health benefits of walking and cycling, publishing the evidence, support community planning partners in Scotland and greening transport in the NHS."*

The [Active School Programme](#) was set up in 2003, originally to run until 2005. A national initiative, it is intended to take a holistic approach to the potential of schools to influence the health and well being of young people by considering the wider life of children beyond the classroom. The [Health Promoting Schools unit](#) was established in 2002, and is funded by the Scottish Executive Education

Department. A health promoting school is defined as *“one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health...”*

Cycling Scotland was formed in 2003 out of the Scottish Cycling Development Project, and is core funded by transport monies from the Scottish Executive. Cycling Scotland has five broad goals, which essentially all work together to promote cycling, through infrastructure, access issues, tourism, health benefits, sport and leisure, and training.

The *Paths to Health* project is part of the wider *Paths for All Partnership*. The Partnership was initiated to increase *“well-managed and welcoming”* paths near to where people live. The Paths to Health project supports the development of local Paths to Health schemes across Scotland, which focus on promoting walking for health.

Community Planning will continue to be a major opportunity for multi-agency working across Scotland. *Joint Health Improvement Plans* are produced across many local authority areas across Scotland. Guidance for the production of the Plans states that *“NHS Boards will work with Local Authorities, and other partners within Community Planning Partnerships, to develop Joint Health Improvement Plans for each Local Authority area. These will be key chapters in community plans.”*

Opportunities exist for incorporating the links between transport and health in *National, Regional* and *Local Transport Strategies* – all expected in 2006. Further opportunity exists in the *Strategic Environmental Assessment* process, although it is questionable how much these will focus on a wider definition of quality of life and health improvement, as opposed to indicators that have an impact on health, such as pollution levels. There is also an opportunity to broaden the scope of *STAG* to consider more specifically the impacts of transport policies and interventions on health outcomes.

Travel plans are a key opportunity to make links between transport and health promotion, at both a policy and practice level. In the UK, the National Health Service now requires its sites to develop transport plans, as do Government departments. And of course schools are now being pushed to adopt travel plans for a number of reasons: reducing congestion, air pollution and road traffic accidents, and for health reasons too. As a result, studies have shown at the site level that UK plans combining both incentives to using alternatives to the car, together with disincentives to drive, can achieve a 15-30 per cent reduction in drive alone commuting¹⁰, while Knapp and Ing¹¹ reported a 20 per cent average reduction at sites in the Netherlands and the USA.

¹⁰ Department for Transport, Local Government and the Regions (2001) Evaluation of Government Departments' Travel Plans, Report for the DTLR, London, April. Visit www.dft.gov.uk.

EXAMPLES OF GOOD PRACTICE

The following good practice have built upon the opportunities presented above to instigate and sustain joint policy and or practice in transport and health.

A Physical Activity Strategy, Glasgow

Glasgow is an accredited member of the World Health Organisation network of European Healthy Cities, which also includes Belfast and Liverpool in the UK. Since 1996, Glasgow has been progressing many exciting initiatives through its 'Healthy Cities Partnership' between the Greater Glasgow NHS Board and Glasgow City Council. Through this Partnership, a Physical Activity Forum was set up to promote health improvement and joint initiatives. A Physical Activity Strategy has now been developed.

Its **aim** is to engage local councils across the Greater Glasgow area towards promoting health improvement. So far, this has been achieved through political and policy commitments as well as training and community projects.

Several schemes have emerged, including:

- The 'Live Active' GP exercise referral scheme for adults with cardiac problems. People are encouraged to incorporate exercise into their routine such as walking to the shops.
- The Glasgow Healthy Walks Programme, which financed a member of staff dedicated to coordinating leisure walks in parks throughout the city. These walks encouraged those requiring a kick-start in making the move towards a more active lifestyle.
- 'A little physical activity means a lot' training resource pack and the 'Walk-in to work-out' resource pack, both provide advice on increasing the level of day-to-day activity in people's life. The Executive are now using these packs as National resources.
- Fit for Life leaflet; provides information about cycling and walking networks across the city including a map detailing commuter routes, safer routes to school, journey distances, bus/ rail stations and cycle parking.

