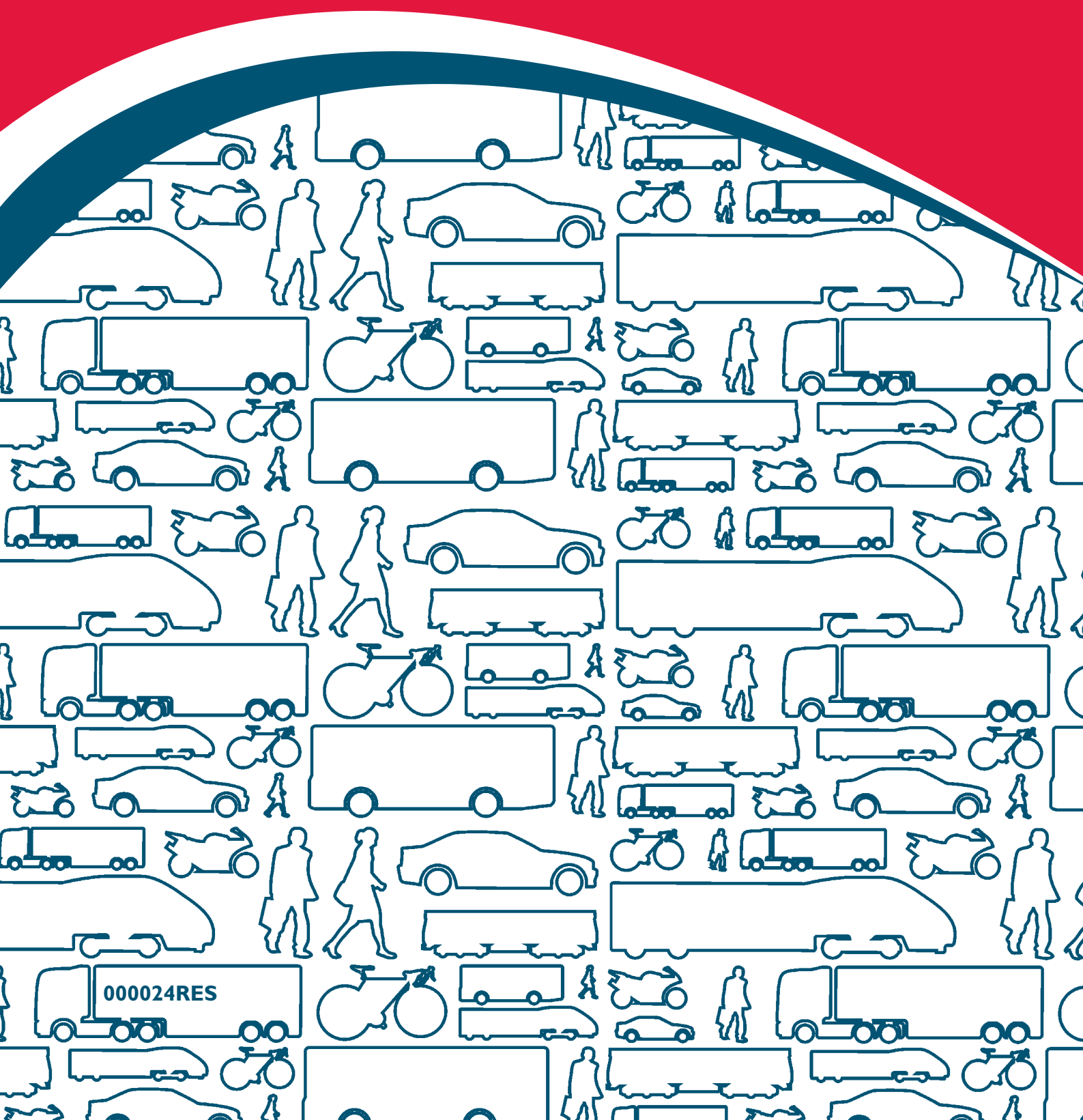


The Third Local Transport Plan for Halton

Transport : Health Assessment

February 2011



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February 2011



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Title: Health Impact Assessment Screening of Halton Borough Council Local Transport Plan (3)

February 2011

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Acknowledgements

This HIA screening exercise took place on 13th and 14th January 2011. Present were members of the HIA group and HBC Transport Planning Team.

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Data for chapter 4 has been collated by the Public Health Evidence & Intelligence Team: Sharon McAteer, Jon Olsen, Katherine Webb, Jennifer Oultram.

Who is the Health Impact Assessment Group?

The HIA groups acts as virtual group, coming together when requests for HIAs are made or members of the group feel it would be important to conduct a HIA on a major development, policy or initiative. The group initially covered St Helens only, a legacy group from St Helens PCT. However, with the reorganisation of the PCT came impetus to expand this group to cover Halton as well. The group is managed via the Public Health Evidence & Intelligence Team within the PCT. Members of the group are from diverse backgrounds across the PCT and both local authorities. This adds a richness of knowledge and perspectives to the HIAs undertaken. All members of the group have undergone the IMPACT 5-day training, considered as the gold standard course for HIA.

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Recommendations

The following recommendations have been made during discussions between the HIA group members and HBC Policy Officer for transport. They reflect an emphasis on partnership working and innovation to maximise the positive impacts, reduce the negative impacts and maximise the outcomes the available resources can deliver. Implementing of any of the recommendations within the LTP3 will need to be subjected to the unusual business planning process, especially in the current financial climate.

General

1. The health and wellbeing boards provide ideal opportunities for a more integrated discussion about transport as part of health and social care commissioning. HBC and PCT should support the inclusion of these discussions as the boards develop.
2. Need to reflect an intention that any developments to expand Liverpool John Lennon Airport should have a HIA carried out on them as part of the suite of assessments required.
3. Need to cross check Mersey gateway strategy (page 55-58 of draft report supplied) to make sure the LTP3 inclusion reflects the existing MG HIA recommendations

Income & Employment

4. Encourage new developments to undertake Travel Assessments based on the achievement of a set proportion of journeys by each mode to be agreed with planning authorities early in the planning process.
5. Supporting large employers (starting with public sector) to review transport and travel policies and guidance to staff including allowances, working practices and dress codes.
6. HBC planning teams to work more closely together. Recognise that this has already started but may need to be more formalised to ensure integration becomes the sustainable approach.

Healthy beginnings for children

7. School Travel Planners should revisit schools to check that plans continue to be implemented.
8. Need to protect the school travel planners posts and look to extend their remit to other elements of child safety outside the home.

Personal supportive networks and feeling of control over lives

9. Recommend that when services are commissioned a location close to public transport links is taken into consideration.
10. Proactive, ongoing engagement with local residents, employers, transport providers and service users is needed throughout the implementation of the LTP3 to ensure people are able to 'have their say' on transport planning

Physical safety, level of and fear of crime in communities

11. Unclear if the demographics of accident victims, beyond locations, is understood e.g. implications for health and social care. Additional work between HBC and Public Health Evidence & Intelligence Team could be undertaken on this.

12. Partners need to ensure good work to reduce the numbers killed or injured in road accidents is not lost due to reductions in funding. This could result in a rise in accidents.

13. HBC to work with the PCT in conducting a baseline assessment against the NICE recommendations on preventing unintentional injury amongst those under 15 (PH29 and PH31).

14. Need to include Road Accidents in section 9 Implementation Options

Health related or risk taking behaviour

15. HBC to facilitate links to bus companies and taxi forum for health checks. PCT to link in key lifestyle and health checks services for this target group.

