



CHARITY COMMISSION
FOR ENGLAND AND WALES

Trustees' Annual Report for the period October 2022 to October 2023

This report covers the period from the date of our last report (20th October 2022) until the date the report was submitted for approval by the Board of Trustees (19th October 2022).

However, the financial information in the report, and the accounts accompanying this report relate, for accountancy reasons, only to the period 1st June 2022 (start of financial year) to 31st May 2023 (end of financial year). This is less than one year as the 2020/21 financial year was extended so that the first two sets of accounts would be for 8 months and 10 months rather than 6 months and 12 months. This adjustment is now completed and future financial years will be 12 months.

Charity name: TRANSPORT AND HEALTH SCIENCE GROUP CIO

Charity registration number: 1192138

Objectives and Activities

Summary of the purposes of the charity as set out in its governing document
The purposes of the charity as set out its governing document are: - a) The advancement of education for the public benefit by adding to collective knowledge and understanding of the subject of transport and health. b) The promotion of good health and the preservation and protection of health for the public benefit by educating and informing the public in general, scientists, social scientists, engineers, public health professionals, transport professionals and decision-makers in relation to the wide range of impacts transport and health have on each other and in doing so seeking transport solutions which positively impact on health or minimise harm to health'
Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.
HEALTH ON THE MOVE 3 <i>Health on the Move 2</i> was produced 11 years ago and we have now embarked on a revision. The writing of <i>Health on the Move 3</i> has been the Group's major activity in 2023. <i>Systematic Reviews</i> The first step in this has been the commissioning of a series of systematic reviews of the evidence on particular areas. The first drafts were completed by October 15th 2023 and the document will be finalised by December, with a view to publication by Elsevier in 2024 under the title <i>Health on the Move 3: The Reviews</i>. There will also be a special issue of the Journal of Transport and Health including shorter versions of each review.

The following areas are being reviewed

- What are the impacts on children's health, wellbeing and education of active travel to school?
- Shifting community perceptions about interventions to reduce car use
- What contribution does each of the factors affecting gender differences in travel patterns make?
- What are the impacts of disability on travel?
- What interventions increase active travel?
- What are the impacts of area-wide 20mph [30kph] speed limits?
- What are the economic and social impacts of public transport and how do these relate to health?
- What policies are effective in reducing congestion?
- Health outcomes of public transport: a systematic review
- Transport & Loneliness
- Costs of transport and mental health and wellbeing
- Can transport interventions contribute to health equity? A systematic review of whether the effects of transport interventions on major transport-related influences on health differ by ethnicity and socio-economic status.

Summaries of other important advances in transport and health have been included under the heading of the 8 Cs

- Couch potatoes - Active travel or sedentary behaviour
- Crashes and injuries
- Contamination
- Carbon emissions
- Cacophony
- Community severance
- Congestion
- Concern (stress and other psychological issues)

Summaries will also be prepared of the lessons from existing systematic reviews on

- Travel behaviour
- Rurality
- Free-range children
- Promoting cycling and walking

There were issues we would have liked to have included but were unable to do so

- How important is travel mode in determining injury and fatality rates related to travel? (Review commissioned but not produced)
- The effectiveness of cycle helmets and the impact on cycling levels of requiring or actively promoting them (Advocates of compulsory cycle helmets repeatedly ignored requests to participate in a balanced debate with opponents)

Policy Reviews

We are also undertaking a review of the policies that were set out in *Health on the Move 2*. The policy review is projected to lead to the publication of *Health on the Move 3: The Policies*

We have so far reviewed policies on

- Congestion and road charging

- Climate change and biodiversity
- Animal-based transport
- Infrastructure
- Planning
- Placemaking
- Public Transport
- Railways

Reviews are under way on the following areas but it seemed sensible to await the conclusion of the systematic reviews

- Disability
- Transport injuries
- Migration, race and colonialism
- Gender
- Inequalities
- Autonomous vehicles

Future policy reviews are planned on

- Children and Young People
- Older People
- Highways
- Road Danger Reduction & Risk
- Finance
- Freight
- Medical Education and Research
- Structural Questions and Coordination
- Legislation
- Regional Strategies

The Guidelines

Guidelines on good practice will also be produced and published as *Health on the Move 3: The Guidelines*

The Update

Towards the end of the process the text of *Health on the Move 2* will be revised to incorporate changes, and the revised document will be published as *Health on the Move 3: The Update*. *Health on the Move 3* will then consist of these four documents

CONFERENCES AND SEMINARS

2022 Seminar

The seminar held concurrently with the 2022 AGM included sessions on

- Policies on Sustainable Transport: an International Perspective
- Placemaking
- Community Severance

Other Meetings and Seminars

Meetings have been held on

- High Streets
- Active Travel
- Climate Change

International Conference on Transport and Health

From 2011 to 2021 we jointly organised the International Conference on Transport and Health in conjunction with IPATH. IPATH has terminated this arrangement and so from the 8th conference onwards the two organisations will be organising separate conferences. Our conference will be linked with the Journal and called the JTH International Conference on Transport and Health. We are planning it for 2024.

JOURNAL

A full report from the Journal will be presented to the AGM and is summarised here.

The Journal of Transport & Health (JTH) is devoted to publishing research that advances our knowledge on the many interactions between transport and health and the policies that affect these. In general, we will prioritise papers that evaluate or inform the development of interventions and policies to improve population health, or that make a genuinely original contribution, rather than being basic descriptive studies. The journal aims to cover transport and health issues in all countries; in general, studies should have a context, or lessons, that can be transferred to other locations.

