

**Marrington, Peter**

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**From:** Illingworth, Cllr John  
**Sent:** 28 June 2012 10:38  
**To:** Marrington, Peter  
**Cc:** Councillors All; Cameron, Ian; Bartlett, Gary  
**Subject:** Key Delegated Decisions - 39175 - Proposed Scheme to Permit Hackney Carriage use of Bus Lanes - Capital Scheme Number 16532-000-000  
**Attachments:** 39175 - Proposed Scheme to Permit Hackney Carriage use of Bus Lanes - Capital Scheme Number 16532-000-000.pdf

Dear Peter

I understand that a Request for Scrutiny has been received from the public, and that several other councillors want to call-in this Delegated Decision. I support the proposed call-in and will sign the required forms. Hackney Carriages in Bus Lanes is a policy that could plainly have significant effects on Public Health, but this aspect has not been adequately considered by the decision-makers. "Health" is not mentioned in the published reports.

Public Health in Leeds is worse than the national average and there is an unacceptable gap between the richer and poorer areas of our city. The Health and Social Care Act 2012 imposes new duties on the Council in relation to Public Health. The Council has a new obligation to promote Public Health, and it is already Council policy to do so. These existing Council policies and obligations have not been properly considered and evaluated in the present report.

There will be two separate effects on Public Health: (1) the proposal may directly increase the number of road accidents, and (2) the proposal is likely to discourage cycling, which is an important form of physical activity, and this will adversely affect health and quality of life. The second effect is believed to be more important than the first.

Physical activity is strongly associated with good health and a long and happy life. For most people, increased physical activity is a substantially cheaper and more effective therapy than surgery or drug treatment. Childhood obesity could be significantly reduced if more children and teenagers cycled to school, and more cycling by adults would improve major causes of ill-health, including obesity, diabetes and cardiovascular disease. It makes good sense to encourage physical activity in people of all ages and it is already Council policy to do so.

Most forms of physical activity are effective and it is important to encourage diversity: walking, cycling, running, gardening, dancing, swimming, gyms and all forms of team sports. Most people in Leeds do not presently achieve the existing nationally-recommended levels of physical activity, and the most recent scientific and medical evidence suggests that these national recommendations should be raised still further.

Cycling is a very effective, convenient, enjoyable and affordable form of physical activity which can be indulged in throughout life. It is an excellent way of getting around Leeds: cheaper and quicker over short distances than any competing mode, with no adverse effects on the environment. The smooth joint movements make it particularly suitable for older people. The perceived risk of road accidents discourages cycling, and competition for road space with aggressive drivers is an important factor.

Pedal cycles presently use bus lanes, and this is an important benefit to cyclists,

especially under congested conditions. Consultation with cyclists about these proposals has been inadequate, and appears to have been an afterthought. Important issues raised by cyclists have not been properly addressed in the published reports.

It is particularly important to increase physical activity throughout the inner city, where health differentials are most obvious, where the opportunities are most restricted, and where the present proposals are likely to have their greatest effect. Some racial or ethnic groups may be concentrated in these areas and face increased risk from diabetes and cardiovascular disease. Cycling has an important part to play in reducing health differentials, and this policy will be compromised by the bus lane changes in the present report.

Bus drivers are trained to high standards, and buses run to established timetables along predictable routes. Speeding and unexpected manoeuvres are rarely a problem. Most cyclists have no issues with bus drivers, but taxis are another matter. For new cyclists, the perceived risk from taxis may be more important than the actual numbers.

Most Hackney Carriage drivers behave responsibly, but as with all drivers a minority do not. Time is money for a taxi operator, and passengers may be late for their appointment and encourage higher speeds or opportunistic manoeuvres that other road users may not be expecting. Most people have travelled in a taxi that exceeded the speed limit and slowed down noticeably when passing speed enforcement cameras. That taxi driver was acting dangerously and breaking the law.

Driving standards may be lower in the Private Hire trade. The present proposal will not allow private hire vehicles to use bus lanes, but the distinction may be abolished in the future, and the presence of any cars within a bus lane encourages more car drivers to join them, especially approaching junctions.

The decision to allow Hackney Carriages to use Bus Lanes commits the Council to substantial expenditure, which will be wasted if the scheme is implemented and subsequently withdrawn. Greater public benefit would result if these resources were applied instead to increased bus priority measures, city-wide, rather than weakening those that are already in place.