16. Use of buses and taxi's for delivering key health messages. Needs partnership approach between PCT and HBC.

17. HBC Transport team should make links with the Obesity partnership to ensure the inter-relationship between active travel and obesity is developed further.

Housing

18. Unclear if the relative impacts of congestion/ air pollution and higher density housing is fully understood. For example, although areas may not be exceeding Air Quality standards higher levels of pollution may be in areas where there are already high levels of ill health. This may exacerbate existing conditions. More detailed analysis could be undertaken to link the datasets – air quality/pollution – housing - health. HBC and Public Health Evidence & Intelligence Team could work on this together.

Natural environment

19. Highlight impact use of green spaces can health on mental wellbeing (research references in this report to support this) and make links with PCT commissioning work stream for the early detection of depression.

Built environment

20. Could make more of the fact that bus journeys can reduce journey time by considerable time, especially for shorter, Halton-only based journeys – advertise this to encourage bus usage.

21. Need to improve signage/ information especially where two types of public transport connect e.g. outside all mainline train stations, on how to get to key destinations by foot and/or bus.

22. Though improved partnerships with PCT and hospitals could add bus services/information to health service information and/or number to Halton Travel Team

23. Halton Travel Team could support large businesses e.g. PCT to have public transport days or 'no travel' days. This would highlight the health impacts of business travel including improving service providers understanding of the access issues clients face.

24. Need to ensure Air Quality Management Areas are monitored, actions plans developed and delivered with remedial action put in place – impacts of this need to be monitored also.

Health Inequalities

25. Need to include the transport dimension of Major Incident Planning within the LTP3.

26. Do we adequately understand the relative impacts across different groups?
See also recommendations 9 and 13.

27. Responsibility of all public sector services to consider the transport implications of service design/ relocation.

28. For those without access to private cars journeys to Whiston hospital from Runcorn and Widnes can be difficult. Need to work in partnership with the PCT and hospital to consider how to address this.

Equality and Diversity

29. Link to ESOL workers to support families whose first language is not English.

30. Need to recognise that whilst the overall population is predicted to fall slightly, the older age population cohort will rise – see POPPI data. This may need a change in the balance between universal and specialist transport needs in the future.

31. Any bus services that may be withdrawn should have an impact assessment conducted first.

Decision on additional HIA work

The HIA group members, having conducted this screening concluded that:

A full HIA is not required

1. Introduction

There is a long accepted relationship between a person's health status and the broad social and environmental context within which they live. Halton Borough Council's top priority is to address the health needs of its population. As such, its spatial plan, the Core Strategy underwent a Health Impact Assessment (HIA) screening exercise during 2009 with a review of the final document late 2010. This considered the role that spatial planning has on health and where it can effectively impact to promote, protect and maintain health.

The HIA process offers a systematic approach to an evidence-based assessment of the potential health impacts developments, strategies and projects may have on health, identifying both negative and positive elements. It offers recommendations for remedial action that can be taken to minimise or eliminate potential negative impacts before a project, development or strategy is implemented. In this way it is prospective assessment of potential health consequences of proposed actions. Locally, a screening tool has been used for some time, developed by The Devon Health Forum, based on the IMPACT model for HIA.

The HIA exercise for the Core Strategy did include transport but as one element amongst many issues it was not considered in much depth at that stage. Local Transport Plans are required of every transport authority. Halton Borough Council as a Unitary Authority is the transport authority for the area of Halton. In drawing up its LTP, Halton must reflect the views of a wide range of stakeholders and the public from within and outside its boundaries. Halton is currently preparing its third Local Transport Plan (LTP3). The current LTP runs until March 2011, therefore the third Plan will start in April 2011. It presents itself in two parts; the first will set out a strategy for Halton until 2026. The second part lies beneath the long term strategy and it is an Implementation Plan, which will set out in detail how the strategy will be delivered in the first three years. LTP3 will be in line with Halton's Local Area Agreement (LAA), and the role of the Local Strategic Partnership (LSP) will be very important in shaping policies and plans and ensuring their successful delivery.

The Policy Officer responsible to developing the Local Transport Plan approached the PCT with a request to undertake a HIA screening exercise of the LTP3 strategy. This was undertaken over two sessions 21st and 27th January 2011.

It should be noted that the Mersey Gateway included in the LTP3 was not considered in great detail. As a major development in its own right this had already undergone a separate rapid Health Impact Assessment. The main findings are summarised in Appendix 2 of this report and the full report can be found at:

<http://www2.halton.gov.uk/merseygateway/content/documents/?a=5441>

2. What is Health Impact Assessment?

(Extract from *Health Impact Assessment: a ten minute guide*, Ruth Barnes and Alex Scott-Samuel 2000)

Health impact assessment (HIA) represents a new approach to the evaluation of social, economic and environmental policies, programmes and projects. It is a major recommendation in the Acheson report on inequalities in health and it is also recognised by Article 152 of the Amsterdam Treaty which calls for the European Union to examine the possible impact of major policies on health.

2.1 What is health impact assessment?

HIA can be defined as the estimation of the effects of a specified action on the health of a defined population.

Its purpose is:

- to assess the potential health impacts - positive and negative - of policies, programmes and projects; and
- to improve the quality of public policy decision making through recommendations to enhance predicted positive health impacts and minimise negative ones.⁴

2.2 What can HIA offer?

HIA's strength lies in providing a tool which enables informed policy decisions to be made based on a valid assessment of their potential health impacts, at the same time adding health awareness to policy making at every level. In the longer term it has the potential to make concern for improving public health the norm and a routine part of all public policy development.

2.3 Key principles of HIA

- a social model of health and well-being
- an explicit focus on equity and social justice
- a multidisciplinary, participatory approach
- the use of qualitative as well as quantitative evidence
- explicit values and openness to public scrutiny

2.4 A social model of health and well-being

HIA is based on a holistic, social model of health which recognises that the well-being of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care.

2.5 An explicit focus on equity and social justice

HIA is also underpinned by an explicit value system focusing on equity and social justice. In this context, equity has a moral and ethical dimension resulting from avoidable and unjust differentials in health status.

Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level.

2.6 A multidisciplinary, participatory approach

HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of stakeholders, who are involved throughout the process. These may include professionals with knowledge relevant to the issues being addressed, key decision makers, relevant voluntary organisations and perhaps most importantly representatives of the communities whose lives will be affected by the policy.

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2.7 The use of qualitative as well as quantitative evidence

HIA involves an evaluation of the quantitative, scientific evidence where it exists but also recognises the importance of more qualitative information. This may include the opinions, experience and expectations of those people most directly affected by public policies and tries to balance the various types of evidence.

2.8 How can HIA be applied?

Ideally, HIA should be applied *prospectively* (before policy, programme or project implementation) to ensure that steps are taken, at the planning stage, to maximise positive health impacts and to minimise the negative effects. In practice it is not always possible to do this so HIA may also be carried out concurrently (during the implementation stage) or retrospectively (after it has finished) in order to inform the ongoing development of existing work.

2.9 At what level is HIA appropriate?

HIA can be undertaken in varying levels of detail as a rapid process or a more in-depth study depending on the resources available and it can be applied to policies, programmes or projects. It is a requirement or a strong recommendation that HIA is addressed in many current government initiatives.

2.10 HIA methodologies

There is no one definitive methodology for HIA although several toolkits are currently being developed. The Merseyside Guidelines or variations of them, provide perhaps the most widely used model in this country and have proved to be practical and sufficiently flexible to be adapted to a range of circumstances.