The Journal of Transport & Health publishes articles at the cutting-edge that are significant for policy and practice. The readership is international and multi-disciplinary; articles need to be understood by intelligent readers from a broad range of specialties and places. We are particularly keen to encourage submissions that are cross-disciplinary or inter-disciplinary. The journal has three particular aims:

1. to promote dialogue and collaboration between the two research communities it serves;
2. to improve the methods and the quality and appropriate use of data to better understand the relationships between transport and health; and
3. to encourage transfer of research into practice

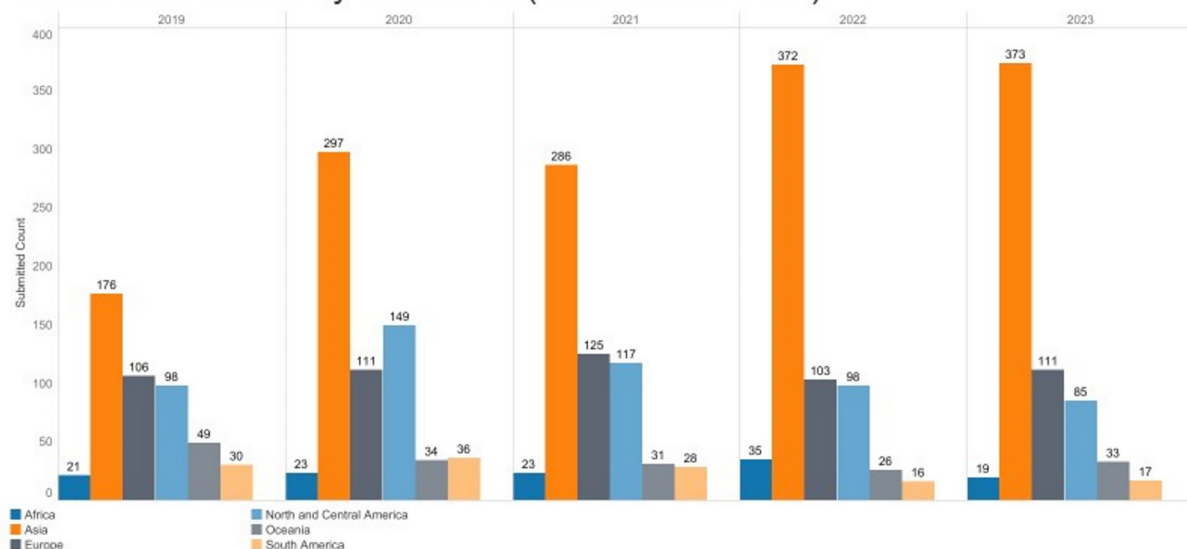
Submissions are up in number (638 for the year to Oct 9th 2023 v 650 for whole of 2022 and 611 in 2021). Rejection rate has increased slightly over the last 3 years (2023:82%; 2022:79%; 2021:70%), mainly due to being able to be more particular about topics and offer more desk reject than previous years (2023: 69%; 2022:66%; 2021: 48%).

Articles accepted for publication is probably down slightly from a high in 2021 (n=207); 150 in 2022 and top date, 107 (to 9th October) in 2023 (which a prediction of around 150 again by the end of this year). The 2021 high may be the result of more submissions in 2020 (especially from the United States).

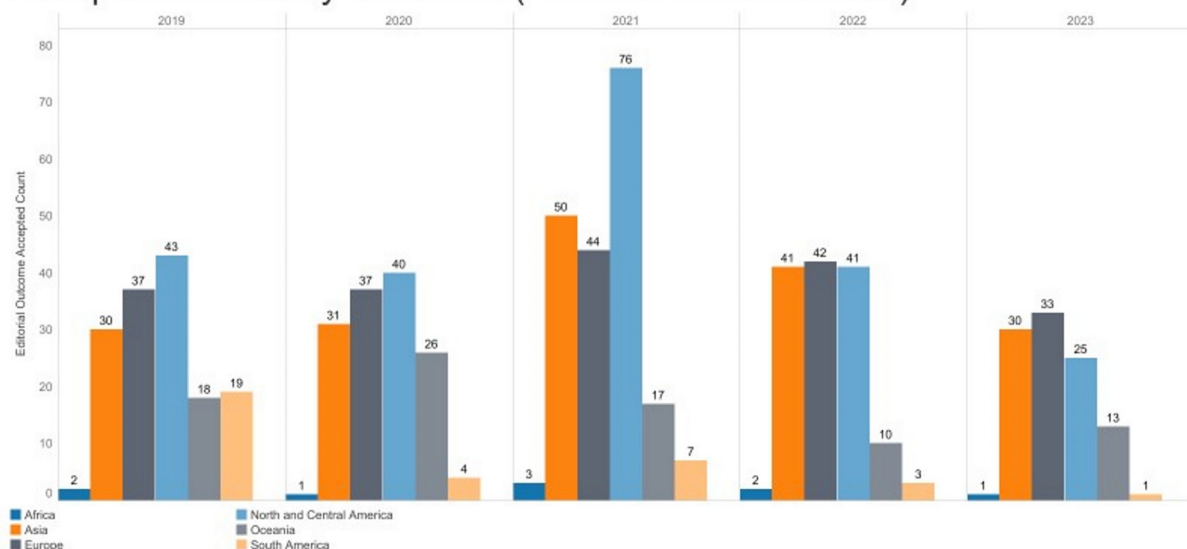
Starting to see an increase in Open Access articles being paid for, 39 year to date (so will increase by end of the year, potentially reaching almost 50), compared to 43 (2022), 33 (2021), 22 (2020), and 16 (2019).

China is the country from which the largest number of submissions was received but the United States from which the largest number of articles were accepted, with the United Kingdom second and China third.

