





July 2008 Action Plan

Report



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JMP Consultants Limited CBC House 24 Canning Street Edinburgh

T 0131 272 2705 F 0131 272 2805 E edinburgh@jmp.co.uk

www.jmp.co.uk

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Report

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Introduction 1

- 1.1 In September 2007, JMP Consultants Ltd (JMP) was commissioned by Nestrans, the Regional Transport Partnership for Aberdeen City and Shire, and NHS Grampian to conduct a study into the three main interlinkages between transport and health:
 - Promoting Active Travel that inappropriate use of some transport modes is contributing to sedentary lifestyles, whilst walking and cycling can be a convenient transport mode for some journeys and improve physical activity levels;
 - Transport & Public Health that undesirable side-effects of the transport system have detrimental impacts on public health; and
 - Access to Healthcare that transport is required to enable access to healthcare, and that accessing health services is a key transport demand.
- 1.2 Specifically, Nestrans and NHS Grampian sought to develop a Health and Transport Action Plan (HTAP) to address these three topics. The HTAP is one of three regional action plans identified in the Regional Transport Strategy (RTS), published in March 2007.
- 1.3 In developing the HTAP, a Background Study was conducted to better understand the issues. This involved engagement with key stakeholders, including selected members of staff within NHS Grampian, the Scottish Ambulance Service (SAS), the local authorities of Aberdeen City and Aberdeenshire and neighbouring Moray Councils, and Hitrans (the Regional Transport Partnership that includes Moray).
- 1.4 A high level of desktop-based research was also conducted into the three topic areas. Accompanying this, a fully integrated accessibility model of the area was developed, indicating key acute, secondary and primary sites within the NHS Grampian region overlaid with detailed information about public transport services, SAS movements, Demand Responsive Transport (DRT) and community transport services.
- 1.5 In November 2007, the key findings of the Background Study, the issues, opportunities and constraints, were summarised in a Workshop Briefing Note. The findings were then discussed at a Stakeholder Workshop held in Aberdeen on 30 November 2007. This workshop also discussed actions that could be included in the HTAP to address the issues.
- 1.6 Following this workshop, a consultative draft HTAP was prepared and was reported to the client team in February 2008. It was recognised at the time, however, that the Action Plan as presented could only be a draft, requiring further consideration before presentation for Board approval. This arose because:
 - It was the intention of Nestrans and NHS Grampian to consult a wider range of stakeholders on the content of the Action Plan;
 - The HTAP would benefit from integration with the Health Impact Assessment (HIA) of the RTS, which was being developed by NHS Grampian at the same time as the consultative draft HTAP; and
 - There was a need to develop an implementation programme from the Action Plan and test its validity with delivery agencies.
- 1.7 Since February, therefore, more work has been undertaken to develop the HTAP. Detailed discussions have been held with representatives of all bodies recognised as needing to lead particular elements of the delivery. Additionally, a major stakeholder consultation exercise,

- culminating in a full-day workshop session attended by nearly 50 attendees, was organised by NHS Grampian. This showed strong support for the principle of the HTAP. Most consultees also agreed with the inclusion of the three component themes, albeit that most felt that Access to Healthcare was the topic worthy of most detailed investigation and investment.
- 1.8 The consultation generated a large number of useful suggestions. Many are incorporated within the HTAP shown in this report, but some others are too detailed for this overarching document. We therefore recommend that all those people responsible for delivering the tasks arising from the Action Plan review the consultation report before commencing detailed work.
- 1.9 The updated HTAP and associated delivery programme is presented in this report. A suggested delivery mechanism is also set out.
- 1.10 It should be noted that it is not intended that this forms the 'final' HTAP. Rather, the HTAP should evolve and be updated on a regular basis in response to progress on specific delivery elements or changes in external influences.

Summary of Study Themes

Active Travel

- 1.11 'Active travel' is a term used for modes of travel that incorporate some form of exercise. Although horse riding has been recognised as an active travel mode, the term is generally limited to cycling and walking and it is these two modes that are considered in the HTAP. Cycling and walking are both important components of a sustainable transport network and aid healthy living.
- 1.12 Active travel has become increasingly important with increased awareness of high profile topics such as obesity, climate change and the increasing costs of motorised transport. Walking and cycling help to improve physical activity and, unlike sedentary motorised modes of travel, they are pollution-free.

Transport & Public Health

- 1.13 Transport networks can have both direct and indirect impacts on public health. Direct impacts include poor air quality from transport pollution, high background noise levels due to rail or road links and injury/death in road traffic accidents, which can all affect an individual's health and wellbeing.
- 1.14 More indirect public health impacts of transport include severance (communities being 'cut off' from key services by a busy road or rail link), visual and landscape impacts and the impact on wellbeing and health deprivation through over-reliance on sedentary modes.
- 1.15 The HTAP focussed on the direct impacts of transport on public health (air quality, noise and road traffic accidents), though it is noted that this does not mean indirect impacts are not also important.

