PUBLIC INQUIRY

APPLICATION BY NETWORK RAIL UNDER TRANSPORT AND WORKS ACT 1992

PROPOSED NETWORK RAIL (CAMBRIDGESHIRE LEVEL CROSSING REDUCTION) ORDER 200X

OBJ/12-CAMBRIDGESHIRE COUNTY COUNCIL
PROOF OF EVIDENCE

IAIN GREEN

SENIOR PUBLIC HEALTH MANAGER ENVIRONMENT AND PLANNING

Introduction

1. My name is Iain Green, I am employed by Cambridgeshire County Council (CCC) as the Senior Public Health Manager of Environment and Planning. I have been in my current position since November 2016. Prior to this I qualified as an Environmental Health Officer in 1994.

2. In 2000 I joined South Cambridgeshire District Council (SCDC) leading on Public Health, specifically leading on growth (major planning applications) and health. As part of this role I wrote the SCDC local plan policy on Health Impact Assessment (HIA) and defended the policy in the various councillor and public fora. I also wrote the Supplementary Planning Guidance to accompany the policy. At the time SCDC was one of the first Local Authorities to require Health Impact Assessments as part of the planning application process and as such has been recognised as a national leader in Planning and Health and has been cited as good practice in national publications, and guidance.

3. In addition to the planning and health work worked on several projects to increase physical activity including the Council's exercise referral programme (Fitness 4 Health, later to become Active & Healthy for Life) which included links to healthy walks of which I was the lead officer.

4. From October 2014 until June 2016 I was seconded part time to the Public Health Team at Cambridgeshire County Council in to give specialist public health input into the major growth sites across Cambridgeshire, this includes advice on encouraging physical activity through walking and cycling and active travel, this includes evidence based advice on walking and cycling routes and the benefits to population health.

5. In Nov 2016 I took on a full time role at CCC as the Senior Public Health Manager Environment and Planning. My role is to give public health input into all environmental aspects of the Council, primarily focusing on the wider determinants of health, including transport (Active Travel) and associated health conditions. I am the lead officer responsible for commenting on planning applications from a public health perspective.

6. I am the main point of contact for the Economy, Transport and Environment department within CCC which includes Transport, Highways and Growth & Economy. I advise the department and provide public health evidence.

7. As part of my secondment I successfully defended the County Councils position at the Local Examination in Public of the Fenland Local Plan (October 2014), whereby the County Council was objecting to the lack of a clear policy requiring planning applications to be submitted with a Health Impact Assessment. I successfully argued that Fenland has high levels of obesity, low levels of exercise and healthy eating, high rates of road injuries and deaths, high levels of smoking and low male life expectancy compared to Cambridgeshire, the East of England and national averages, therefore the inspector agreed "that a policy requiring a Health Impact Assessment to be submitted to support major development is therefore wholly justified locally and necessary". Overall I have 23 years experience in public health and land use planning.

8. I hold a BSc (Hons) in Environmental Health (1994), and a MSt (Master of Studies) in Public Health (2006).

Public Health Evidence on the proposed closures

9. I was asked by the Asset Manager – Information (Highways Service) at CCC, to review Network Rail's proposed list of closures and to give an opinion on what could be the public health impact(s) of closing the crossings on the community living near or using the crossings and on visitors. I undertook a literature review of the evidence on walking and cycling in relation to type of routes, aesthetics of the routes etc. This review can be found in Appendix A to this statement. I then compared each proposed closure with the surrounding locality to explore the possible public health consequences of that closure and the associated diversion(s), particularly looking at access to community facilities, bus stops and open space, community severance, effects on marginalised groups. The affected community could be large villages or just a few houses. Proximity to plentiful, good quality green space has an important influence on the health of local populations, and accessible, good quality green space is linked to better and more frequent use of green spaces. A summary of this evidence can be found at Appendix C.