Physical Activity Strategy Group, Fife

The Fife Physical Activity Strategy Group (formerly Physical Activity Task Force) was established in 2002 to take forward the objectives of the National Physical Activity Strategy, 'Lets Make Scotland More Active'. Similar to the previous Glasgow example, the Fife Strategy Group is a partnership between several

¹¹ Knapp R J J van der and Ing A G (1996) Effective TDM at worksites in the Netherlands and the US, Organisational Coaching in association with Eric N Shreffler.

departments including Transport and Community Services Departments at Fife Council, NHS Health Promotion and the Local Education Authority.

The aim is to get across health messages by promoting active travel behaviour (cycling and walking rather than using the car for certain daily journeys). Both cycling and walking initiatives formed part of an action plan for the Fife area.

What was **delivered**? Lots more people walking and cycling in Fife, on local trips and using walk and cycle links around the area. A Physical Activity Coordinator post was created, jointly funded by Fife Council and NHS Fife Health Promotion to take a more proactive approach to active health initiatives. Fife Council prepared 'Transportation Development Guidelines' which set design standards for roads to encourage more walking and cycling. The Fife Millennium cycleways, school and workplace Travel Plans are already resulting in higher cycling usage across the council area. Travel plans for both employees and schools are seen as one of the most effective ways of promoting sustainable travel behaviour. The Fife walking initiative, 'Bums off Seats' has created a network of walking groups across Fife. The project has 21 led walks per week across Fife and over 200 trained volunteer walk leaders.

Health promotion and School Travel, Highland

In Highland, several initiatives are making links across the health and transport sectors. Partnerships between Highland Council, NHS Highland, Partnerships for Well-being and Paths to Health are proactively taking forward a number of projects. The **aim** is the promotion of physical activity, health improvement and sustainable travel to school.

What was **delivered**?

- 'Healthways', a Health Living Centre in Ross & Cromarty with an aim to help people become healthier, feel better, and live longer.
- The Highland Cycle Forum produced a Highland Cycling Strategy for actions.
- An active referral programme for frontline healthcare staff in the area to encourage people to introduce everyday walking into their routine.
- Healthy Highland Week.
- Highland School Travel Plan Guide which clearly links health and travel benefits.
- 'Step it up' – a series of walking initiatives targeted at building confidence with those not used to physical activity.

Promoting Healthy Transport in East Dunbartonshire

In 2000, the East Dunbartonshire Council's Local Transport Strategy identified the need to consider access to health services. Since then the Greater Glasgow

NHS Board approached East Dunbartonshire with the objective of working together.

A Partnership was established between the Community Engagement Team, Health Promotion, the Planning and Transport Sections at East Dunbartonshire Council; Greater Glasgow NHS Board; SPT; the Community Health Partnership; and also local communities.

What has been **delivered** so far?

- A **Task Force** was established to drive forward and co-ordinate many of the existing and complementary initiatives such as a recent access strategy for health services, employment and shops in Kirkintilloch.
- An **Outdoor Access Strategy** was developed by the Council to better coordinate and proactively promote a well maintained network of routes for everyday use.
- Work had already begun on promoting **Active School Travel** amongst children. This involved financing resources and material for promoting walking and cycling to school. 'Designing a Poster' competitions in schools helped raise awareness amongst school children.
- The **stepchange** initiative; aimed to promote travel choice and encourage more efficient use of cars and increased use of alternative modes of travel at the local level. On an individual basis promoting a change in travel behaviour was carried out with households in the Bishopbriggs, Bearsden and Milngavie areas. Households were directly approached and invited to take part in a 'conversation' with a trained individual from the **stepchange** team. The conversation highlighted ideas for alternative travel directly oriented towards the individual concerned. In many cases individuals had a personal goal to lose weight or live more healthily, but had not considered day-to-day transport as having a role to play.

'West Lothian on the Move'

'West Lothian on the move' or the West Lothian Health Enhancing Physical Activity Project (HEPA) is an excellent example of cross sector working. The **aim** is to improve individuals' health through physical activity, especially amongst those with sedentary lifestyles, particularly children and people in poorer communities. In 2001 HEPA received an initial £400k from Lothian Health Authority, for three years funding. Success breeds success, this year the project has been awarded £75k per year for a further three years. What's more HEPA's partners have collectively provided an additional £25k to make up to £100k funding per year.