(Extract ends)

3. Background

In addition to the national policy drivers outlined in the Local Transport Plan there are a number of key mechanisms through which transport planning and delivery operates at a local level.

3.1. Local Strategic Partnership and Sustainable Community Strategy

A local strategic partnership (LSP) is a non-statutory body that brings together the different parts of the public, private, voluntary and community sectors working at a local level. The lead player in the LSP is the local authority and other players will include the police and the primary care trust.

The LSP creates a long-term vision for the area to tackle local needs. The vision is set out in the sustainable community strategy (SCS). The Local Area Agreements (LAAs) currently form the heart of the local performance framework. They help deliver the ambitions for the place and its people, set out in the Sustainable Community Strategy. The Sustainable Community Strategy must contribute to sustainable development. According to the guidance, for a local priority or policy to be sustainable, it should respect five principles:

- living within environmental limits;
- a strong, healthy and just society;
- achieving a sustainable economy;
- promoting good governance; and
- using sound science responsibly

Responsible local authorities are required by the Local Government Act to consult 'such other persons as appear to it to be appropriate'. The biggest dividend in joint working is probably in preventive health. Many of the underlying determinants of ill health, such as housing, employment, air quality, crime and community safety are in the local authority domain. Additionally, HIA has been identified in the SCS as a key mechanism for assessing major developments.

3.2. Local Area Agreements National Indicators

All LAAs have been required to select from a national set of indicators against which to monitor progress. These include items related to education, social services, health and transport though the intention is that these should not be seen as specific to a service but to guide all those who can have some influence. As an example the following indicators may have relevance to transport and health cooperation:

Safer and Stronger Communities

NI 004 Percentage of people who feel they can influence decisions in their locality

NI 005 Overall/general satisfaction with local area

NI 017 Perceptions of anti-social behaviour

Health and Wellbeing - Adults and Children

NI 119 Self-reported measure of people's overall health and wellbeing

NI 120 All-age all cause mortality rate PSA 18

NI 121 Mortality rate from all circulatory diseases at ages under 75 DH DSO Children and Young People NI 048 Children killed or seriously injured in road traffic accidents NI 198 Children traveling to school - mode of transport usually used Tackling Climate Change NI 185 CO2 reduction from Local Authority operations NI 186 Per capita reduction in CO2 emissions in the LA area NI 194 Air quality - % reduction in NOx and primary PM10 emissions through local authority's estate and operations Environmental Improvements NI 195 Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting) NI 197 Improved local biodiversity - proportion of local sites where positive conservation management has been or is being implemented Transport NI 167 Congestion - average journey time per mile during the morning peak NI 175 Access to services and facilities by public transport, walking and cycling NI 198 Children traveling to school - mode of transport usually used

Indicator NI188 is an interesting target in that it measures an area's level of readiness for climate change. This idea of a level, rather than a statistical measurement, could be a model for a local indicator to measure the extent to which local authorities are concerned about health via transport.

In practice this shows how the role of transport officers needs to be integrated across LAA indicators e.g. obesity, not just those they have a direct lead for.

Whilst LAAs are to discontinued local target setting and management will remain. The LTP3 will need to consider what targets/indicators of success it wishes to set, in addition to any nationally prescribed ones that will remain.

3.3. Joint Strategic Needs Assessment

A new feature of the health improvement landscape that supports the LAA process and also provides an added impetus to partnership working is the joint strategic needs assessment (JSNA). The Local Government and Public Involvement in Health Act 2007 places a duty on local authorities and PCTs to undertake JSNAs, defined as a "joint analysis of predicted health and well-being outcomes, what the community wants and a view of future needs".

The first JSNA for Halton (2008) was very much a data document, following the national core datasetⁱ. In 2009 a review of data changes was undertaken. The next full JSNA is due for publication in 2011 and aims to be much more focussed not just on identifying needs but also making recommendations for

ⁱ <http://www.haltonandsthelenspct.nhs.uk/library/documents/jsnahalton2008final.pdf>

commissioners and setting out key priorities. There has been an attempt to widen the scope of the JSNA to include the wider determinants of health and wellbeing.

The coalition government's white paper on the *NHS Equity and Excellence: Liberating the NHS* underlined the importance of the JSNA as a mechanism for assessing the health needs of the local community for both the local authority and GP commissioning and the need for these two parties to work together on the JSNA (Department of Health 2010a).

'each local authority will lead the statutory joint strategic needs assessment, which will inform the commissioning of health and care services and promote integration and partnership across areas, including through joined up commissioning plans across the NHS, social care and public health.'

The Public Health White Paper *Healthy Lives Healthy People* (Department of Health 2010b) outlines the dual approach of an emphasis on personal responsibility and healthy lifestyles whilst acknowledging the social factors that influence individual decision-making (it also forms the government's response to the Marmot Review on health inequalities). The white paper also contains an outcomes frameworkⁱⁱ which has pulled out many of the existing LAA indicators. The framework is currently at consultation phase.

As Sillett (2010) points out, local government may be getting back some of its role in public health that was lost in 1948. This also reminds us that until the establishment of the NHS public health was a core feature of local government action to improve the lives of its population as does the following quote from the Minister for Health in 1939.

"The principal objective of the public health department of a local authority is the provision of a healthy environment in order to ward off sickness and ill-health from the inhabitants of its district. Although the provision of hospitals are included among their powers, our local councils are more concerned with the prevention of illness than with their cure.

"Slums are demolished and new houses built; public swimming baths, maternity and child welfare services...these are only some of the tangible achievements of local government, which have revolutionised the health and welfare of the whole population as compared with their grandfathers."

Walter Elliot, Minister of Health — responsible for local government. *The ABC of Local Government*, C Kent Wright, 1939

Quoted in Sillett J. (2010) *All's Well that Ends Well? Local Government leading on Health Improvement* London, Local Government Information Unit

ⁱⁱ **Healthy Lives, Healthy People: transparency in outcomes - proposals for a public health outcomes framework**

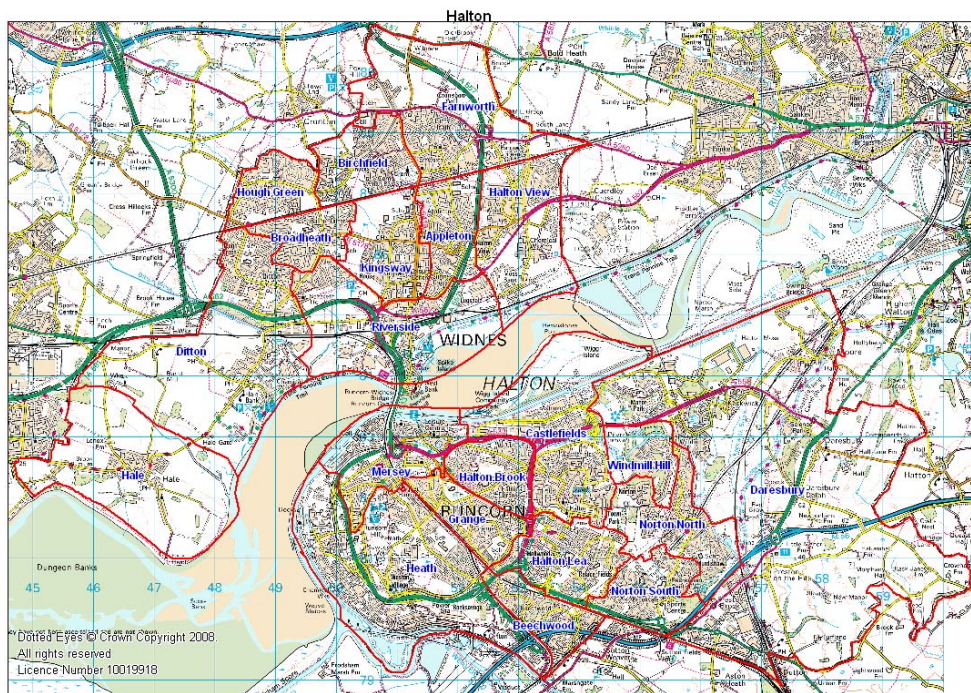
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_123113.pdf

4. What are the major health issues for the borough of Halton?

4.1 Location

Halton is made of the towns of Runcorn and Widnes, located on the Mersey estuary. It has a legacy of chemical industry and 1960s Runcorn New Town development providing an influx in population from the neighbouring city of Liverpool. With the decline of the chemical industry the area struggles with high local unemployment rates. Newer service and communication industry developments have taken place in Daresbury and Manor Park and the science park has high quality laboratories.