There is little doubt in my mind that Hackney Carriages in Bus Lanes will decrease overall levels of physical activity and adversely affect the Council's Public Health policies. This conflict should have been properly considered, quantified and resolved. This plainly has not been done, so the decision should be called in so that it can be reconsidered with all the relevant information taken into account.

### **Background information:**

Almost everything that the Council does potentially impacts on Public Health. The new staff who have been appointed to implement the Council's Public Health functions have not been concentrated in a centralised "Health Department" but have instead been disseminated throughout the other Council Departments so that they can influence and advise on all aspects of Council Policy. Departments that are apparently far removed from the Health & Social Care agenda, Planning and Highways for example, must reconsider their existing policies in the light of recent legislation. In this present case the decision makers have not employed the advice and assistance that was available.

The need for intervention is stark. Leeds has set itself ambitious targets of narrowing the unacceptable "Health Gap" between the richest and the poorest neighbourhoods, becoming the "best city" for Public Health. Nevertheless, the Leeds Health Profile that was published on 26 June by the NHS observes:



## **Leeds at a glance**

- *The health of people in Leeds is generally worse than the England average. Deprivation is higher than average and about 31,100 children live in poverty. Life expectancy for both men and women is lower than the England average.*
- *Life expectancy is 12.4 years lower for men and 8.2 years lower for women in the most deprived areas of Leeds than in the least deprived areas.*
- *Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.*
- *About 19.9% of Year 6 children are classified as obese. Levels of teenage pregnancy, GCSE attainment and breast feeding initiation are worse than the England average. The level of smoking in pregnancy is better than the England average.*
- *Estimated levels of adult 'healthy eating', smoking and obesity are worse than the England average. Rates of sexually transmitted infections and smoking related deaths are worse than the England average. The rates of statutory homelessness and violent crime are lower than average.*
- *Priorities in Leeds include tackling the inequalities gap, smoking and child health. For more information see [www.leeds.nhs.uk/](http://www.leeds.nhs.uk/).*

The **Health and Social Care Act 2012** defines new roles for Leeds City Council. Some of these are outlined in section 12:

## **12 Duties as to improvement of public health**

After section 2A of the National Health Service Act 2006 insert—

### **“2B Functions of local authorities and Secretary of State as to improvement of public health**

- (1) *Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.*
- (2) *The Secretary of State may take such steps as the Secretary of State considers appropriate for improving the health of the people of England.*
- (3) *The steps that may be taken under subsection (1) or (2) include—*
  - (a) *providing information and advice;*
  - (b) *providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);*
  - (c) *providing services or facilities for the prevention, diagnosis or treatment of illness;*
  - (d) *providing financial incentives to encourage individuals to adopt healthier lifestyles;*
  - (e) *providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;*
  - (f) *providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;*
  - (g) *making available the services of any person or any facilities.*
- (4) *The steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).*

- (5) *In this section, "local authority" means—*
- (a) a county council in England;*
  - (b) a district council in England, other than a council for a district in a county for which there is a county council;*
  - (c) a London borough council;*
  - (d) the Council of the Isles of Scilly;*
  - (e) the Common Council of the City of London."*

The word "must" above has significant legal implications.

John Illingworth

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**From:** Ellis, Joan

**Sent:** 27 June 2012 12:36

**To:** Councillors All; Cowen, Thomas; Dickinson, Colin; Courtney, Steven; Hopton, James; Green, Rebecca; Newbould, Sandra; Clayton, Robert; Harwood, Jane; Darbyshire, Nicole; Baker, Simon; Scrutiny Office; Kirk, Ian; Kimber, Alan

**Cc:** Wathen, Michelle; Burton, Keith; Foster, Paul

**Subject:** Key Delegated Decisions - 39175 - Proposed Scheme to Permit Hackney Carriage use of Bus Lanes - Capital Scheme Number 16532-000-000

The attached key decision is provided to all Members for the purposes of Call In, the period for which concludes at **5.00 pm on 4<sup>th</sup> July 2012.**

For further information please contact the report author.

For advice on calling-in a decision please contact the Scrutiny Support Manager, Peter Marrington, on (0113) 3951151.

Joan Ellis  
Governance Services  
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