Access to Healthcare

1.16 The ability of patients to access healthcare is essential to ensure that its benefits can be realised. Transport issues are reported to be the biggest single reason why people miss, turn down or choose not to seek medical help. People unable to access healthcare are more likely to suffer ill-health and rely on acute care later.

- 1.17 As with most of the NHS boards in Scotland, service provision in the NHS Grampian area is in a period of change. Some services are being relocated from the current 'central' focus to more local, community-based facilities and increasing focus is given to preventative and self-care measures.
- 1.18 The redesign will mean that the travel patterns to and from key services will change. It is important that we take account of this and make recommendations to ensure accessibility problems do not arise.

Introduction to the Action Plan

- 1.19 In general, the background study revealed that there is much good work on-going in all three topic areas in the region; however, there is much more that could be done. It is clear, however, that there is a real sense of importance about the need to improve the linkages between transport and health amongst key staff and stakeholders. This, and the effective relationships developed between key partners in producing this Action Plan, provides a good basis for implementing improvements.
- 1.20 The recommended Action Plans for each of the three topic areas of the HTAP are given in the next chapter. These are presented separately for clarity but together form the overall HTAP. Before the actions to contribute to each topic area are listed, however, recommended actions that will enable the monitoring of the HTAP and its effectiveness to be determined are presented.
- 1.21 The background study and stakeholder consultation have provided an understanding of the key issues, opportunities and constraints with respect to the HTAP. The most important of these for each of the three topic areas are summarised before the Action Plans below. These lists are not comprehensive, but serve to indicate the nature and breadth of the issues identified (a more complete review is contained in the full consultative draft HTAP report available at www.nhsgrampian.org/Health & Transport Action Plan). These issues have been used to form high-level visions for each topic area, underpinned by a suite of objectives. The Action Plans then support these objectives.
- 1.22 Key actions for each theme of the HTAP are shaded grey in the Action Plan tables and the recommended lead organisation and partners are identified.
- 1.23 For greater clarity where necessary, some actions have been expanded to indicate the initial, shorter term 'sub-actions' that will be pursued through the first iterations of the HTAP. These appear as white italics directly below the corresponding longer term, more strategic, action. Note that these sub-actions are not in all cases sufficient to enable the larger key action to be delivered; but they are considered to be necessary initial work.
- 1.24 A glossary of abbreviations used is presented in Appendix A. Appendix B then shows the indicative delivery plan, including recommended timescales for each action.

The Health & Transport Action Plan 2

Process and Monitoring

2.1 Recommended actions that will enable all strands of the HTAP to progress and ensure that its outcomes are monitored are presented in Table 1.

Table 1 Recommended Actions: Relevant to All Three Themes

Actions	Actions: Relevant to All Three Themes		Partners
All1	Develop a suite of key performance indicators and targets to monitor progress towards the achievement of objectives for each of the three Action Plans.	Nestrans/NHSG	SAS, LAs
	Identify what relevant data is already available to assist with monitoring.		
	Establish and provide costs for additional data collection where necessary.		
	Establish baseline position for all objectives.		
All2	Regularly monitor progress towards achievement of HTAP objectives.	Nestrans/NHSG	
	Annually review progress towards objectives and compare with baseline position.		
	Annually review the objectives of the HTAP.		
	Annually update the HTAP as necessary to ensure that objectives can be achieved.		
All3	Gain North East Scotland Joint Public Sector Group approval for the HTAP, as a mechanism to coordinate work between delivery agencies and address resource implications.	Nestrans/NHSG	
	Prepare detailed resource schedule for HTAP delivery.		
	Present to NESJPSG and respond to their needs as appropriate.		_

Promoting Active Travel

Key Background Issues

- Key issues for promoting active travel are identified to be: 2.2
 - The importance of walking and cycling as part of the transport system is often overlooked in favour of motorised modes of transport;
 - There is often too little consideration of active travel in land use planning decisions, particularly for short or local trips to key amenities.
 - There is a cultural challenge to promoting active travel, as car use remains a popular and aspirational transport choice for many. However, increased awareness of environmental and obesity risks presents an opportunity to encourage more use of active travel;
 - To date, the majority of active travel initiatives have focussed on children, which is logical to promote early-years behaviour, but leaves many others without knowledge of risks and benefits:
 - Infrastructure and its maintenance are not always appropriate to encourage active travel; and
 - In more rural parts of the region, many journeys are long distance, often precluding the use of active travel modes.

Vision

- 2.3 The vision for promoting active travel is:
 - For everyone living in the region to be able to, and choose to, travel safely by active modes such as walking and cycling for the majority of their local journeys.

Objectives

- 2.4 Key objectives required to achieve this vision are:
 - To increase the number of journeys made by active travel modes.
 - To make people aware of the benefits of active travel.
 - To contribute to achieving road safety targets.
 - To ensure actions achieve best value.
- 2.5 Recommended actions that will enable these objectives to be met are presented in Table 2.