Figure 1: Location of Halton Borough



4.2 Population & Demography

The population of Halton had been declining, decreasing by 2% since 1996, but began to rise again since 2001 to its current estimate of 118,700 (2009). This is taken from the revised mid-year population estimate provided on an annual basis by the Office for National Statistics (ONS). As with many areas the number of people aged over 65 years as a proportion of the overall population is growing, although the borough continues to have a 'younger' age structure than the national and regional averages.

The Halton profile matches the general shape of that for England & Wales. A few key points, showing comparisons with the England & Wales profile, are highlighted below:

Halton has a higher proportion of:

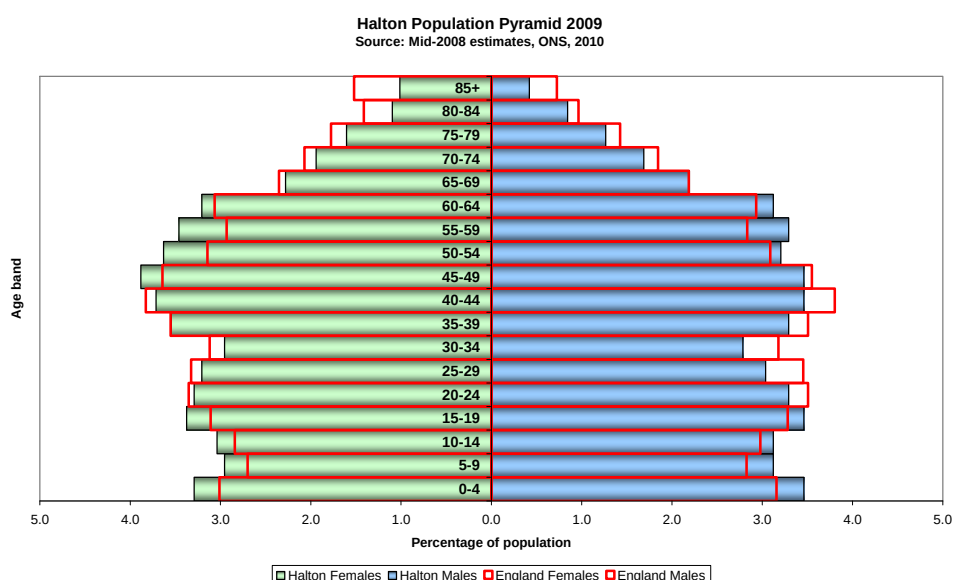
- Children and Young People, aged 1-24
- Older working age, aged 45-59

Halton has a lower proportion of:

- Younger working age, aged 25-44
- Older People, aged over 65

In 1996, 12.9% of the population were aged 65 and over, by 2006 this has increased to nearly 14% and is projected to rise to 17% by 2015. Figure 2 shows the 2007 estimated population structure and number per ward.

Figure 2: Halton Population Structure



In the long term (2008-2023), Halton's population is projected to grow by 4% from 118,500 to 122,900. This is still lower than the North West region which is projected to grow by 5% and nationally which is projected to grow by 11%. In Halton, younger people (0-14 year olds) are projected to grow by 7%, working age (15-64 year olds) are projected to decline by 6% with the older people age group (65+) projected to grow by 43% from 16,900 in 2008 to 24,200 in 2023.

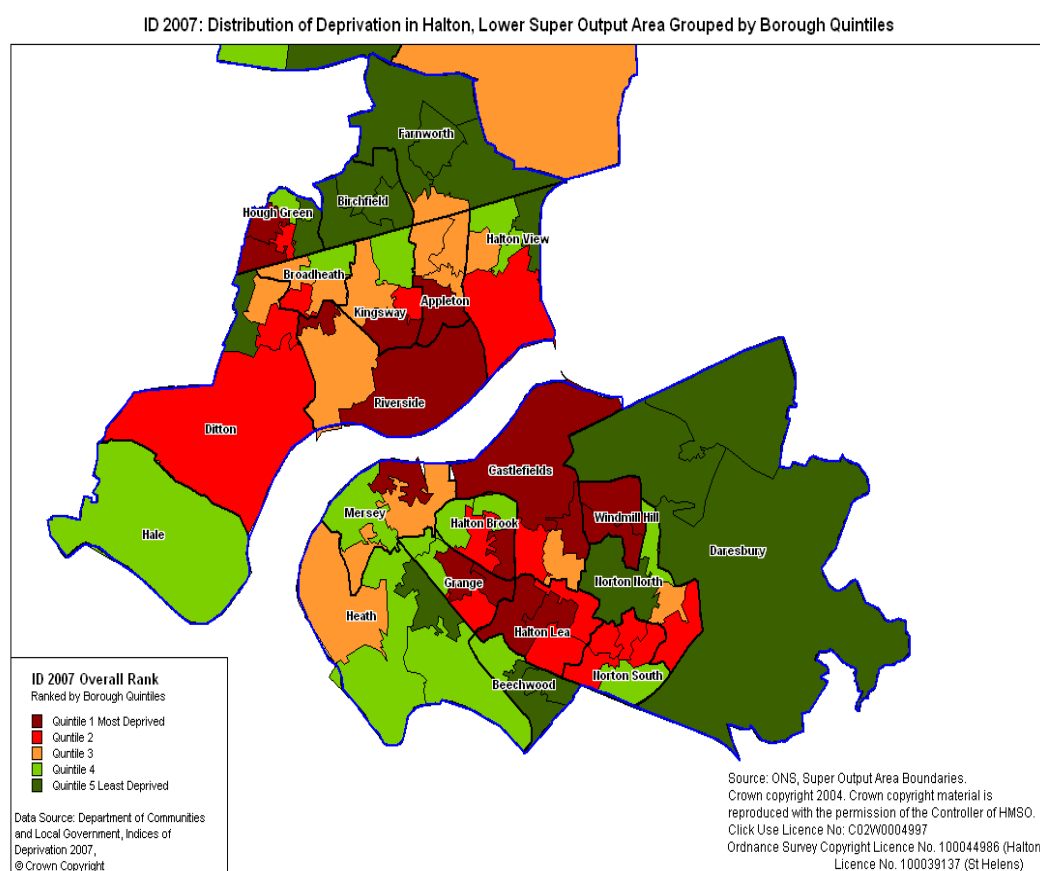
4.3 Deprivation

Deprivation is a major determinant of health. Lower income levels often lead to poorer levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007 ranks Halton as the 30th most deprived authority in England.