Submitted Articles by Continent (Submission Date)

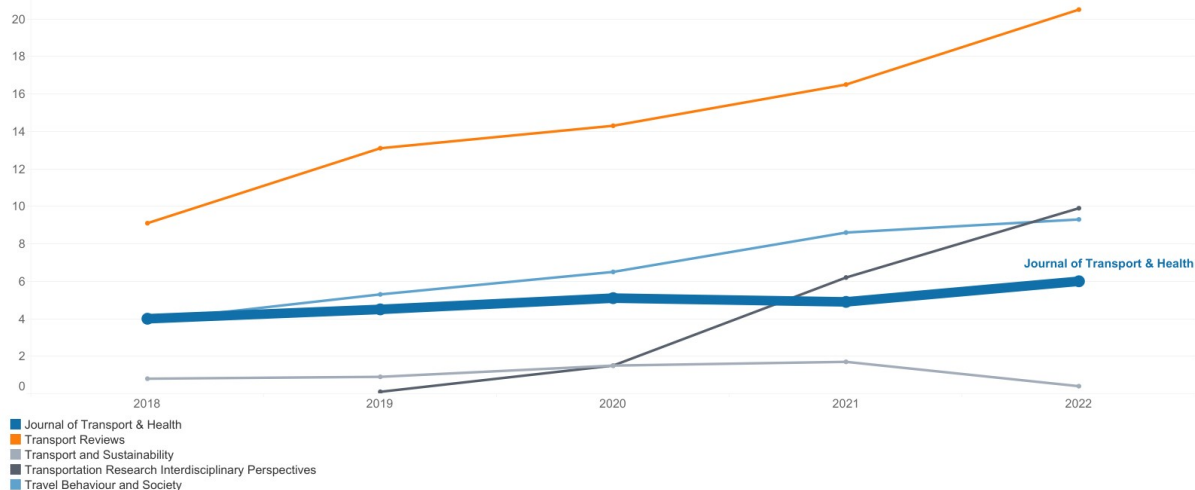


Accepted Articles by Continent (Editorial Outcome Date)



There is a growing number of articles from Asia but a lower acceptance rate.
There is a fuller analysis of these factors in the full Journal report presented to the AGM.

Journal Comparison Scopus CiteScore



Elsevier Confidential
09 October 2023
Version 2.0

The Journal of Transport & Health has an impact factor of 3.6. This has been steadily growing over the past few years. The Impact Factor is calculated by dividing the number of citations in the year by the total number of articles published in the two previous years. So, each article in JTH published over the past two years has been cited 3.6 times on average. It is in the second quartile for public health and third quartile for transportation

ACTIVE TRAVEL

UK

Last year we reported concerns about level crossing closures and the attitude of Network Rail who do not accept that health and safety on the railway must be weighed against safety issues and health issues away from the railway. This continues to be an issue and we continue to support the Ramblers Association on this issue.

Last year we reported concerns about the Highways Agency infilling bridges over old railway lines disrupting their potential use for active travel or for rail reopening. We reported that we were one of many objectors who successfully objected to a retrospective planning application for infilling of a bridge at Great Musgrave in Cumbria. The infilling is now being removed although the Highways Agency delayed to the last possible moment. We reported that Ministers have asked the Highways Agency to discontinue the practice. Despite this, the Highways Agency continues to discuss it, and we remain concerned.

Last year we supported walking and cycling organisations in their request for deferment of the cut-off date for claiming historical rights of way. The necessary surveys to identify these rights of way had not been undertaken because of austerity. We reported that we were in the process of preparing a campaign to get medical and health organisations to write supporting the deferment when we were pleased to be informed that the Government had accepted the case for deferment of the date – indeed for its complete repeal. Unfortunately, the Government has now reneged on the complete repeal and has merely introduced a deferment. It will therefore after all be necessary to campaign for proper resources for updating definitive maps.

We have offered epidemiological support to Living Streets in their work relating to trips and falls.

We continue to pursue the issue of better cycling facilities on trains.

Over the past year the Partnership for Active Travel, Transport and Health continued working to bring public health support to the transport organisations and ensure that health members had access to transport policy support. The membership grew with the recruitment of the Transport Planning Society and the campaigning organisation the Transport Action Network, and on the health side the Association of Directors of Public Health and the Royal College of General Practitioners. Current members are listed below*.

The publication of the Chief Medical Officer's (CMO) 2022 Report on Air Pollution was PATTH's first opportunity to provide a joint response on an important transport related health issue. Over the course of the year we supported several more joint submissions including letters to the Prime Minister and The Times on the health impacts of cuts to the Active Travel Budget, the DHSC Call for Evidence on Major Conditions, and the Transport Select Committee's enquiry into Strategic Transport Objectives. These submissions are an important step in our strategy to engage the health sector, and help raise the profile of the health impact of current national transport policy.

During the year PATTH met with the CMO to discuss ways in which we could support his work. Following the formation of the new body, Active Travel England, we invited Chris Boardman (Active Travel Commissioner) to update us on their role and strategy and to explore health sector links. We later met with Andrew Bradley from NHS England on their plans for increasing active travel among staff. Both speakers emphasised the need for closer working at local level between transport planners, public health and local NHS bodies. Other PATTH meetings explored the importance of public transport, especially buses, and how to mobilise opposition to road building.

During the coming year PATTH aims to explore transport related health inequalities and strategies to counter the growing pushback against active travel.

***Current PATTH Members**

The major public health organisations

Association of Directors of Public Health,
British Medical Association,
Faculty of Public Health,
Medical Women's Federation,
Royal College of General Practitioners
Transport & Health Science Group (THSG)
UK Health Alliance on Climate Change UKHACC

The major transport-related engineering institutions

Chartered Institute of Highways and Transport
Chartered Institute of Water and Environmental Management
Chartered Institute of Logistics and Transport
Transport Planning Society

The major transport and active travel campaigning organisations

Action Vision Zero,
Campaign for Better Transport,
Cycling UK,
Living Streets,
Ramblers Association,
Sustrans,
Transport Action Network
Urban Transport Group

Town and Country Planning Association

Europe

Our Vice Chair (Science, UK) closely involved in the preparation of the WHO European Region Guidance on Best Practice in Promoting Walking and Cycling.