Table 2 Recommended Actions: Promoting Active Travel

	y		
Actions:	Promoting Active Travel	Lead Responsibility	Partners
Develop	Active Travel Working Group		
PAT1	Building on current partnership arrangements, develop a cohesive Active Travel Working Group (ATWG) encompassing representatives from all those involved in promoting active travel in the region, including, if possible, those involved with travel plans, school travel plans, Core Paths Plans, Health Promotion and Joint Health Improvement Plans. The ATWG should aim to improve coordination between the many good on-going initiatives and increase profile/funding for active travel.	Nestrans	NHSG, LAs, other relevant active travel organisations
	Through the ATWG, establish a comprehensive list of existing and/or potential new funding sources for active travel initiatives and infrastructure, then identify and pursue actions to increase available funding.		
Improve	active travel networks		
PAT2	The ATWG to work with partners to prioritise expansion of active travel networks and improved maintenance and attractiveness (including winter maintenance, lighting, drainage, etc.) of active travel infrastructure in the region.	Nestrans	NHSG, LAs, other relevant active travel organisations
	Work with partners to form schedules and protocol for maintenance/improvements and identify/overcome barriers to these improvements being delivered.		
	Explore opportunities for Nestrans and NHSG to jointly fund implementation of active travel infrastructure in pilot areas in the region.		
	Working to a common framework, audit active travel networks in each main settlement and to major trip attractors to identify key gaps or barriers to use. Identify infrastructure improvement opportunities which can be pursued by the ATWG.		
Encoura	ge more travel by active modes		
РАТ3	The ATWG to recognise the potential for increased uptake of active travel through awareness-raising of independent issues such as financial savings, climate change and obesity and, hence, ensure that synergies between activities are realised.	Nestrans	NHSG, LAs, other relevant active travel organisations
	Undertake a literature review of recent published works relating to public perceptions of climate change, environment and obesity and their relevance as 'triggers' for behavioural change.		
	ATWG to identify where synergies are most closely aligned with changing public opinion and agree a message to be used by all involved in their communications.		

Actions:	Actions: Promoting Active Travel		Partners
	Monitor activity of partner organisations and promote active travel opportunities.		
PAT4	Develop initiatives to promote active travel informed by a review of best practice in achieving behavioural change in health promotion.	Nestrans/NHSG	LAs, other relevant active travel organisations
	ATWG to identify preferred contributors and instigate knowledge transfer discussions with relevant parties.		
	Lessons learned from previous health promotion campaigns to be collated and disseminated as appropriate to those involved in promoting active travel.		
	Ensure that appropriate education/training accompanies increases in active travel to avoid increases in numbers of road accidents.		
	Ensure, where possible, that increased active travel increases overall physical activity levels, rather than just a trade off for other forms of activity.		
PAT5	Ensure active travel is included where appropriate in health promotion activities and active lifestyle campaigns.	NHSG	ATWG
	Encourage wider roll out of active travel prescriptions within NHSG.		
PAT6	The ATWG to investigate in detail the potential for a regional active travel brand and, if favourable, develop such a brand in conjunction with all partners engaged in promoting active travel in the region. It is noted that this is an action in the recent ACC Local Transport Strategy.	Nestrans	NHSG, LAs, other Active Travel organisations
	Investigate the success and applicability of existing brand models, such as Active Bristol, and explore the business case, opportunities and constraints for roll out of initiative in NHSG region.		
	Introduce the brand with accompanying investments in marketing and infrastructure if the case is proven.		
PAT7	Continue marketing and awareness-raising of the Nestrans Sustainable Travel Scheme Grant (STSG).	Nestrans	NHSG
	NHSG to apply to Nestrans for STSG funding to secure Travel Plan and/or sustainable travel infrastructure within its estate.		
	Nestrans to undertake a review of previous marketing of scheme and identify additional awareness raising opportunities.		
Closer tie	es with development planning		

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Actions: I	Actions: Promoting Active Travel		Partners
PAT8	In parallel with the review of the local development planning processes scheduled to be undertaken by each local authority, ensure that active travel desire lines to/from key facilities are identified, routes appraised and infrastructure upgraded/provided where necessary.		ATWG
	For major development planning applications submitted in the initial year of the HTAP, ensure that sufficient infrastructure and/or developer contributions are provided to enhance uptake of active travel to/from development to key amenities.		
PAT9	Continue to roll out effective Travel Plans within the partner estates and monitor and record achievements in order to lead by example.	Nestrans/NHSG	LAs, bus operators
	Develop an overarching Corporate Travel Policy, underpinned by timetabled development of site-specific Travel Plans for all major hospital sites within the NHSG estate, to build on Travel Plan work already being undertaken for Foresterhill.		
	Explore the potential for schemes such as the salary sacrifice schemes for public transport season tickets and 'green bikes' as part of the emerging NHSG estate Travel Plans.		
	In conjunction with regional and ACC parking strategies, support development and implementation of coherent and effective car park charging policies at the regional and local level where these promote active travel.		
Closer ties with public transport			
PAT10	Recognise the benefits to active travel that increased public transport use can bring and work to enhance active travel through the Bus Action Plan.	Nestrans	LAs, bus operators