The proportion of Halton's population in the top category (i.e. the top 20% of super output areas) has also decreased from 50% in 2004 to 47% in 2007. However, there is still room for improvement. Halton's concentration of deprivation has improved from 20th worst in England in 2004 to 27th in 2007. Concentration is a key way of identifying hot spots of deprivation within an area. Of England's 975 'Super Output Areas', which form the top 3% most deprived areas within England, eight are situated in Halton. The most deprived neighbourhood in Halton is ranked 306th out of 32,482 and is situated in Central Runcorn. Much has been done but clearly there is still much to do.

Figure 3 shows the distribution of deprivation ranked by borough quintiles demonstrating internal inequalities

Figure 3: IMD 2007 distribution of deprivation

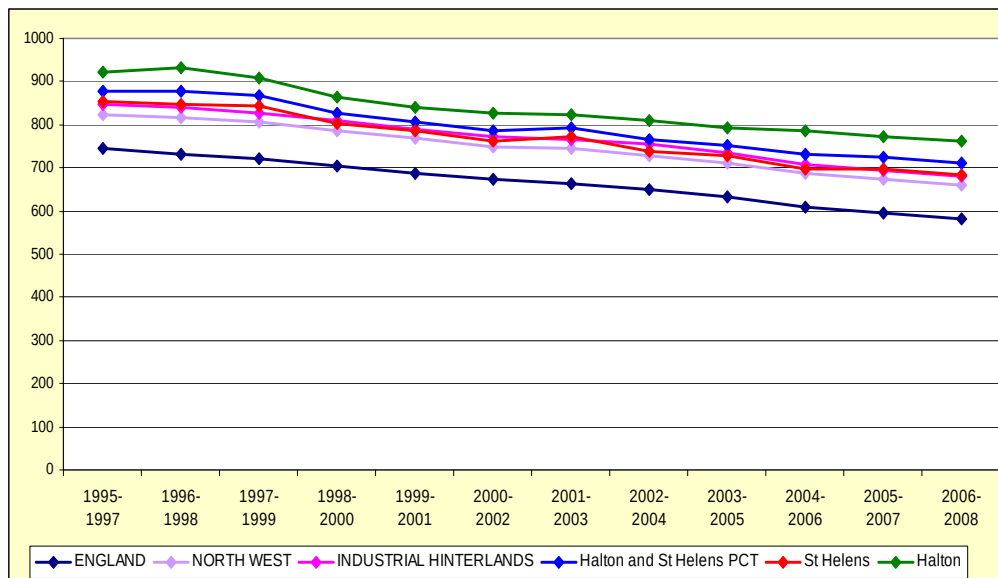


Health across Halton has improved over the last 10 years. Life expectancy at birth has increased, deaths from circulatory disease and most cancers have decreased, rates of smoking have decreased. Breastfeeding rates are improving and the number of women who are smoking during pregnancy has reduced recently. However, whilst these improvements are commendable for most of these factors the England rates have improved at a greater pace over the same period widening the gap between the borough and the country as a whole.

4.4. All Age All Cause Mortality

Despite a fall in all age all cause mortality, rates remain above the national average. Halton's rate is above all its compotators (Figure 4). This results in a continuation of the gap in life expectancy between the borough and England.

Figure 4: Mortality from all causes (ICD10 A00-Y99, ICD9 001-E999), all ages (DSR per 100,000)



Closing the gap in life expectancy remains an enormous challenge. It is recognised that these issues cannot be resolved by the NHS alone. Strong partnerships are required to tackle the lifestyle factors that underlie the mortality rates and the social determinants that in turn influence the lifestyle choices people make. Local Area Agreements have robust targets for improving life expectancy, reducing smoking prevalence, improving breastfeeding rates, reducing teenage conception rates amongst other health and related indicators. Through the local partnerships these are actively performance managed.

4.5. Life Expectancy

Life expectancy at birth has risen steadily since 1991-93 for both males and females (Figures 5 and 6). However, the gap seen in 1991-93 remains throughout and had widened. As of 2006-08 Halton ranked 317 for males and 322 for females out of 324 local authorities. This makes female life expectancy joint worst with Liverpool and Blackpool for 2006-08.

Figure 5: Life expectancy at birth for Males, 1991-93 to 2006-08

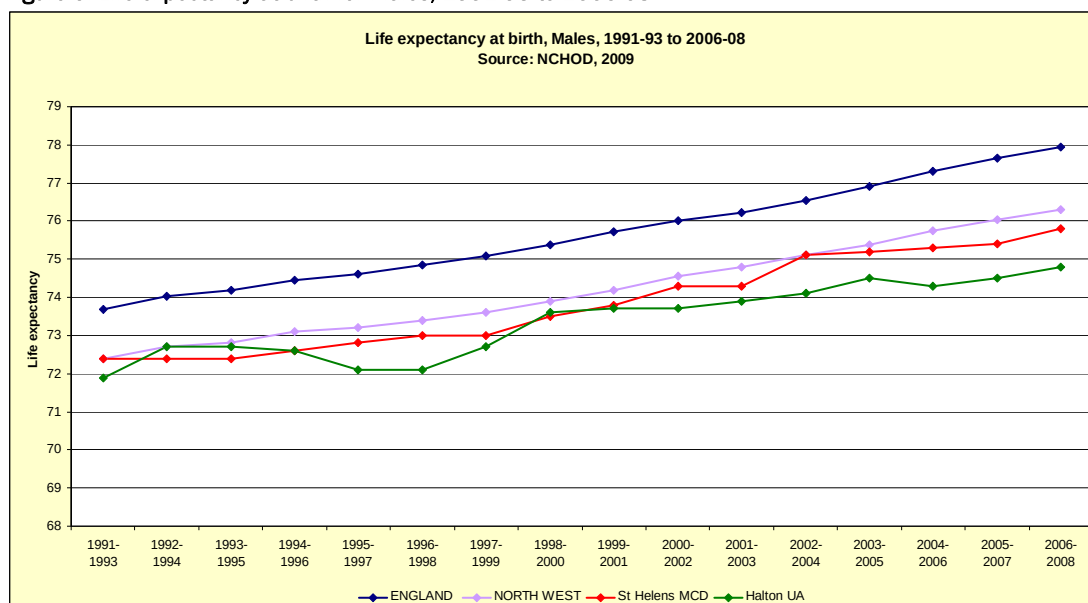
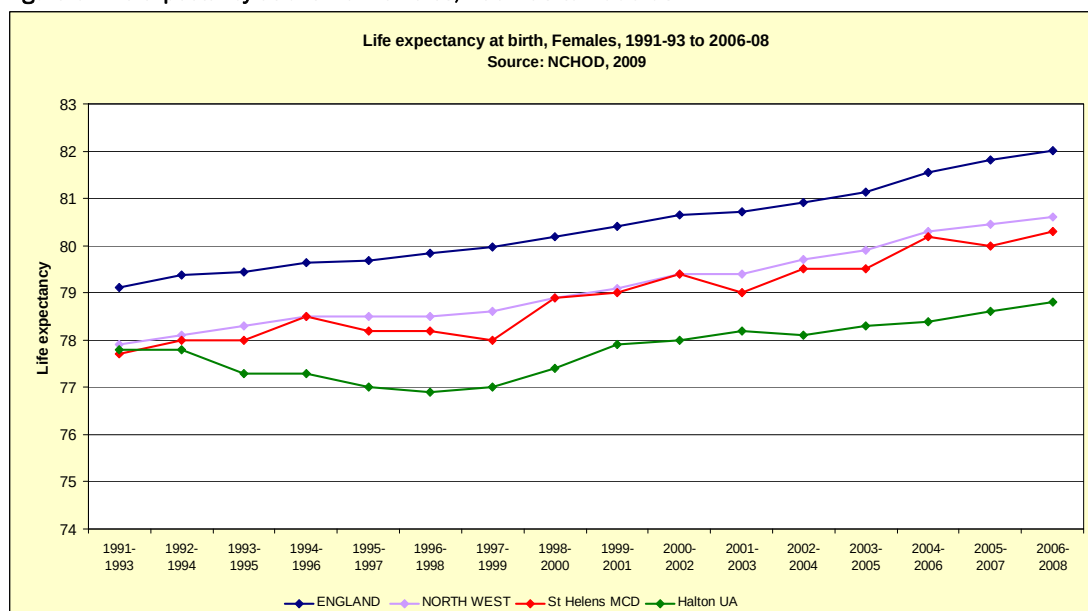


