Healing Landscapes
"Streets have the biggest impact on public health"

London has seen real progress in encouraging people to switch from using the car to taking public transport, walking or cycling. As London grows, the imperative to do so will become greater – not least because of increasing congestion and its negative impact on communities and the economy. At the same time the consequences of more sedentary lifestyles are severe. Lack of physical activity is now one of the biggest threats to health. With “Healthy Streets” the city has adopted a bold agenda to help tackle these issues. Lucy Saunders, public health specialist at the Greater London Authority and Transport for London, believes that a street that works for people is a street that is good for health. She has developed an evidence-based strategy for creating fair, sustainable, attractive urban spaces.

INTERVIEW: TIM RETTLER

Tim Rettler: Lucy, you have been developing “Healthy Streets” for several years. Could you outline the origins and the development of this new approach?

Lucy Saunders: I worked in many areas of public health. Throughout my career I was wondering if one could only do one thing, what would have the biggest impact on improving health and reducing health inequalities? I saw that the big challenges are predominantly related to physical activity, but also issues like loneliness and social isolation. If you add the other impacts that come from everyday activities – exposure to air pollution, road danger and noise – you start to realise that the way we design our cities, and what our streets look and feel like has the biggest impact on public health.

Rettler: What is the foundation of your approach to addressing these issues?

Saunders: Through research at the London School of Hygiene and Tropical Medicine I was building up my knowledge on the relationship between transport, public realm and public health, and the co-benefits of things you could do in other sectors that would deliver health co-benefits. These interdependencies can be complex; therefore it was important to me to distill the evidence base on what we know streets need to look and feel like into everyday language that a range of practitioners from different professional backgrounds can come together around. That is where the development of the Healthy Streets Approach (HSA) and the ten Healthy Streets indicators came from.

Rettler: What was your experience of bringing a range of specialists together?

Saunders: I would say that technical professionals, like engineers, find the fact that these indicators seem quite woolly – like “people feel relaxed” – difficult. That is perfectly understandable. The starting point is to say, we need to make this street feel relaxing, and in follow that we have the tools for each different professional group that show them what they need to do to apply the approach in their job and achieve a broader outcome.

Rettler: Can you explain these tools more precisely?

Saunders: For example, we have a “Healthy Streets Check for Designers” aimed at engineers. This is a very specific and precise list of 31 metrics to assess their designs against, providing a score for how well they are achieving the indicator. There are some indicators that some practitioners may struggle to understand the importance of, for example “things to see and do”. Purely from a public health perspective we know that if we want people to be physically active, they need to be able to build this into their daily routines. That probably means walking and cycling for travel purposes. But human beings are only going to walk and cycle as part of their daily routine if it is a rewarding experience, and we know that people need a visually engaging street at eye level, and something that piques their curiosity. These are all things that urban designers know, but I think it is important to point this out, because there will be other professional groups who will not necessarily think of “things to see and do” as being part of their job, for example in highway management.
Rettler: Can you provide another example?
SAUNDERS: There is also a tool called "Guide to the Healthy Streets Indicators", which should be used much earlier in a project, at the point where you are thinking much more broadly and fluidly about the nature of the project. It is written in very plain language so that a range of different stakeholders can use it. You can use it to assess the current condition of a street and see what might need to change, or you can use it to think about a new place and what should be considered in the design. The urban design community has been way out in front on this for a very long time. This is more about bringing other stakeholders along to this way of seeing things.

Rettler: In other words, these tools not only help designers as they work, but also as they present their result to other groups?
SAUNDERS: Yes. Urban designers are inherently thinking about the human experience — that is one of the values that they bring to a multi-disciplinary project. The HSA is a way of helping them argue their case and reinforce the approach that they were planning on taking. It doesn’t cover everything that a design needs to have for it to be a good design — it just says these are the basic things for human health. Sometimes it can be frustrating for urban designers because they can see there is more on top of that.

Rettler: Can you talk about the factors that might need to be considered?
SAUNDERS: For example, if you have a street which you wish to move a lot of people through on foot, you are going to need to make sure that there is plenty of space for people walking, that there are opportunities for people to sit down, that there is shade and shelter where people need it. Depending on where it is, you may need public toilets and drinking water fountains. It is going to have to be a visually engaging environment. And it has to feel safe and not be traffic dominated. And then suddenly all these things that you have to do to make it a successful movement corridor for people are the things you might have put in your list of things to make it a nice place to be in. The two are so inextricably linked — we human beings are not machines moving around a system. But we need all of the qualities that are described in the Healthy Streets indicators that are often described as "nice to have place features" for people to actually move through these places as well.