North America

The US Department of Transportation's focus for all modes including Active Travel is Safety "for those walking, biking, and rolling on our roadways and sidewalks". The [DOT FY 2022-2026 Strategic Plan](#) target of a 150% increase in the percentage of person trips by transit and active transportation modes cannot be achieved without major improvements in Safety, especially for walking and cycling. USDOT and the USDOT Volpe National Transportation Systems Center celebrated the fourth annual Pedestrian Safety Month in October 2023 with a four-part webinar series on [Improving Pedestrian Safety on Urban Arterials](#)

Latin America

As can be seen from the MoviSaL report (later herein) work on children's independent mobility, on including active travel in neighbourhood planning and on empowering local communities have all figured prominently in MoviSaL's work

CLIMATE CHANGE

The Transport Special Interest Group of the Faculty of Public Health, which we administer, has made an input on transport matters into the Faculty's plans for climate change and the Group has a seat on the Faculty's Climate Change Committee and is involved in the Faculty's input to COP28. The Faculty has made climate change a major part of its objectives.

We continue to pursue a programme of disseminating information on transport and climate change. Plans for a series of podcasts did not materialise due to technical difficulties but we are exploring the possibility of poster sessions.

LOW TRAFFIC NEIGHBOURHOODS

We continue work on a guidance document summarising the evidence on the question of low traffic neighbourhoods.

COMMUNITY SEVERANCE

THSG was a participant in a project led by UCL and funded by DfT examining community severance which culminated in the development of an assessment methodology. We have been pleased to see progress in disseminating this methodology.

PROFESSIONAL TRAINING

We reported last year that we have obtained approval for the placement of public health specialist trainees, full time or part time, with THSG. In order to obtain this approval, we prepared a detailed work plan and detailed educational strategy, demonstrating the educational outcomes that would be achieved by reference to the competencies to be

acquired.

No placement has yet taken place.

EVIDENCE

UK – Review of Transport Strategy

We gave evidence to the Transport Committee of the House of Commons emphasising the health benefits of transport (the 3 As – access, active travel and attractive environments) and the health harms (the 7 Cs – couch potatoes, crashes and injuries, contamination, community severance, carbon emissions, cacophony and congestion).

The following major strategic points were stated and then developed

1. The health of the people should be one of the objectives of transport policy and there should be a requirement to take it into account in all decisions.
2. Emissions from transport are a major contributor to climate change, which is a public health emergency. Transport decisions must not be made in isolation from the need to achieve net zero.
3. Transport provides access to important health-relevant services, such as health facilities, opportunities for social interaction, leisure facilities and countryside. Currently these are more readily available to people with the use of a car, less available to those reliant on public transport and least available to those unable to afford to use public transport. These inequalities need to be addressed.
4. Gender inequalities are also widely neglected. Women are more likely to trip chain, less likely to have first access to a car, and are deeply concerned about security issues.
5. Lack of adequate transport for disabled people is a serious problem.
6. Centralisation of facilities to save money externalises costs onto the public by the greater transport costs. It also saves less money than is often thought as diseconomies of scale are usually ignored. The processes which lead to this are usually entirely disconnected from transport policy.
7. We strongly support congestion charging, ULEZ zones and road pricing but their impact on the cost of living must be taken into account and so we suggest a range of exemptions to ensure that they support changes in transport behaviour instead of taxing the unavoidable.
8. Those who walk and cycle gain considerable health benefits. Public transport users also gain benefits over car users as they walk more in the course of their journey, although these benefits are not as great as the benefits of walking or cycling the whole journey.
9. As the Dutch experience has shown the space between houses can be used substantially more beneficially than by devoting it primarily to the movement of vehicles. There must be mechanisms to allow residents to reshape their streets as living streets.
10. Planning policies need to address the promotion of healthy and sustainable transport and living streets, and the avoidance of

centralisation, in all new developments but does not do so. However, planning policies alone will not suffice as it is necessary to address existing communities and streetscapes.

11. Traffic in streets is damaging to health and more attention must be paid to diminishing the number of households exposed to this health hazard.
12. The combination of the cycle with cycle-carrying trains or buses is a distinct transport mode which equals the flexibility of the car but there is no strategy for promoting it and cyclists seeking to use public transport are seen as a tolerated nuisance rather than a market opportunity. The experiences of Cal Train in California in substantially promoting this mode by putting cycle vans on all its trains is ignored by UK rail operators and by transport policy makers.
13. People are dying due to poor air quality. Transport-related air pollution is a significant cause of death and ill health. The path to better outdoor air quality is clear, and many of the changes to reduce transport-related air pollution have significant co-benefits for both health and tackling the climate emergency. This is a public health issue and must be addressed as such. In considering the cost of taking action, the costs of not doing so must also be taken into account, including costs to the NHS and social care.
14. Although electric cars offer benefits over petrol and diesel cars, they do not eliminate many of the problems of excessive car use. We need to plan for less use of cars, lorries and planes and more use of walking, cycling, and public transport (including international high speed rail in place of aviation).
15. It has been known since 1938 that new roads generate more traffic and since 1990 that traffic speed in cities is influenced more by the quality of the rail network than by anything done on the roads (even replacing horse drawn vehicles with motor vehicles). Despite this, large sums of public money continue to be spent on road schemes in the irrational belief that they will ease traffic flow, when any such benefits will, except for a very short interim period, simply worsen congestion elsewhere in the system.
16. Treasury assessment processes for transport schemes are so deeply flawed that their use undermines the efficiency of spending decisions instead of improving them
17. Creating dedicated pots of money instead of planning spending in the round prevents consideration of important opportunities. For example, rolling motorways (vehicle-carrying trains) may be much cheaper than a motorway and also improve rail capacity but they will not qualify for money dedicated to road schemes.
18. We support the ICE call for a long term coherent approach to investment and planning.
19. People develop their pattern of transport use on the basis of the quality of the overall service network. They do not get a bus for a night

out if there is no bus back. If there is no train to their destination they are likely to use a car rather than arrange travel from a railhead. These network effects have been widely ignored.