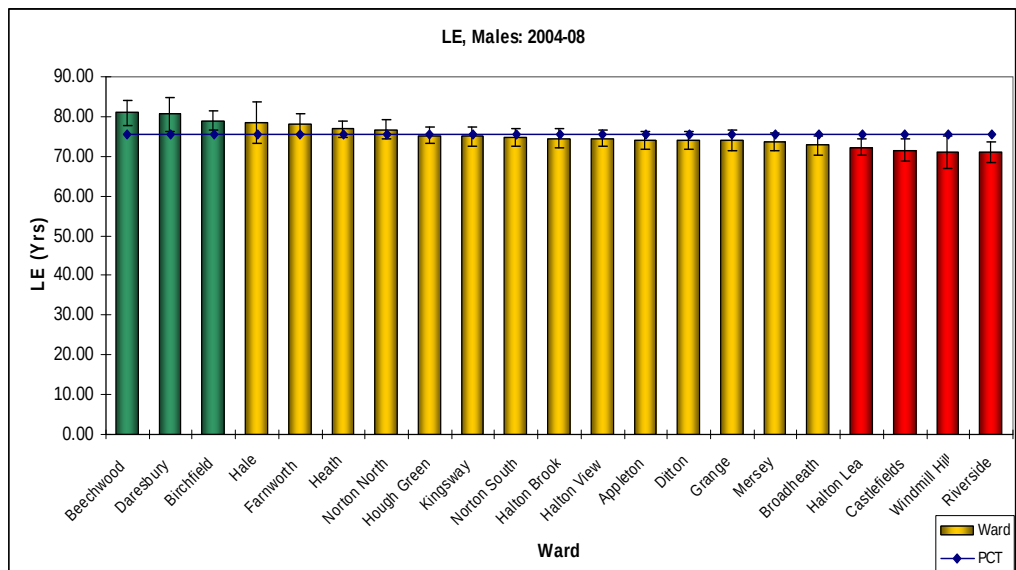
Figure 6: Life expectancy at birth for Females, 1991-93 to 2006-08



Life expectancy across Halton has seen increases for both males and females over recent years as all cause mortality has fallen. However, the rates in England have increased more rapidly, producing a widening of the gap between Halton and the rest of England. Based on 2007-8 figures, Halton now has the 3rd worst life expectancy for women and 6th worst life expectancy for men. Within Halton there are also geographical variations. Men in the most deprived areas live 7.7 years less than men in the least deprived areas of the borough. For women, this difference is slightly less with female life expectancy at birth in the most deprived areas being 5.8 years less than that in the least deprived areas. This is not

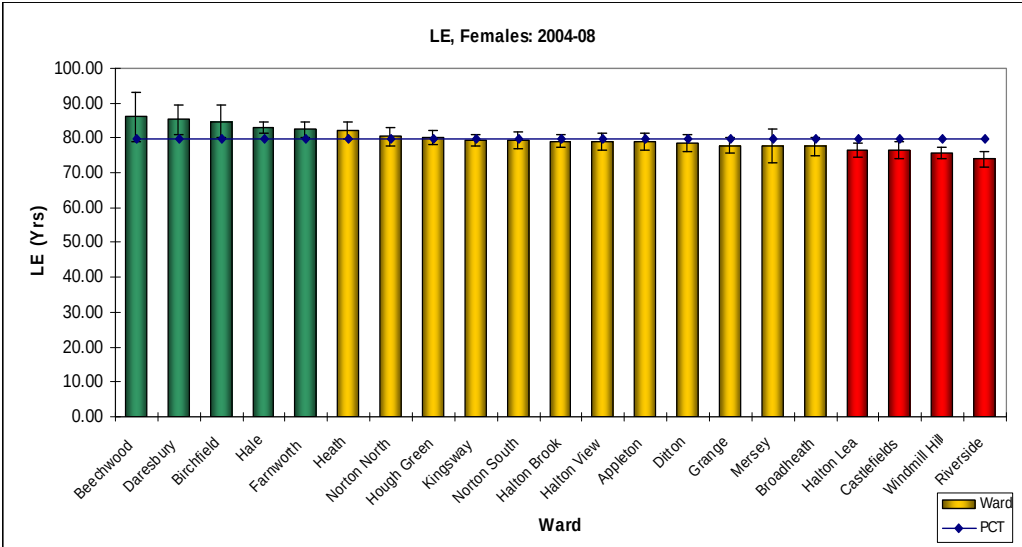
surprising given that approximately 40,000 people, or 33% of the population, live in the top 4% most health deprived areas in England, based on IMD health & disability indicators.

Figure 7: Life expectancy at birth for Females, 1991-93 to 2006-08



Source: Public Health Intelligence Team

Figure 8: Life expectancy at birth, females, 2004-8 by ward



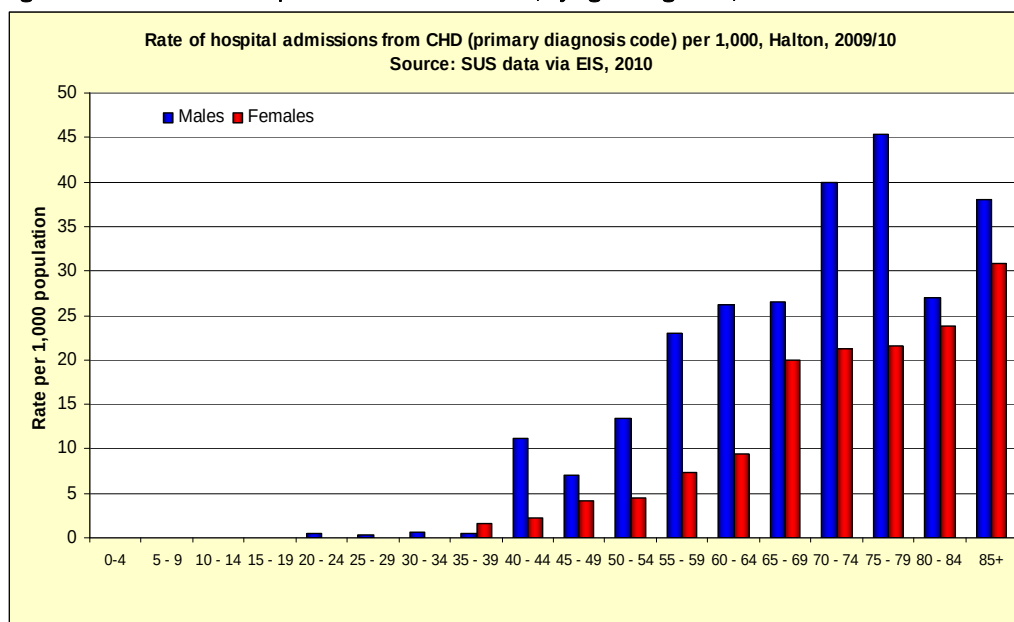
Source: Public Health Intelligence Team

4.6 Coronary heart disease (CHD)

CHD is the single biggest cause of premature death in Halton. Locally, a higher proportion of people have heart disease than at a national level and, of those under 75, there is a higher prevalence amongst men than women. There has been a decrease in heart disease mortality over recent years. There are many primary and secondary interventions that can help to reduce the risk of heart disease and prevent serious ill health due to existing heart disease. Attempts to better manage the condition rely on the identification of people at risk of developing the disease or with the condition currently. It is important to have a way of benchmarking how well we are doing this. Using modelled estimates compared GP records indicates that most of the cases of coronary heart disease are being identified, although the rate in Halton is above the national average. Figure 6 shows the current rate and pattern of CHD mortality across the borough.