Transport & Public Health

Key Background Issues

- 2.6 Key issues for promoting active travel are identified to be:
 - Although not the only factors, the most important relationships between transport and public health concern air quality, noise and road accidents;
 - People living and working in the Aberdeen Air Quality Management Area are exposed to poor air quality due in part to road traffic;
 - Some busy roads in the region generate noise levels in excess of accepted annoyance thresholds;
 - Despite a significant reduction in the numbers casualties on the region's roads in recent years, too many people are still killed or injured in crashes;
 - Lead responsibility for tackling each of these problems lies appropriately with partner organisations, not with Nestrans or NHSG; and
 - There is a need to continue multi-agency working to tackle the incidence of road safety casualties and make travel safer for all, with particular focus on vulnerable groups, including pedestrians and cyclists.

Vision

- 2.7 The vision for transport and public health is:
 - For everyone in the region to live without exposure to poor air quality, high noise levels or a threat to personal safety associated with the transport network.

Objectives

- 2.8 Key objectives required to achieve this vision are:
 - To improve air quality within any designated Air Quality Management Area (AQMA) to a point where the AQMA is revoked.
 - To minimise the number of people exposed to high noise levels.
 - To minimise the rate of road accident casualties and achieve national road safety targets.
 - To ensure actions achieve best value.
- 2.9 Recommended actions that will enable these objectives to be met are presented in Table 3.

Table 3 **Transport & Public Health: Recommended Actions**

Actions:	Transport & Public Health	Lead Responsibility	Partners
TPH1	Encourage and assist other agencies in the effective delivery of programmes to overcome transport/public health problems.	Nestrans/NHSG	LAs
	Ensure that NHSG furthers its role as an independent promoter of public health in the region and that this role extends to transport issues so that NHSG has the potential to influence relevant programmes.		
	Use data from the monitoring of health to identify the adverse impacts of transport on public health in the region.		
	Encourage ACC to implement its Air Quality Action Plan comprehensively and provide input to the development of future Plans if necessary.		
	Continue to support local authorities and other partners in their ongoing work to improve road safety.		
	Support local authorities in the development of their emerging Noise Action Plans and in the implementation actions to address noise issues in accordance with legislation.		
	Support measures to discourage unnecessary car use as they emerge.		
TPH2	In parallel with the review of the local development planning process scheduled to be undertaken by each local authority, ensure that air quality, noise, road safety and severance impacts are properly assessed and impacts minimised.	LAs	Nestrans, NHSG
	For major development planning applications submitted in the initial year of the HTAP, ensure that detailed Environmental Impact Assessment is undertaken where required and, where not, ensure that noise and air quality assessments are undertaken as a minimum.		
TPH3	Given the potential for improved public health through awareness-raising of independent issues such as financial savings, climate change and obesity, ensure that synergies between activities are realised.	Nestrans	LAs, NHSG
	Encourage better links between environmental health and transportation policies/activities within local authorities.		
	Monitor activity of partner organisations and promote public health opportunities.		
	Ensure that measures promoted to improve air quality do not result in inadvertent increased carbon emissions from the transport network through, for example, increased journey times and increased trips to out of town sites.		
TPH4	Continue marketing and awareness-raising of the Nestrans Sustainable Travel Scheme Grant (STSG).	Nestrans	NHSG

Actions:	Transport & Public Health	Lead Responsibility	Partners
	NHSG to apply to Nestrans for STSG funding to deliver Travel Plan and/or sustainable travel infrastructure within its estate.		
	Nestrans to undertake a review of previous marketing of the STSG and identify additional awareness raising opportunities.		
TPH5	Undertake a review of the effects of transport on other public health impacts to complement that on air quality, noise and road safety completed during the background study for this HTAP, and amend the HTAP if necessary based on the findings of that review.	NHSG	Nestrans

Access to Healthcare

Key Background Issues

- 2.10 Key issues for promoting active travel are identified to be:
 - There is uncertainty as to who has responsibility for ensuring a patient can access relevant facilities at each stage of the healthcare cycle;
 - There is a large diversity of need for transport to healthcare, for patients, visitors and staff, making the issues varied and complex;
 - There are real issues of inequality and social exclusion in access to healthcare, particularly for those that find travelling more difficult or that have longer or expensive journeys. People unable to access health services are less likely to gain access to preventative healthcare and so need to access acute services later as a result:
 - The transport network providing access to healthcare is highly diverse, including private car, scheduled public transport, SAS, demand responsive transport services, taxi and patient friends and family, adding to the complexity of the problem;
 - The on-going redesign of NHSG services will provide more healthcare in community settings, reducing the importance of travel to acute centres. This will improve accessibility for many people through, in general, reduced journey distances, but may exacerbate problems for some people dependent on public transport and the SAS;
 - There are capacity constraints but also inappropriate referrals and inefficiencies in the current system for Non-Emergency Patient Transport (NEPTS);
 - NHSG (directly or indirectly) is a major generator of travel demand and thus has an opportunity to influence contribution to wider sustainable transport objectives;
 - NHSG does not always have the opportunity to comment on proposed land use changes and how these affect ability to access healthcare; and
 - There are new opportunities for reducing the need to travel to healthcare services through innovation such as telemedicine.