20. Considerable evidence shows that reducing bus networks cause serious public sector costs outweighing any saving
21. Rail investment far exceeding anything currently projected could be funded by benefit-capture. It is important that benefit-capture and externality-charging are seen as market mechanisms not as part of the burden of taxation.
22. We support the creation of “rail greenways”, combinations of new railways (which could be a high speed miniature railway) with greenways (either alongside the railway or elevated above it). Installing these on most disused railway lines would dramatically expand both the rail network and the cycle network.
23. Disused railway formations should be protected from development to avoid one obstacle disrupting development of an entire corridor.
24. Replacing some lanes of motorways with railways (including rolling motorways), building monorails and/or moving pavements above them, conversion of some lanes into automated highways and operating a public transport service along them could dramatically enhance the contribution that they make to the transport system.
25. Thick Perspex barriers that absorb sound can dramatically diminish the noise caused by motorways and by busy railways but for some reason are ignored by engineers in this country despite their effective use in the Netherlands.
26. It is irrational that the costs of motoring are focussed on the cost of having a car available, rather than on the use of it.
27. Car clubs car sharing should be encouraged.
28. There is a place for HOT lanes (high occupancy toll lanes), which are tolled but which are either free or much cheaper for high occupancy vehicles.
29. The development of autonomous vehicles needs to be regulated to focus on shared use in the context of public transport rather than on using them as cars are currently used. Otherwise they will dramatically worsen congestion instead of improving it.
30. The majority of the public support the development of a healthy and sustainable transport system and too much attention is paid to a vociferous minority. This is in part due to a political system which is especially interested in the views of swing voters in marginal seats and correspondingly neglects the views of the majority.

of older people and other people who might have difficulty using technology to be able to buy tickets from a human being. We suggested this could be from a ticket office, from staff on the platform or on the train, from a shop or via a remote link (a virtual ticket office serving a number of stations). If this could not be provided on the station there should be no penalty to buying tickets on the train. We also emphasised the importance of human assistance to disabled people and advocated that driver only operation should not be permitted on lines where there are unstaffed stations.

LATIN AMERICA

2023 MOVISAL REPORT

26 | 05 During the Taller Virtual organized by the Laboratorio de Cambio Social, Paula Barros presented preliminary results of the research on children's independent mobility led by her in the favela Morro do Papagaio and the central area of Belo Horizonte (Brazil). Both studies have had the support of Jenny Mindell. Lake is involved in the research being carried out in the central area of Belo Horizonte.

Paula Barros was able to advance in collaboration with Lake, attending this online presentation.

16-18 | Paula Barros attended the implementation of the Piloto Paisajes de Luz/Rutas Bakanes in Bellavista, Santiago (Chile).
06

During this event, Paula learned about placemaking experiences led by Lake that aim to promote safe public open spaces as part of a larger strategy to promote active travel at night, talked about her experience in Brazil, and advanced in collaboration with Lake and Rosario, another lecturer at the Laboratorio de Cambio Social.

12-16 | Paula Barros was part of the scientific committee of the event
09 *Insurgencias - experiences in public spaces* which brought together the *8th International Festival of Urban Interventions* and the *5th Placemaking Latin America Meeting*, to promote citizen urbanism through exchanges of experiences between Latin American countries. The event was held in Rio de Janeiro (Brazil).

Paula contacted people involved in different placemaking

strategies across Latin America during the event.

17-20 I Paula Barros received researchers, professors and lecturers from
10 UK, Chile, Paraná and São Paulo involved in the studies on children's independent mobility led by her. These studies have been carried out in the favela Morro do Papagaio and the central area of Belo Horizonte (Brazil).

During these days, Jenny Mindell, Rosario, and other members of the research team attended work meetings, filed work activities at Morro do Papagaio, work meetings with the representatives of the local municipality, and talked at the international symposium "City and children's well-being" held at the School of Architecture (UFMG).

Paula and Jenny discussed some ideas on how to organize the team to write papers on children's independent mobility.

Paula Barros was able to advance in collaboration with Jenny and Rosario, who work with Lake, and representatives of the local municipality.

2023 Jenny and Lake, from THSG, supported a grant application led by Paula on children's independent mobility (funder CNPq), which has been awarded and will lead to more exchanges, knowledge integration and publications on children's independent mobility and health.

2023 Paula and the research team have produced a booklet on the benefits and challenges associated with children's independent mobility.

2023 Paula, the lead lecturer of the action-based co-design studio PRJ 057, transformed with children and undergraduate students of architecture the Beco São Jorge at the favela Morro do Papagaio. Mosaics created by children from the public-school Ulisses Guimarães were installed at Beco São Jorge as part of an attempt

to enhance the quality of the outdoor spaces at Morro do Papagaio.

Centre for Sustainable Urban Development, CEDEUS (Pontificia Universidad Católica de Chile) agreed to play a more formal role in Movisal, from 2024 onward, involving researchers from different disciplines and other universities to participate in an annual planning workshop, with the School of Public Health from the University of Chile agreeing to play a lead role.

New book (University of Chile Public Health, forthcoming 2024) includes a preface by Lake Sagaris that references work on pulling planning and public health together as strategic disciplines for achieving sustainability and social justice, and mentions Movisal/THSG collaborations in this sense.

08 / 09 Lake Sagaris, co-chair for Movisal, gave Keynote talk on health and urban planning, as part of celebrating the 80th anniversary of the University of Chile's School of Public Health, one of the oldest and most respected in Latin America.

02 | 11 CEDEUS, Laboratorio de Cambio Social, led by Lake, and THSG organized a joint event in Spanish and English to launch the Placemaking policy review conducted for THSG and an equivalent document, in Spanish, co-published with CEDEUS, the Centro de Desarrollo Urbano Sustentable, of Chile. This event was hosted by Dr. Jennifer Mindell, on behalf of THSG, with Lake Sagaris leading on the presentation, panellists from neighbourhood associations and municipal governments commenting, and a final reflection from Paula Barros, who talked about her experience in Brazil, and advanced in collaboration with Lake and Jenny, who opened this online event. More than 60 people from all over Latin America, Canada, the US, Europe and the UK participated.