Admissions to hospital due to CHD are predominantly seen in the older age bands, particularly for non-elective admissions where the pattern is a more or less a straight band-by-band rise for both males and females (see CVD HEAⁱⁱⁱ for this more detailed analysis).

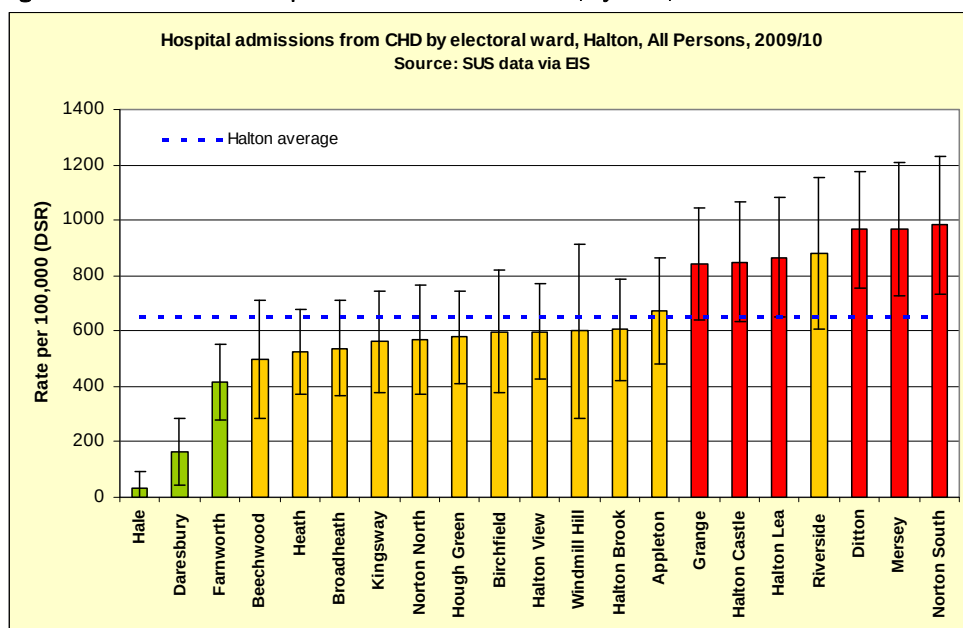
Figure 9: Admissions to hospital due to CHD in Halton, by age and gender, 2009-10



Admission rates are statistically significantly higher than the Halton borough rates in Grange, Halton Castle, Halton Lea, Ditton, Mersey and Norton South. This analysis considers all admissions, both elective and non-elective. The CVD health equity audit looked at admissions in more detail and found that the above wards had high rates of non-elective admissions rather than elective admissions.

ⁱⁱⁱ <http://www.haltonandsthelenspct.nhs.uk/library/documents/HTSHcvdhea.pdf>

Figure 10: admissions to hospital from CHD across Halton, by ward, 2009-10



There is little relationship between admissions and deprivation. Again this pattern was born out in the CVD health equity audit when looking separately at elective and non-elective admissions.

Figure 11: CHD Death rates by ward for those over the age of 40 years, 2005-09

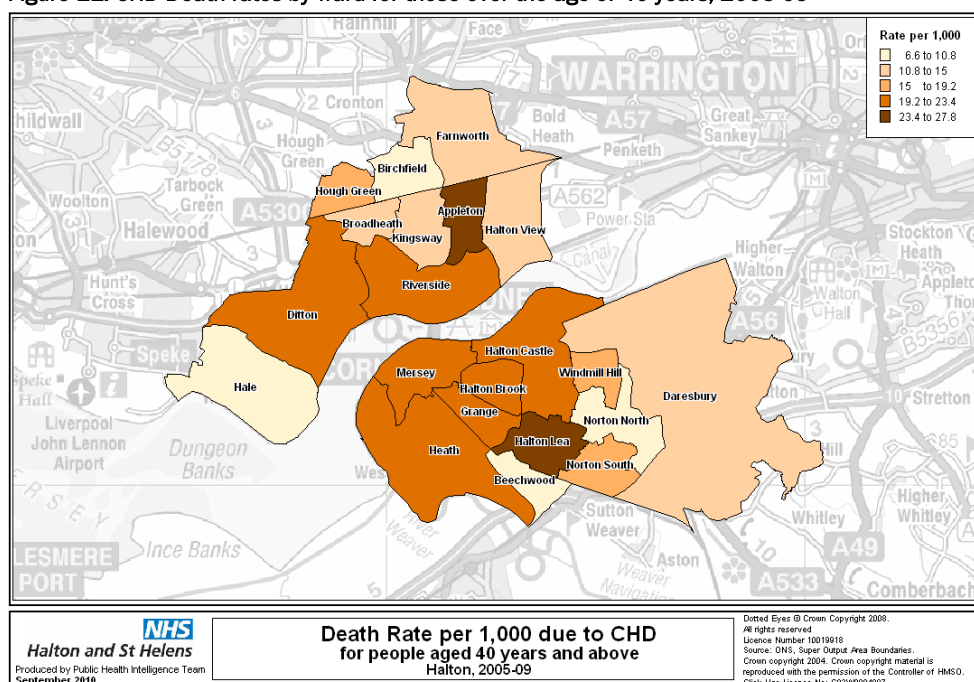


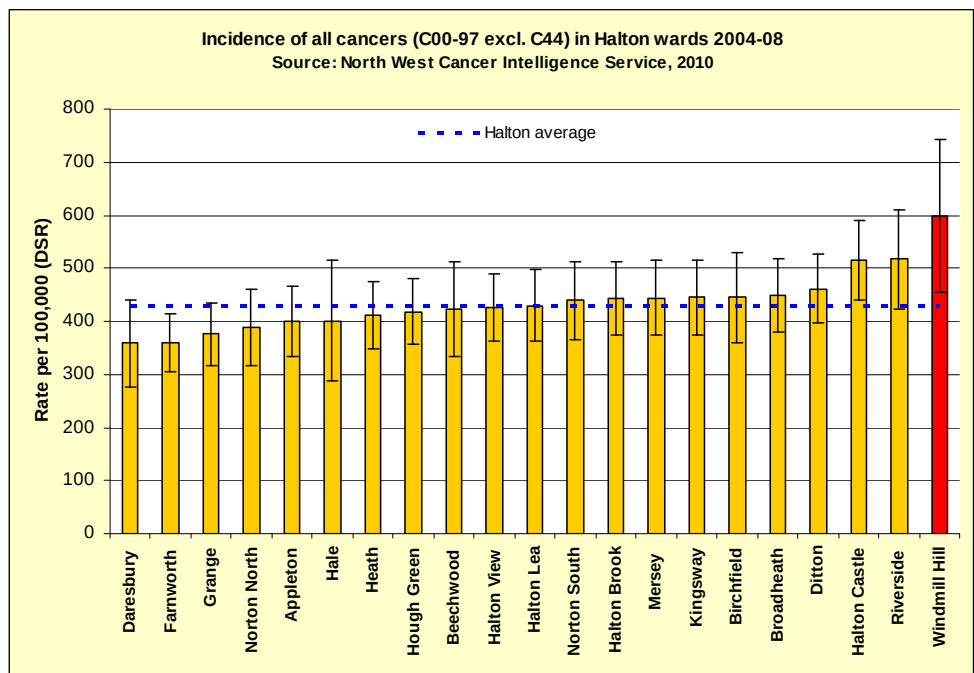
Figure 11 shows directly standardised rates for mortality due to CHD within Halton wards in 2005-09. The chart shows that the wards with the highest rates of

mortality are Appleton and Norton South. The wards with the lowest rates are Norton North and Beechwood in Runcorn and Hale and Farnworth in Widnes.