Vision

- 2.11 The vision for access to healthcare is:
 - For all patients, visitors and staff to be able to access healthcare by convenient, affordable transport appropriate to their needs. For the environmental impacts of journeys to healthcare services to be minimised.

Objectives

- 2.12 Key objectives required to achieve this vision are:
 - To make transport to healthcare accessible for all, both physically and socially.
 - To make healthcare accessible and socially inclusive.
 - To ensure transport to healthcare is undertaken by sustainable modes wherever possible.
 - To ensure actions achieve best value.
- 2.13 Recommended actions that will enable these objectives to be met are presented in Table 4.

Table 4 Access to Healthcare: Recommended Actions

Actions	s: Access to Healthcare	Lead Responsibility	Partners
Access	to Healthcare Charter		
AtH1	As part of the exploration of a fully integrated transport and healthcare co-ordination system (see action AtH2), define and agree a detailed, clear, costed policy indicating the appropriate persons/organisations responsible for ensuring that patients and visitors can access healthcare (an 'Access to Healthcare Charter'). This to cover all appropriate geographic, socio-demographic and financial effects. Ensure all relevant parties are aware of the policy.	NHSG	Nestrans, SAS, LAs, Moray Council, HITRANS
	Based on a review of best practice and knowledge of the responsibilities/incentives of delivery partners, identify the opportunities, constraints and likely costs of developing and implementing such a Charter.		
	Find and implement effective mechanisms for communication of the Charter to relevant people. Following implementation, review whether the Charter is proving effective in meeting its objectives.		
	Ensure that patients understand their responsibilities, in particular the effects of failing to keep appointments.		
AtH2	Identify whether a fully integrated transport and healthcare co-ordination system can improve access to healthcare in a cost-effective manner and, if so, work to deliver such a system.	NHSG	Nestrans, SAS, LAs, transport operators
	Based on a review of best practice and knowledge of the responsibilities/incentives of delivery partners, identify the opportunities, constraints and likely costs of achieving a fully integrated transport and healthcare co-ordination system.		
	Identify and quantify the socio-demographic gaps in transport provision to complement the geographic and temporal assessment completed as part of this review. Also quantify the unmet need for transport to healthcare, including future forecasts based on the redesign of services and factors such as an ageing population. Identify the root causes of these gaps (transport provision, healthcare provision, information, etc).		
	Monitor the reasons why health appointments are missed and identify whether transport improvements could reduce the number of missed appointments		
	Establish whether community and voluntary transport providers in the region are willing and able to become part of an integrated network of transport provision to healthcare.		
	Explore the potential for NHSG to meet the costs associated with filling accessibility gaps where no alternative means are possible.		

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Actions	s: Access to Healthcare	Lead Responsibility	Partners
	Develop an integrated transport and appointment booking system whereby appointments are made at locations and times that are accessible by the patient, sustainable/active travel options are promoted where possible and that relevant transport information is provided with appointment cards. Promote wider roll out of system and consider inclusion of ticketing options if pilot is successful.		
AtH3	Assist the SAS to ensure the medical criteria for NEPTS are fully adhered to at all stages in the healthcare cycle and that the number of non-essential journeys are minimised.	NHSG	SAS
	Once the recent changes to NEPTS booking system are fully established, gather robust evidence of the scale, causes and implications of the problem		
	NHSG to reinforce the importance of adherence to booking criteria set out by SAS in a communication to all primary and secondary healthcare centres.		
	Ensure that a fully integrated transport and healthcare delivery system (see action AtH2) supports front-line healthcare staff with adherence to booking criteria and assists with closing any perceived accessibility gaps that may result.		
Site ac	cess improvements		
AtH4	Improve the potential for active and/or sustainable travel for patients, visitors and staff to healthcare sites.	NHSG	Nestrans, SAS, LAs, transport operators, Moray Council, HITRANS
	Collate information on patient and visitor journeys to NHSG sites (times and modes of travel, medical condition, etc). Identify what factors are the most significant barriers to more active and/or sustainable travel.		
	Liaise with council officers, DRT providers, community transport providers and voluntary groups to establish in detail the transport options serving each acute and secondary site within the NHSG region.		
	Undertake an audit of the public transport and active travel accessibility (including routes and signing to/from car parks and public transport nodes) of each site that patients or visitors access within the NHSG estate, and of primary healthcare sites, and undertake an audit of the access infrastructure to each site. Prepare implementation plans for improvement where appropriate.		
	Determine the car parking capacity required and associated charges dependant on forecast uses emerging from the Foresterhill Masterplan process.		