A Steering Group was set up, consisting of West Lothian Council (including the Recreation, Parks and Open Spaces and Transport), NHS Lothian (including Health Promotion, Public Health and Physical Activity sections) and the voluntary sector (including over 50s and Ageing Well).

One of HEPAs first actions was to produce a Physical Education Strategy, including a projects programme and establishing 'who does what'. The HEPA programme has made possible the:

- Training for healthcare professionals about the benefits of promoting physical activity and health travel choices.
- Training health visitors and district nurses and some GPs to raise physical activity issues with clients.
- Working with Schools to make sure that the 'Active School Coordinator' role addresses a wider agenda than simply encouraging sports.
- Provision of route cards for children so they can find a safe cycling route to school.
- 'Put your West Foot Forward'; West Lothian Walk Initiative. Leaflets produced on local walks, for example, in Bathgate Voluntary Walk Leaders were recruited and trained. Advertising was undertaken through local newspapers and radio.
- Cycle training for people under confident about getting back on their bikes.
- Cheap second hand bikes made available through local charity.
- A Physical Activity Atlas was distributed to support the promotion of activities in towns and villages across West Lothian with routes, ideas, tips on how to become more active and useful further contact information.

Active Referral in Linlithgow

A health promotion exercise based at the Linlithgow Group Medical Practice, West Lothian set up in 2003 and ran for 18 months. The scheme was part of the European funded travel awareness 'Step by Step' programme, focusing on the links between transport and health. Another example of the same European fund, targeted healthy travel options to patients recovering from heart problems, in Graz, Austria.

The **aim** of the referral scheme was to find out whether travel awareness material linked to health would have a greater effect if delivered to the public via a 'reliable' third party such as a GP, rather than coming from the traditional transport sector.

What was **delivered**?

- GPs attempted to change the travel behaviour habits of all their patients by exposing them to messages about healthy travel and, in some cases, with special appointments with medical staff in order to help them identify ways in which they could incorporate day-to-day changes.
- The scheme proved that a proactive approach to travel awareness through GP advice and good quality promotional material, can, at least start to make incremental changes to an individual's travel habits and therefore health.
- The scheme has allowed people to recognise, firstly that they have a problem, and then, become managers of their own health.

SMARTways, North Lanarkshire

SMARTways was set up to actively **promote alternative transport**; that is cycling, walking, public transport and car sharing; and also encourage healthy lifestyles with themes aimed at residents, businesses, schools and colleges across North Lanarkshire.

Promotion of the health benefits of alternative travel is at the heart of the SMARTways initiative. SMARTways was originally the brainchild of North Lanarkshire Council is now run in liaison with the local Health Board.

Regular use is made of **local media**, in other words, newspapers and radio, to promote healthy travel behaviour choices. Promotional activities have also involved supplying free information and advice targeted at individuals as well as organisations and the business community. As part of the initiative, a website has been created with a mine of helpful information and advice. Free materials are available such as maps, showing cycling and walking routes and other useful information for the area; stickers with campaign messages; information leaflets (car sharing, walking, cycling); posters; and, banners. SMARTways has even invested in advertising slogans on the side of refuse vehicles.

One of the **most successful** promotional devices has been the production of bespoke local area walking and cycling route guides which also show the location of schools and colleges; parks and sports facilities; cycle parking locations; bus routes; SPT travel centres; park and ride sites; LPG stations; shopmobility; dial-a-bus information; rail stations and Historical Interest Points. The initial North Lanarkshire-wide SMARTways Map proved so successful that it was updated in 2005.

Funding for SMARTways comes from a variety of sources. North Lanarkshire Council's Transportation Section staff manage SMARTways with a £20,000 annual budget; the Health Board provides approximately £1,500 support for the promotion of Walk to School Week. An **innovative** funding mechanism has come from selling advertising space on the local maps. In the west of Scotland, the

Regional Transport Partnership has also provided funding, most notably for a 10,000 copy re-run of the SMARTways Map in 2006.

SMARTways is a good example of **joined up** local government. Different departments within the authority work together to deliver and promote the concept. For example, the Planning Department delivers the Walking and Cycling Strategy, the Community Services Department promotes more active lifestyles, while working with the Education Department helps to change travel-to-school habits and continues links with the School Travel Plan and Active Health Co-ordinators who are funded by the Scottish Executive.