10 | 11 HOTM3: Two chapters submitted with significant leadership from our Movisal members, Chapter 4 **Impact of active travel to school on children's health: an overview of systematic**

reviews co-authored with other researchers; and Chapter 11 **Gender, transport, and health: Emerging trends and gaps in global research.**

NORTH AMERICA

Due to the missives from the IPATH Executive Director including disputes over small amounts of money and their disinterest in supporting policy changes including informing those who decide on policies, the relationship between THSG and IPATH was mutually terminated in March 2023. Attempts via email were made beginning May 2023 to recruit to THSG membership IPATH members and former members based in North America from conference distribution lists, as a current database of IPATH members is not available. While six have responded positively, a strategy to recruit more along with a co-chair is necessary.

TRANSPORT SAFETY

The Transport Injuries Prevention Network has met once.

PLACEMAKING

Substantial work has been done on a policy document exploring the links between transport and placemaking, developing on the discussions at our 2021 Seminar. A preliminary policy on spatial planning has been issued and work is now well under way on a more fundamental document.

Plans are also under way to link with other organisations on a major initiative on placemaking which is likely to be launched just after the closing date of this report.

DISABILITY

A Disability Workstream has been convened and has met once. It then concentrated on the disability section of *Health on the Move 3* and a further meeting is planned towards the end of 2023.

AIR QUALITY

Air quality has become an increasingly important issue for public health around the world and is playing an increasingly important role in our discussions.

Statement confirming whether the trustees have had regard to the guidance issued by the Charity Commission on public benefit

Standing Order 110A of our financial standing orders states

All trustees must acquaint themselves with their duties towards the management of funds for the public benefit by reading the Charity Commission Guide for Charitable Trustees and the document “Certificate in Charity Law and Governance: - Stewardship of Funds and Assets” produced by the Chartered Governance Institute

All trustees have confirmed compliance with this requirement.

Additional information

Policy on grant making	Grant making is not a substantial part of the charity's activities at present.
Policy on social investment including program related investment	Social investment is not a substantial part of the charity's activities at present.
Contribution made by volunteers	The charity has no paid staff and is entirely run by volunteers. Volunteers manage and administer the charity (as officers, trustees, and members of our regional councils and local and national groups), edit and peer-review the <i>Journal of Transport and Health</i> , contribute as speakers, organisers and facilitators to our conferences, provide intellectual input to the process of knowledge management, write material for us and maintain our website. We are deeply grateful to them for the contribution they have made.
Training of trustees	The trustees were supplied with and required to read <i>Charity Commission Guide for Charitable Trustees</i> and the document " <i>Certificate in Charity Law and Governance: - Stewardship of Funds and Assets</i> " produced by the Chartered Governance Institute. Three Trustee Training sessions have been held. These were on Governance, Decentralisation and the Global South

Achievements and Performance

Summary of the main achievements of the charity, identifying the difference the charity's work has made to the circumstances of its beneficiaries and any wider benefits to society as a whole.	• Organising the major set of systematic reviews of evidence is a major benefit to advancing and disseminating the body of knowledge. When these reviews are published early next year they will be an important contribution to research and to professional practice. • The work on placemaking is moving towards a significant drawing together of various organisations is a major advance to identify good practice • In the UK, PATTH has provided important coordination for a range of organisations concerned with active travel
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Additional information

Achievements against objectives set	The following objectives set by the Board for the year were achieved • The policy on equestrianism was transformed into a policy on animal-based transport and adopted • A strategy for dissemination was adopted • A policy on placemaking was produced • The climate change group has contributed to the work of the UK Faculty of Public Health on the subject • A working group on disability has been established • PATTH has worked effectively • ICTH was organised as a hybrid event • A policy review process has made considerable progress • The production of <i>Health on the Move 3</i> has progressed to plan The following objectives set by the Board for the year were partially achieved • There was some UK promotion of the WHO European guidelines on promoting walking and cycling, including discussion at PATTH, but not as much as expected • Contacts made with We Are 15 have been disappointing and they have not responded to our requests for them to identify support we could provide to them • A railways workstream has been established but has not made as much progress as hoped The following objectives set by the Board for the year were not achieved • The analysis of how far the WHO European guidelines on promoting walking and cycling are applicable to other regions has not yet been achieved • The climate change group have not produced their podcast due to problems with technical support • The work on autonomous vehicles has not yet progressed • We have not so far been successful in achieving funding for a
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	review of the evidence on cycle helmets • We have failed to maintain our link with IPATH
Performance of fundraising activities against objectives set	We have not yet secured any external funding. This is disappointing.
Investment performance against objectives	The funds held are currently limited and investment has been limited to holding funds on deposit. The trustees are aware that this will need to change if the fundraising objectives set in the business case are successful.

Financial Review

Review of the charity's financial position at the end of the period	For 21 years the organisation has functioned as a predominantly volunteer-based organisation with very limited funding mainly derived from membership subscriptions. Registration as a charity was pursued in order to implement a business case to change that but the change will take time and our situation has not yet changed. All of the assets of the former Transport & Health Study Group were transferred to the charity on completion of its registration, most of them as an absolute transfer but £250 as a loan since the former organisation remains as a residual entity for a few non-charitable purposes. The Study Group still received some income which is paid to the charity and some of which (£10 this year) is added to the loan. To avoid such income steadily increasing the amount of the debt thereby eroding the protection of charitable funds there is provision to write down the debt if it should ever come to exceed 10% of the assets held by the charity. Rounding to the nearest pound, the charity in its general funds has assets of £3,303 of which £235 is a loan from the residual Transport & Health Study Group. There was a deficit of £658 over the year, largely due to spending on Covidence for the purposes of the systematic reviews. There are also funds held for us by IPATH, but the making of a substantial bad debt provision for that sum has created a deficit of £286, increasing our overall deficit to £944. In addition to cash, the charity's other assets are intellectual property.
Statement explaining the policy for holding reserves stating why they are held	On 18th February 2021 the Board resolved "It was agreed that we would need a reserves policy in the future but this was not necessary at the moment. There was some discussion as to the level of funding which would require a reserves policy and it was recognised that the issue would not be the level of funding but rather the presence of recurring commitments." No reserves are currently held.
Amount of reserves held	
Reasons for holding zero reserves	
Details of fund materially in deficit	There are no material deficits
Explanation of any uncertainties about the charity continuing as a going concern	Although our business case envisages the raising of funds which would allow us to become a staffed organisation, that is not currently the case. At the moment our continuation as a going concern is dependent on the continued availability of volunteers. We see no immediate threat to that.