Actions	s: Access to Healthcare	Lead Responsibility	Partners
	Following a review of the nearest public transport nodes and routes to/from acute hospitals, review the key public transport interchange locations that provide access to acute hospitals to ensure they are accessible and that information is readily available about where to get connecting services.		
	Develop Travel Plans that include visitor and patient accessibility considerations for all acute and secondary healthcare sites. These to promote sustainable and/or active travel options whilst retaining convenient access for those people that must use private cars.		
AtH5	Engage with the Local Authority Bus Operators Forum to understand how they can help increase accessibility to healthcare facilities by, for example, implementing the Bus Action Plan.	Nestrans	LAs, bus operators
Links v	vith health or land-use planning decisions		
AtH6	In advance of any future relocation of health services, define how patient and visitor transport requirements would change, then use accessibility tools to understand the patient/visitor/staff transport consequences of the proposals, and work with partners to overcome any problems as appropriate.	NHSG	Nestrans, LAs, SAS
AtH7	Work with partners to ensure that NHSG is included as a consultee in the development planning process.	NHSG	LAs, SAS
	For major residential development planning applications submitted in the initial year of the HTAP, ensure that sufficient consideration is given to access routes to nearest healthcare services, including primary services, and the consequences this may have for healthcare provision.		
AtH8	Ensure that a robust Transport Assessment, including consideration of public transport, DRT and community transport provision, is provided with all future planning applications for new healthcare facilities in the region.	NHSG	LAs
More s	ustainable transport options		
AtH9	Continue to roll out measures which reduce the need for patient and staff travel to healthcare services, such as telemedicine and the self-care.	NHSG	
AtH10	Ensure that NHSG recognises its role as a transport demand generator and promotes wider objectives for sustainable transport through increased awareness and encouragement of staff, patients and visitors to travel by sustainable means wherever possible.	NHSG	Nestrans
	Ensure that front-line NHSG staff, as appropriate, are aware of their potential to promote more sustainable transport choices.		
	For information on how to access every NHSG site, including primary healthcare locations, by sustainable transport modes to be available at those locations and elsewhere as appropriate.		

3 Delivery Mechanisms

- 3.1 Most of the recommended actions identified above are best delivered as discrete projects; suggested lead and partner organisations are identified. Whilst some of these projects can be delivered in relative isolation from others, there is a clear need for overall management of the HTAP in order to monitor the effectiveness of the plan as a whole and to achieve synergies between projects where appropriate.
- 3.2 The development of the HTAP was overseen by a Steering Group. This comprised staff from different parts of NHS Grampian, Nestrans, Aberdeen City and Aberdeenshire Councils, and the Scottish Ambulance Service. Whilst this group was highly valuable in guiding HTAP development, it is clear that this is not the ideal mechanism to lead its delivery; the size of the group is too large to facilitate on-going communications and the group and, whilst providing extensive technical input, is not able to make all necessary resourcing decisions.
- 3.3 Our recommendation for effective management and delivery of the HTAP is thus:
 - That project managers are identified to take forward specific actions identified in the plan.
 These are anticipated predominantly to be existing staff of the delivery agencies, reporting through normal line management and resource allocation procedures. In addition, however, they would report on progress to and maintain synergy with other HTAP projects through the:
 - HTAP programme manager who would monitor progress of projects and ensure co-ordination between them. Additionally, the programme manager would take responsibility for identifying and helping to overcome barriers to the delivery of specific projects. It is anticipated that this would be a relatively time-consuming role in the short-term, which would have resource implications. The programme manager would have the support of:
 - A small Project Implementation Group, comprising one officer, at an operational level, from each of the main partners (NHS Grampian, Nestrans, the two Local Authorities and the SAS). This group would act as a first point of call within each partner organisation for the Programme Manager and be able to advise on how to resolve specific problems. Occasional meetings of this group might be necessary, but it is anticipated that it would exist in a virtual form, with particular members able to assist the programme manager when required. It is likely that the members of this group would be the managers of some specific projects. The programme manager and the Project Implementation Group would then report formally to the:
 - HTAP Programme Board which would comprise senior officer representatives of each of the
 partner organisations. The role of the Board would be to ensure that the HTAP remains valid,
 that it is achieving its aims in a cost effective manner and that resources are deployed
 effectively to delivery outcomes. The Programme Board would have the support of the:
 - Nestrans Board and the North East Scotland Joint Public Sector Group. These two
 bodies would support the delivery of the HTAP and ensure that sufficient resources are
 available, both at the outset and as the HTAP develops; in particular ensuring that resources
 can effectively be shared between partner organisations.
- 3.4 Notwithstanding the above, initial work on delivering parts of the HTAP has been undertaken since completion of the first draft plan in February. An interim programme manager has held discussions with the main delivery agencies to inform the update of the HTAP programme and identify resource constraints. Additionally, early work has been commenced towards the definition of the Access to Healthcare Charter.