Short summary of the literature

10. The evidence shows well documented research about the barriers/enablers of walking/cycling particularly for active/utilitarian travel, less so for recreational/leisure. The safety of pedestrians near level crossings is well documented but there appears to be

nothing in terms of how this may influence walking patterns etc. There is evidence on linear/circular routes but which type is chosen depends on personal preference/human behaviour. The evidence in Appendix A is grouped into the following themes:

- The terrain
- Attractiveness of the route
- Walking and cycling for utilitarian purposes
- Human behaviour and other factors

11. In addition there is evidence on the benefit of walking and cycling on mental health which is reproduced at Appendix B. The evidence reviewed supports the premise that walking and cycling can have positive effects on mental wellbeing. There is stronger evidence that physical activity positively affects mental health and therefore a conclusion could be drawn that walking and cycling (as forms of physical activity) will also have positive effects on mental health.

12. Then I reviewed additional information which the team was aware of such as local heartbeat groups. Closure of a crossing might cause an established group to cease, or to find a different route. The proposed diversion(s) might not be suitable for particular users and may affect walkers continued use of that path/route. This is linked to "habit formation", whereby habits can take 6-18 months to form, so if a closure disrupts an existing pattern of behaviour the reestablishment of the behaviour may not re-establish or may take months to adjust and form a new habit i.e. finding another route.

13. Of particular concern are the health outcomes in the Fenland District Council area, where a number of the proposed crossing closures are located, These health outcomes are poor when compared to the county averages and sometimes nationally. Areas of particular concern in Fenland are: general inequalities in health determinants and some outcomes across the life-course; physical activity and excess weight in adults; mental health; recorded diabetes; male life expectancy at birth. Many other important indicators are also closer to national, rather than the local county averages and so remain areas of concern. Health profiles for Cambridgeshire and the District can be found at Appendices D-H, In summary:
    - Fenland has relatively lower life expectancy and higher death rates.
    - Levels of disability and general ill-health are higher in Fenland.
    - The general practice (GP) recorded prevalence of some specific long-term conditions like diabetes and cancer appear to be higher in Cambridgeshire than nationally, Fenland tends to have the highest prevalence rates for many diseases.
    - The prevalence of depression is higher in Fenland and Huntingdonshire.
    - Fenland has a similar level to that found nationally for levels of overweight children. Children's activity levels tend to decrease as they get older.

- Almost two-thirds of Cambridgeshire adults are overweight, with higher levels than found nationally in East Cambridgeshire, Fenland and Huntingdonshire. A quarter are physically inactive, with the lowest activity levels in Fenland.

14. Closures to PROW in the Fenland area are likely to be disproportionate compared to the rest of the County, Fenland has less PROW per Km compared to the rest of Cambridgeshire. Fenland has 0.63 PROW per Square Km compared to 1.5 across Cambridgeshire as a whole.

Public Health view on the Diversity Impact Assessment Scoping Report (DIA)

15. I was asked to review Network Rail's Diversity Impact Assessment Scoping Report (DIA) in October 2016. I consider that the methodology used may miss disadvantaged groups at the scoping stage due to the practice of creating "hotspots" My view is that at the screening stage if a protected characteristic is identified as having possible adverse impacts it should trigger a wider/full DIA. The methodology used only triggers a DIA if a "hotspot" is identified i.e. more than one protected characteristic and within 5KM etc.

16. In addition the 5km radius chosen may be considered small particularly in rural areas where the settlement pattern is sparse. There may be disproportionate effects on groups which find local open green space inaccessible or harder to reach due to crossing closures. These closures may be part of routes which enable adults (19-64 years old) to achieve at the UK Chief Medical Officer (CMO) recommended guidelines of at least 150 minutes of physical activity per week. Also 5km may not take into account other users such as off road motorcycle riders which are likely to travel in excess of a 5 km starting point as part of their journey, although it is acknowledged that motorcycle users may not fall within the definition of a protected characteristic.