Additional information (optional)

You may choose to include further statements where relevant about:

The charity's principal sources of funds (including any fundraising)	Our current principal source of funds is member subscriptions although our business case envisages us seeking grants and that was the purpose of our recent reorganisation, incorporation and registration as a charity.
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Investment policy and objectives including any social investment policy adopted	Not currently applicable.
A description of the principal risks facing the charity	1. The principal risk facing the charity as an organisation dependent more on volunteers than on funding relate to the availability of volunteers. The adverse impact of the coronavirus pandemic has demonstrated the importance of that risk, but has also given us the added confidence that comes from knowing that we were still able to maintain significant activity even during this difficult time. 2. The principal risk the charity could face in relation to the Journal would be a difficulty in our relationship with Elsevier but we have no current reason to expect any such problem. 3. The success of the business case for our expansion depends on successful pursuit of grant applications. Factors which could adversely affect the prospects of this include austerity and the range of competing demands for health and environment funding.

Structure, Governance and Management

Description of charity's trusts:	The charity currently has only a single trust.
Type of governing document	The charity uses, with only minor modifications, the recommended governing document for a CIO with members. There has been no change in this document since registration. The governing document is augmented by bye-laws, regulations of regional councils and standing orders.
How is the charity constituted?	Until 3rd November 2020 it was an unincorporated association and was not registered as a charity. Since 3rd November 2020 it has been constituted as a CIO.
Trustee selection methods including details of any constitutional provisions e.g. election to post or name of any person or body entitled to appoint one or more trustees	Trustees are • elected by the AGM – six have currently been so elected, of whom one resigned towards the end of the year. • appointed by Board to fill vacancies – none have been so appointed in the period of this report • appointed by Board to fill the office of Deputy Treasurer – this post has not yet been filled. • elected or appointed by one of our Regional Councils (currently two each for UK, Europe, Latin America (also known as MoviSaL) and North America and one for New Zealand. Five have currently been elected, two from the UK, two from MoviSaL and one from North America. Four others have been vacant throughout the year (two in Europe, one in North America and one in New Zealand) • appointed by an organisation which acts as our agent in managing a Regional Council. The Health Topic Hub of the New Zealand Transport Knowledge Hub may appoint one of two New Zealand representatives but has not so far done so • the Editor of the <i>Journal of Transport & Health</i>, appointed by a competitive process jointly by ourselves and our publisher, Elsevier, is also a Trustee.

Additional information (optional)

You may choose to include further statements where relevant about:

Policies and procedures adopted for the induction and training of trustees	Starting in June 2023 we have identified a portion of each Board meeting as a training session
The charity's organisational structure and any wider network with which the charity works	The charity has a Board of Trustees and a number of Regional Councils, as discussed already. There are Executive Committees in some of the Regional Councils. There are also working groups pursuing particular workstreams. We have an arrangement with the Health Topic Hub of the New Zealand Transport Knowledge Hub whereby it administers our New Zealand Council. We have an arrangement with the Faculty of Public Health of the Royal Colleges of Physician of the United Kingdom whereby we administer its Transport Special Interest Group (TSIG). TSIG drafted Faculty comments on the cycling and walking investment strategy and has contributed to the Faculty's development of a climate change strategy. TSIG has been given a seat on the FPH Climate Change Committee.
Relationship with any related parties	Apart from research collaboration there have been no transactions with related parties.
Significant events	IPATH terminated its relationship with us early in 2023 following some unfortunate internal divisions within that organisation.

Reference and Administrative details

Charity name	TRANSPORT AND HEALTH SCIENCE GROUP
Other name the charity uses	THSG MoviSaL
Registered charity number	1192138
Charity's principal address	4, St Andrew's Place, London NW1 4LB

Names of the charity trustees who manage the charity

	Trustee name	Office (if any)	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee (if any)
1	Stephen Watkins	Co-chair (Policy)		AGM
2	Jennifer Mindell	Co-chair (Science)		AGM
3	Beverley Hoyle	Secretary		AGM
4	Tom Fitzgerald	Treasurer and Company Secretary		AGM
5	Martin Rathfelder	Vice Chair (Policy, UK)		UK Council of THSG
6	Adrian Davis	Vice Chair (Science, UK)		UK Council of THSG
7	Paulo Anciaes	Webmaster		AGM
8	James Adamson	Deputy Webmaster		AGM
9	Steve Yaffe	Vice Chair (Policy, North America)		North America Council of THSG
10	Paula Barros	Vice Chair (Science, Latin America)		MoviSaL
11	Lake Sagaris	Vice Chair (Policy, Latin America)		MoviSaL
12	Charles Musselwhite	Editor, Journal of Transport & Health		Elsevier, subject to THSG approval

Corporate trustees – names of the directors at the date the report was approved

The above list of trustees is the list of directors.

Name of trustees holding title to property belonging to the charity

The charity is an incorporated organisation and holds title to its own property.

Funds held as custodian trustees on behalf of others

Description of the assets held in this capacity	None
Name and objects of the charity on whose behalf the assets are held and how this falls within the custodian charity's objects	Not applicable
Details of arrangements for safe custody and segregation of such assets from the charity's own assets	If we were to come into possession of such funds (for example for FPH or IPATH) we would establish them as a separate financial management unit and there is provision for this in our financial standing orders, including provision for the appointment of specific trustees to be accountable for them and the drawing up of separate accounts.