- 3.5 It is clear that many of the actions identified in the HTAP are closely related to existing activities and will be able to be progressed without substantial resource implications. Others, however, will require resources that are not readily available within any of the partner organisations. A detailed schedule has yet to be prepared, but areas that have been identified as most in need of additional resource are:
 - The role of HTAP programme manager;
 - Development of the Access to Healthcare Charter and accompanying measures to improve healthcare and transport integration; and
 - The audit and improvement of active travel networks and accessibility to healthcare sites.
- 3.6 It is anticipated that discussions with the NESJPSG will be required to address these resource issues.

Appendix A

Glossary

ACC Aberdeen City Council

AQMA Air Quality Management Area

ATWG Active Travel Working Group

DRT Demand-responsive transport

EIA **Environmental Impact Assessment**

HIA Health Impact Assessment

HTAP Health & Transport Action Plan

LAs **Local Authorities**

NEPTS Non-Emergency Patient Transport Service (of the Scottish Ambulance Service)

NESJPSG North East Scotland Joint Public Sector Group

NHSG NHS Grampian

SAS Scottish Ambulance Service

Appendix B

Indicative Delivery Programme

The tables below show the recommended delivery plan for the HTAP. Suggested timescales are given for each task, with more detail presented for shorter-term actions.

Note that some tasks will require allocation of additional resources before they can be completed, so their delivery within the timescales shown would be jeopardised if these resources are unavailable.

The key for symbols on all the tables is:

Responsibilities:

- Lead team/department
- Supporting partner

Priorities:

Short term action

Medium term action

Longer term/on-going action

Work Programme: Process and Monitoring





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All 1	Develop performance indicators and targets (all action plans)	0	0	0	0	0		0	0 0)	0										+	+		+
////	Identify available data	Ť	Ť	Ť	Ť			Ť				_													-
	Establish data collection needs		\vdash	+		+	+	H	+	H	T											+	+		+
	Establish baseline		П	\top																					
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All2	Progress monitoring (all action plans)	0		0								0													
	Annually review progress										Т														
	Annually review HTAP objectives																								
	Annually update action plans																								
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All3	NESJPSG approval for HTAP	0	\perp	0	Ш	_	\perp	Н			\perp	0							_			\perp	_	1	+
	Prepare resource schedule for HTAP delivery	_	\vdash	_	Ш	_	\bot	Ш	\perp	$\vdash \vdash$	\perp	\vdash									_	\perp		_	+
	Presentation to NESJPSG	-	\vdash	+	Н	_	+	\vdash	_		+	\vdash					_		_			+	_	1	-
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Work Programme: Promoting Active Travel



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1.70	Identify and increase funding opportunities	\dashv		+	+	1	\vdash	Ť		+		- 0.	inci delive travei promoters						\dashv		-				+	+
	lacinary and morease randing opportunities		_	+	-			-		+									\dashv						+	+
PAT	T2 Expanded/improved active travel networks	+	0	0	-			0		+		Oti	ther active travel promoters													
1.70	Establish protocol and overcome barriers to enhancement	\dashv	\top	+		+		+	\vdash			TT.							\neg						\top	
	Explore joint funding opportunities	$\dashv \dashv$	\neg	\top	T	\top			\Box										\dashv		\neg		\neg		\top	\top
	Audit travel networks and pursue improvements	\Box	\top	\top	T	\Box		1	\Box																	
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PAT	T3 Recognise synergies with financial savings, climate change and obesity	\Box	0	П	(0	0			Otl	ther active travel promoters												Т	\top
	Literature review																									
	Identify the nature and extent of synergies																									
	Monitor partners' activity																								Т	\perp
PAT	T4 Promote active travel using best practice in health promotion		0		(•		0				Otl	ther active travel promoters												\perp	
	Instigate knowledge transfer discussions																								┸	
	Lessons learns and information disseminated																									
	Road safety messages incorporated																									
	Ensure that increased physical activity results	\perp																							_	
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	Encourage more active travel prescriptions			\perp		\perp			ш										_						_	_
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_	Investigate best practice		_	+	_	+			\vdash										-						+	+
+	Introduce brand (if case is made)	+	+	++	+	+	\vdash	+	+	+								\vdash	+	\dashv	-			-	+	+
PAT	T7 Raise awareness of Nestrans STSG	+	<u>_</u>		\rightarrow	+	H	+	+	+	+	H							+	\dashv	-	-		+	+	+
PA	NHSG apply for STSG	+	-	+~	-	+	\vdash	+	+	+		$\vdash\vdash$							+	-	\dashv		\dashv	-	+	+
	Identify awareness-raising opportunities	-	_	+	+	+	\vdash	-	+	+									\dashv	-	-				+	+
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PAT	T8 Active travel core part of development planning	\dashv	0	+	\dashv	+	-	O		+		\vdash											\dashv	+	+	+
	Ensure major applications enable increased active travel	\pm	_	+	_	\top	H.																		+	+
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PAT	T9 Continue to roll out effective travel plans and lead by example	+	0	+	0	+		0 0		+		Ви	us operators										\dashv	+	+	+
1	Develop Corporate Travel Policy	+	\top	+	1	+	H	Ť		\top													\neg †		\top	+
	Explore opportunities for active staff travel	\dashv	\top	\top	1				\Box														一		T	
	Support car parking policies that support active travel	$\dashv \dashv$	\neg	\top	T				\Box														\neg		\top	\top
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PAT	Recognise health benefits of public transport use	0	\neg	\top	T	\top		0				Bu	us operators						\dashv				一		T	\top
	Promote health benefits within the Bus Action Plan			\perp 1					\perp 1												_					J
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Work Programme: Transport & Public Health