Rettler: The Mayor of London’s Transport Strategy sets very ambitious targets: by 2041 eighty per cent of all trips should be made by walking, cycling and public transport. Every Londoner should do at least twenty minutes of active travel. What do you think are the London-specific challenges to achieving this?
SAUNDERS: I think these targets are completely achievable. The challenge we are facing in London, which is common to many cities around the...
world, is the pace and scale we need to move at to ensure that we are providing a healthy environment for the people who live in the city. This is possibly higher than the pace and scale that we were used to working at. But the strategy is a twenty-five-year plan, and I would say that London has got a lot of assets for delivering the HSA. But I would like to see us changing some of our systems and processes so that we can deliver change quicker, in particular in the outer parts of London that are more dispersed and that are more car dominated.

Rettler: You mention outer London. Has there been any challenge from these boroughs towards the HSA or the mayor’s direction of travel?

SAUNDERS: The HSA does not prescribe a set standard that all streets need to meet. It says that we need to move from the position we are in to an improved position. The pace at which we do that on different streets will vary. At a more spatial level what that means is our expectations for central and inner London boroughs in terms of their transport mode share and the ambition around their policies will be much higher than the very different context of some of our outer London areas. There hasn’t been to my knowledge pushback from the boroughs as long as they understand they are not expected to make an outer London borough feel like central London.

Rettler: The white middle-aged professional on his racing bike is an often-cited example that sustainable travel is not always embraced by all sections of the population in equal ways. How can the HSA respond to demographic differences?

SAUNDERS: London has a complex demographic make-up, like many large, global cities. There is a danger that when talking generalities, we miss some of that richness of diversity. Some central London boroughs have much lower ambitions around delivering the HSA than some of the outer London boroughs, and that is a reflection of the nature of the people who live in these areas and their respective elected local leadership.

Rettler: Can this approach be applied to any size town or city anywhere?

SAUNDERS: The HSA is all about ensuring that our streets are fit for purpose for everyone. It wasn’t developed with a particular place in mind. But there isn’t a “one-size-fits-all” in terms of how you deliver Healthy Streets. It should of course be delivered in a way that reflects the aspirations and the appetite of the local population. For example, a borough that felt that most of its residents were not open to cycling at all could deliver huge benefits in terms of Healthy Streets by reducing traffic dominance and making streets more walkable and improving access to public transport. But the goal needs always to be the same: to improve public health. That is non-negotiable. I don’t think it is acceptable for people to have no choice but to breathe air that is not safe to breathe. I don’t think it’s acceptable for people to feel they have no choice but to own and drive a car. There is a bottom line, but how you go above that can be done in a way that reflects what the local people want.
According to Lucy Saunders, the key elements necessary for public spaces to improve people’s health are the same as those needed to make urban places socially and economically vibrant and environmentally sustainable. She distilled these into the “10 Healthy Street Indicators”.

Many of the other things that we need to do – the other nine indicators – all reinforce that point of inclusion. If you are reducing traffic dominance in a way that is measured and sensitive, then you are probably doing the best that you can in terms of improving the inclusivity of the street environment.

Rettler: How can Healthy Streets help make the case for investment in streets and public spaces in times of austerity?

SAUNDERS: Physical activity has very significant health benefits that can be monetised. The active travel that will happen in the street will give you a compelling business case. There are other tools that are available for measuring air quality and noise and road traffic injuries. They are all brought together in a Health Economic Assessment Tool for walking and cycling which has been produced by the World Health Organisation. It enables someone to calculate the monetised impacts of these different health aspects of their project all in one tool. The Healthy Streets Check for Designers mentioned earlier is also being used in business cases – not for monetising, but for showing the alignment of a project with the strategic Healthy Streets Approach. We use this as well to make a case for new projects.

Rettler: Could you explain how Healthy Streets will be delivered on the ground?

SAUNDERS: The Mayor’s Transport Strategy sets out that we aim to deliver the Healthy Streets Approach on three levels. The first level is at spatial planning level: it ensures that when we are developing new places and enhancing existing places we are going to get those fundamental building blocks in place in terms of density, access to public transport, walkable and cyclable connected street networks and so on. The new draft London Plan reflected this at the strategic spatial planning level. The second level is about network connectivity, making sure that for longer distance journeys we have the option to travel by public transport wherever possible. That is about making sure that we improve public services in underserved areas. And thirdly we move down to the individual street level.

Rettler: What are the next steps and what is the time horizon?

SAUNDERS: Transport for London’s business plan is now aligned with the Healthy Streets Approach in making sure that London is spending money on the kinds of things that are going to deliver those high-level fundamental building blocks to making it a healthier city. Because there is a lead in time of several years for many of our projects, it will probably be another two to three years before we start routinely seeing really good alignment with the HSA on things that are built on the street. But we know from using the Healthy Streets Check in the design process what kind of improvements to expect.

Rettler: You have been to New Zealand recently. Is there an interest to adopt the Healthy Streets?

SAUNDERS: There is a lot of interest from other places, including New Zealand. I am also talking to some people from other cities and countries, providing advice and support. I think it is a framework that makes sense to a lot of people. It is obviously transferable to different types of places, so I would expect the Healthy Streets to be applied in other cities.