Additional information (optional)**Names and addresses of advisers (Optional information)**

Type of adviser	Name	Address

Name of chief executive or names of senior staff members (Optional information)

We have no paid staff / employees

Exemptions from disclosure

Reason for non-disclosure of key personnel details

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Other optional information

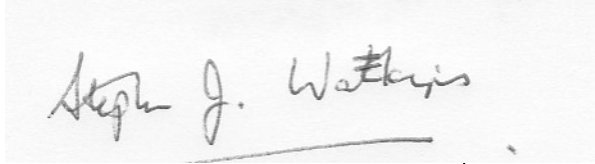
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Declarations

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)

	
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Full name(s)

Dr Stephen Watkins	
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Position (eg Secretary,
Chair, etc)

Co-chair (Policy)	.
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Date

23.11.23

Transport and Health Science Group CIO

Annual Accounts 2023

Accounting period: 1st June 2022 to 31st May 2023

Opening balance (1st June 2022)	Cash at bank	£3,985.04		Note 1
	Intellectual Property	£100.00		Note 2
	Monies held by IPATH	£313.78		Note 3
	Less debt to Transport & Health Study Group	- £260.00		Note 4
	Total opening balance		£4,138.82	
Income	Subscriptions	£120.00		Note 5
	Interest	£4.41		Note 1
	Reduction in debt	£25		Note 6
	Donations	£243.80		Note 7
	Total Income		£393.21	Note 8
Expenditure	Repayment of debt to Study Group	-£25.00		Note 6
	Purchase of Covidence	- £781.83		Note 9
	Loss of value of dollar balances	-£35.43		Note 3
	Bad debt provision re IPATH	- £250.52		Note 3
	Provision for disputed liability asserted by IPATH	-£0.34		Note 10
	Trustee expenses	£243.80		Note 7
	Total Expenditure		- £1,336.92	Note 10
Closing Balance (31st May 2023)	Cash at bank	£4,109.45		Note 1
	Less Transactions in progress	- £806.83		Note 11
	Intellectual property	£100.00		Note 2
	Monies held by IPATH less bad debt provision	£27.83		Note 3
	Less allowance for liability asserted by IPATH	-£0.34		Note 10
	Less debt to Transport & Health Study Group	- £235.00		Notes 4 & 6
	Total closing balance		£3195.1	

			1	
Deficit	Deficit		- £943.71	Note 1 0

Notes

1. Money has been held in the Transport & Health Study Group's Santander account. A transfer to our own account at Barclay's was not implemented until after the end of the financial year despite having been requested several months previously.
2. Intellectual property is valued at a nominal sum. It has actually increased as a result of the work on Health on the Move 3 but we have continued to show it at the same nominal sum
3. For a number of years, we have had an arrangement with IPATH whereby IPATH members become members of THSG, IPATH incurs a debt to us in respect of their subscriptions, it deducts from that debt a contribution by THSG towards the cost of the International Conference on Transport and Health and the balance is due. Each year the balance has been slightly in THSG's favours but instead of paying that money to THSG IPATH has allowed it to accumulate as a debt. The arrangement has now been terminated by IPATH which also refuses to pay us the balance. The value of the balance has declined as it is denominated in dollars and the value of the pound has fallen. In addition, the Board has decided to depreciate its value by 90% as a bad debt provision recognising that IPATH refuses to pay and it may be difficult to enforce.
4. The Transport & Health Study Group remains in existence as a residuary organisation for certain non-charitable purposes. All its funds and income have been transferred to the Transport & Health Science Group but £250 of the opening transfer and £10 of the 2021/22 income have been designated as loans which may be repaid to the Study Group should it need them for non-charitable purposes. The Trustees have considerable discretion as to the circumstances in which such repayments will be made, including power to write down the debt should it ever exceed 10% of the charity's assets.
5. Subscription income is disappointing.
6. £25 was paid to the Study Group to allow it to affiliate to Railfutures and this reduced the debt to the Study Group by £25
7. Although no trustees actually drew any expenses, those who are UK taxpayers were encouraged to claim them and then donate them back as Gift Aid donations. As a result, donations have increased from £82 last year to £243.80 this year.
8. Income is down from £560.62 last year, partly due to the loss of subscription income via IPATH, partly because the movement in the value of the pound was adverse to the value of our dollar balances, whereas last year it was positive, and partly because last year's figure included £250 of bank compensation which was a one-off sum.
9. Covidence is a tool for systematic reviews which was purchased for use in connection with the reviews conducted for Health on the Move3. It is likely that

this expenditure will be more than recovered next year by income from the publication of Health on the Move 3.

10. IPATH asserts that we owe it \$85.74. This is based on ignoring part of the money it owes us but also on asserting that the agreement between us bound THSG for a longer period than it bound IPATH. The Board regards the assertion as ridiculous and in making provision for it (as it feels obliged to do) discounted it by 99.5%, creating a provision of \$0.43.
11. Expenditure increased from £252.01 last year to £1,336.92 this year largely due to the write off of IPATH funds and the expenditure on Covidence. This created a deficit.
12. The payments for Covidence and the payment to the Study Group were requested prior to the closing date of the accounts but not paid until after it.

AUDITOR'S COMMENTS

The accounts have been audited and the auditor has made the following comment: -

The notes to the accounts indicate a significant disagreement with IPATH with some uncertainty about the consequential financial implications. The notes appear to indicate that reasonable provisions have been set aside to address this issue. Nonetheless I would expect that the AGM will wish to discuss the dispute with IPATH. Key questions include

- why do we feel we cannot expect to enforce reclaiming our debts from IPATH?
- why do IPATH believe we owe them money?
- what should be our future arrangements if any with IPATH?
- are there lessons to be learnt from this dispute e.g. could the documentation relating to our agreement with IPATH have been clearer?