17. Section 3.1.4 on Community Severance mentions the barriers which can lead to community severance
    - Physical barriers - such as the introduction of new or removal of existing infrastructure
    - Psychological or perceived barriers - such as traffic noise or road safety fears
    - Social barriers - such as the disruption of 'neighbourhood lifestyle' or inhibition of social interaction

18. The assessment tables (pages 145 onwards) does not scope in these barriers and therefore may not be included in the full DIAs, e.g. a diversion from a footpath to a road may be perceived as a barrier thus creating community severance. The section acknowledges that there is recognition that some social groups are more vulnerable to the effects of community severance than others; including people with restricted mobility; older people and disabled people, and school children (younger people), and older people are more at risk of social isolation which can be compounded by transport

barriers. The effects of community severance also have a disproportionate effect on disabled people who also experience higher rates of social exclusion and existing barriers to transport, therefore these groups should have specifically included as part of the DIA scope and the impacts on these groups considered for each crossing closure.

Public Health Implications of closures C04, C07, C20 and C25, C28

General Public Health views

19. Where possible the DIA should have used local data e.g. the Cambridgeshire Transport and Health Joint Strategic Needs Assessment. In addition the DIA should have considered data on the health of the population in question particularly as the DIA make reference to "long term medical conditions" under the Disability Protected Characteristic. The Health Profiles for the relevant Local Authorities are contained in Appendix B.

20. The assessment has not mentioned the impacts of the local growth of housing. Some of the proposed crossing closures are near to proposed areas for new housing, specifically the Waterbeach development of up to 10,000 new dwellings, Ely North, Hauxton. Some of the PROW may be used more frequently when these sites are complete and the network of PROW surrounding these site may become integral to the development.

21. Some of the crossings are stated as "rarely used". This needs to be understood in the context of a rural environment whereby the crossing may only be used by a few people but it may be the only leisure route in the vicinity and therefore forms an important local asset, rarely used should not be confused with unimportant, for example in the case of Leonards (C20), the statement: *"Despite not having a dedicated pedestrian walkway, the route [road] is tarmacked and flat"* does not justify diverting pedestrians onto the road as a suitable mitigation measure for closing the crossing.

C04 – No Name number 20 (Meldreth)

22. This closure proposes a diversion which takes people onto a road which detracts from the aesthetics of a "green route". As stated in Appendix A, people walking are willing to go out of their way to use more attractive facilities, but their tolerance for detours is limited, more so than for cyclists. Elements of the built environment can enhance or detract from a potential route.

C07 – No Name number 37 (Harston)

23. This closure proposes a diversion which takes people onto a road and involves users having to navigate steep steps which detracts from the aesthetics of a "green route". As

stated in Appendix A, people walking are willing to go out of their way to use more attractive facilities, but their tolerance for detours is limited, more so than for cyclists. Elements of the built environment can enhance or detract from a potential route. In addition the addition of steps may prevent some users from adopting the new diversion route as contained in the DIA.

C20 – Leonards (Soham)

24. This crossing is part of a route used by a local heartbeat group (those who have previously had a heart attack) and therefore this group falls in the definition of a group of "People living with a long term limiting illness" contained in the DIA scoping report and in my opinion warrants a full DIA, as the loss of this route may affect the health outcomes of this group if the new route prove unpopular.

C25 – Clayway (Littleport)

25. This crossing is part of a route used by a local heartbeat group (those who have previously had a heart attack) and therefore this group falls in the definition of a group of "People living with a long term limiting illness" contained in the DIA scoping report and in my opinion warrants a full DIA, as the loss of this route may affect the health outcomes of this group if the new route proves unpopular.

C28 – Black Horse Drove (Littleport)

26. I disagree with the findings of the DIA that *"An analysis of local amenities indicates that there are no local amenities or places of particular importance to equalities groups in close proximity to the crossing.*" There is an operating bus stop one side of the crossing for the route 129 bus and the nearest houses are the other side of the railway, an assessment should have been made of any impact the closure will have on the bus route and accessibility to the bus stop.