Paths to Health, East Ayrshire Coalfields

One of the main causes of death in East Ayrshire is heart disease, accounting for about 25% of all deaths each year. Lack of physical activity is seen as a main contributory factor. Existing research for the East Ayrshire area suggested that typical levels of physical activity were some of the lowest in Scotland. It made sense that the promotion of physical activity was taken as a priority.

East Ayrshire Council together with Ayrshire and Arran NHS, East Ayrshire Community Health Improvement Partnership, East Ayrshire Disability Forum, the Social Inclusion Partnership and East Ayrshire Education Department created a working partnership together with 14 funding partners to take forward and fund the initiative.

'Paths for Health' is a National initiative. East Ayrshire was chosen as one of several Programme Areas. The **aim** was to encourage regular healthy activity through the creation and promotion of local paths managed by local partnerships for local communities. The National initiative supported the local East Ayrshire work through training, advice, provision of support materials as well as some financial assistance.

Developing a series of well-planned, coordinated path networks resulted in many benefits, several unforeseen. They provided connections between communities, promoted healthy lifestyles, unlocked potential for local tourism, promoted healthy transport choices as well as supporting environmental improvement.

East Ayrshire was divided into different zones. The East Ayrshire Strategy recognised that developing a series of local path networks could not tackle the root causes of health problems on their own. **Promotion** was required. In addition to routes, the development of local **walking groups** was devised. **Booklets** were produced and distributed to every household in the area with local area maps including distances to familiar local landmarks, suggested walking routes, and guidance on the benefits of regular walking. Walk route suggestions were given to suit a variety of fitness levels and allow individual

progression. For example, taking regular short walks around local neighbourhoods to longer walks including 'Rights of Ways' and country parks.

Local GP referrals, District Nurses and rehabilitation clinics at the two main hospitals in Ayrshire identified people most at risk from heart disease and who would most benefit from more information and joining a walking group. Initial referrals were followed up by the scheme co-ordinator to support and encourage physical activity. The East Ayrshire scheme established 10 walking groups, with over 300 regular walkers.

Lessons learned: principles for successful initiatives

As part of the Scottish Executive's research, several practitioners in both the Health and Transport sectors were asked for their ideas on the principles for success. These principles are consolidated as follows:

1. Getting Politicians on side – MEPs, MPs, MSPs and Local Councillors.
2. Enlist the most senior staff from both the Health and Transport sectors.
3. Find a 'Champion' (a senior or well known person) who can motivate and enthuse others.
4. Appoint a passionate coordinator / team players to spread the message.
5. Create partnerships between and within organisations.
6. Promote a simple, clear message.
7. Keep it local and relevant.
8. Invest in good graphics – a photo tells a thousand words.
9. Target your audience, for example, people with heart disease or primary children and provide incentives and rewards.
10. Use the local media to your advantage - radio and press can spread your message wider.

KEY FINDINGS ON APPROACHES TO JOINED UP POLICY AND PRACTICE IN TRANSPORT AND HEALTH

While the Scottish Executive research has revealed examples of joined up working in transport and health, the joined up thinking and working is by no means mainstreamed across Scotland.

Increasing numbers of stakeholders are aware that it is advantageous to work with others to pursue common outcomes, even if objectives differ – for example, addressing congestion and increasing physical activity.

Where joined up thinking is strongest, this seems to have occurred in areas where health issues are a significant motivation for policy as a whole, for example, areas of deprivation and poor health.

The 'actors' involved are much wider than just transport officers and health promotion staff in the NHS – for example, planning officers, community planning partnerships, access officers all have a role to play, and this needs to be appreciated and recognised to enable progress to be made.

Many of the strongest initiatives linking transport and health explicitly are predominantly health-sector, or health-motivation led, with the exception of some examples, including School Travel Planning and specific action on developing cycleway infrastructure.

Significant progress is still outstanding to convince policy makers across both transport and health sectors that there is merit in working together to achieve common outputs. Furthermore, there is a lack of evidence, and process for assessing, the cross-sector costs and benefits between the transport and health sectors. In part, this is due to an inconsistent and non-prescribed approach to monitoring of transport outcomes.

Overall, there is significant potential for mutual benefits by complementary policy initiatives, and indeed, through avoidance of conflicting policies.