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HTAP recommendation		Nestrans Strategy Team	Nestrans Sustainable Travel Team	NHSG Planning Dept	NHSG Health Promotion	CHPs	LA Development Planning Depts	LA Transport Depts		SAS	HTAP programme manager		Other organisations	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-U9	rep-09	Mar-09	Apr 09 - Sep 09	Oct 09 - Mar 10 Apr 10 - Sep 10	Oct 10 - Mar 11	Apr 11 - Sep 11	11 - Mar
TPI	1 Encourage/assist other parties to overcome transport/health problems	0	_	-	0	_		0 0	5	*/	171	T		$\overline{}$	-				Ĺ			ÌT,		Ť	+	Ť
	NHSG furthers public health promotion role	$\neg \vdash$	\top			1				\top	T	T												\top	\top	\top
	Monitor impacts of transport on health											T														T
	Encourage ACC to implement Air Quality Action Plan																									
	Support others' work on road safety																									
	Support development of Noise Action Plans																									
	Discourage unnecessary car use																									
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TPI	2 Ensure planning process considers transport/health impacts						0	0																		
	Detailed EIA for major planning decisions																									
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TPI			9		0			0 0					·												\perp	\perp
	Encourage better environmental health/transport links	$\perp \perp$																							\perp	╙
	Monitor partners' activity		\perp							\perp		_													\perp	
	Ensure no unintended consequences arise from policies	$\perp \perp$	\perp									_													\bot	┸
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	Identify awareness-raising opportunities	$\bot\!\!\!\bot\!\!\!\!\bot$	\perp						\perp	_		_		\perp										4	_	4
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TPI	5 Review other transport/public health impacts		<u> </u>	0	0	_	\perp	\sqcup	$\perp \perp$	\perp	$\perp \perp$	_		\vdash										\bot	4	4
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Work Programme: Access to Healthcare



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	AtH1	Define Access to Healthcare Charter	0		0			0		0	(2		Hitrans, Moray Council												
		Review best practice																								
		Effective communication to relevant people																								
		Ensure that patients understand their responsibilities																								
	AtH2	Improve transport and healthcare service integration	0		0			0		0	(0		Transport operators												
		Review best practice																					T			
		Identify socio-demographic gaps																							T	
		Understand why health appointments are missed																							\top	
		Establish potential for integration with community transport				Т																			\top	
		Explore costs of NHSG filling accessibility gaps																		-				\neg	_	+
		Develop integrated booking system		_	+			$^{-}$			+									-				-	+	\vdash
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	AtH3	Help ensure NEPTS criteria are adhered to			0			0				2											_	+	+	+
	711110	Gather robust evidence of problem	\vdash	+	Ť		H	_	+	\vdash	++	_											_	+	+	\vdash
		Reinforce importance of booking criteria			+	-			-		++	-									1		_	+	+	+
		Ensure integrated transport/healthcare service supports front-line staff	┢	-	+	+	H	\pm	+			+									+			+	+	\vdash
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	AtH4	Improve potential for active/sustainable access to health	0	-	0		H	0		0	-	2	H	Hitrans, Moray Council, transport operators												
	71011	Determine transport options to each acute and secondary site	Ť		Ť	-		_			++	_		Tittaris, Moray Courion, transport operators												
		Determine car parking provision at Foresterhill	\vdash	+	+		H	_	+	\vdash	+	+												-	_	-
		Audit access to all health sites	┢	-	+	+	H	_	+			+					1							_		
		Review public transport interchange and information provision	-	-	+	-	H	+	+		+	+	H							_				_	+	
		Develop Travel Plans for all acute and secondary sites	<u> </u>	-	+	+	H	+	-			+	H				1						-	_	+	\vdash
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	AtH5	Increase public transport access to health	<u></u>	_	+		\vdash	+	_			+	+	Transport operators									_	+	+	+
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	AtH6	Audit access for relocating services		0	0	10	H	$\overline{}$		0	++,	-											_	\rightarrow	_	
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	AtH7	NHSG consultee in development planning	-	+	+	_	H	+	0		++,	-	\vdash										-	+	+	\vdash
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	AtH8	Robust transport assessment for all new healthcare facilities	\vdash	-	-	۲	\vdash	1	-	ř	+	+	H													
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