4.6 Cancer: Incidence & Mortality

Cancer is the second highest cause of premature death in Halton. Cancer prevalence in Halton is higher than the national average and although overall it has been decreasing (although not for all individual site cancers) the rate of decline has been slower than the national decrease, widening the gap. Although each type of cancer is different, for the top types of cancer – lung, breast, colon, prostate – lifestyle interventions have an impact. For lung cancer the association with smoking is strong. For colon cancer there is research evidence that diet and levels of obesity have an important role to play. This is also true of breast cancer but the association is less strong and other factors including family history are also important. For those with cancer early treatment improves outcome.

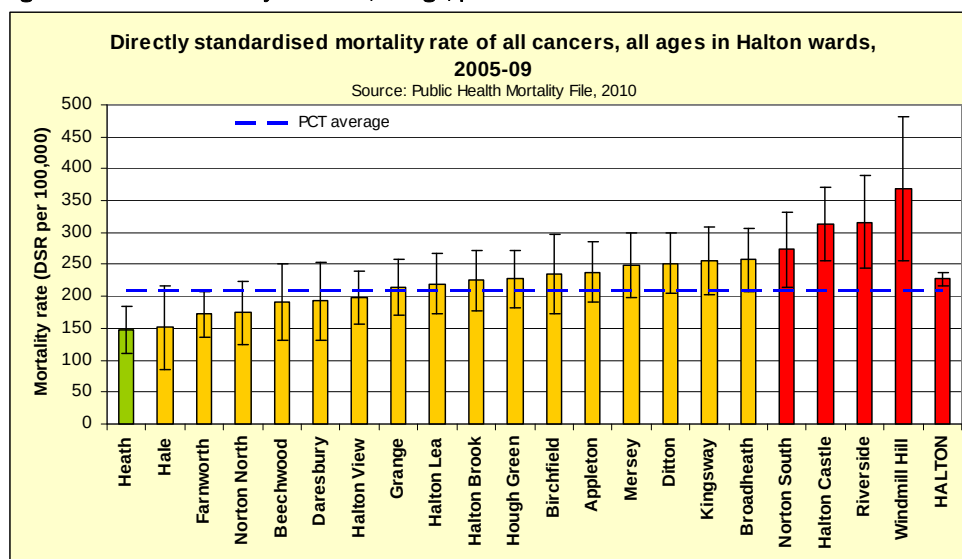
Figure 12: Cancer incidence in Halton, all age, persons 2005-07



Source: Public Health Intelligence Team

Cancer mortality rates were highest in Windmill Hill, Riverside, Halton Castle and Norton South.

Figure 13: Cancer mortality in Halton, all age, persons 2005-09



4.7 Respiratory Health

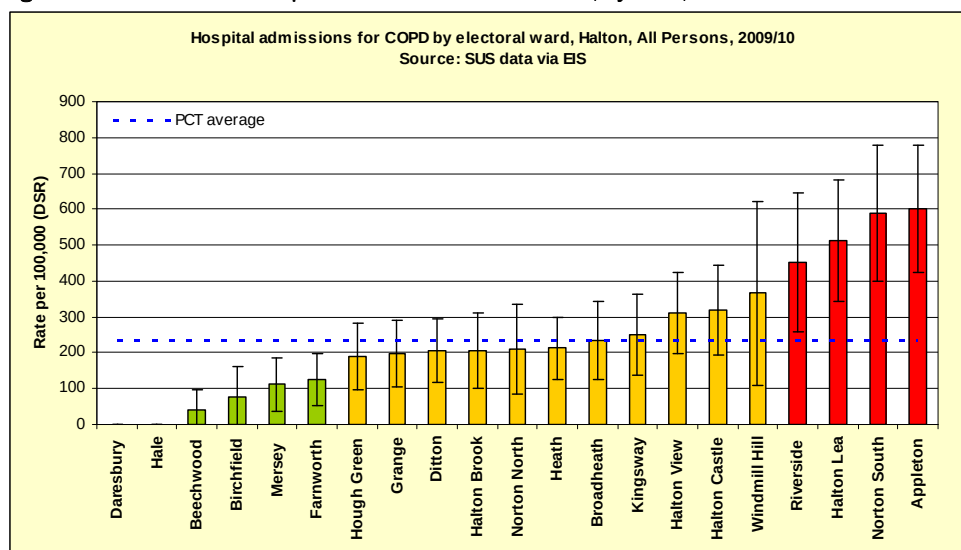
A New Zealand study by Fisher et al (2007) of 67 urban areas throughout the country, chosen based on either their size, local activities, and/or monitoring data that showed high levels of key air pollutants (particulates (in the form of PM10), carbon monoxide, nitrogen dioxide and benzene) revealed a relationship between hospital admissions for chronic obstructive pulmonary disease (COPD) and air pollution from motor vehicles. The study areas comprise 2.7 million people or 73% of the population of New Zealand. However, the relative impact of air pollution compared to smoking is estimated to be small (Bousquet and Khaltae editors, 2007).

The main symptoms of Chronic Obstructive Pulmonary Disease (COPD) are breathlessness, abnormal sputum and a chronic cough with everyday activities such as walking up a short flight of stairs or carrying a box becoming increasingly difficult as the disease progresses. COPD includes two main diseases, bronchitis and emphysema. Asthma may also be included but only where there is some degree of chronic airway obstruction

The major risk factor for developing COPD is smoking. It makes up 80% of the burden of the disease. The disease now effects men and women almost equally due to the relative proportions of women compared to men who smoke now being very similar. Deprivation is associated with smoking prevalence and thus areas of high deprivation are linked to higher COPD prevalence. Associated socio-economic factors such as poor diet and poor housing compound the burden of disease found in more deprived populations both in terms of incidence (development of the disease) and ability to manage the disease. The Health & Safety Executive estimate that about 4,000 of the annual COPD deaths include occupational exposure as a risk factor. COPD is not curable but smoking cessation and treatment can slow the progress of the disease.

There is a wide variety of admissions across Halton, with two wards having no admissions during 2009-10, four wards having admission rates statistically significantly lower than the borough average and three being statistically significantly higher than the borough average.

Figure 14: admissions to hospital from COPD across Halton, by ward, 2009-10



4.7 Obesity

Obesity is a condition where body weight has increased to a level where it poses a serious threat to health. It is measured in terms of a person's body mass index (BMI) which is determined both by weight and height. BMI cut-off points have been agreed for obese and overweight adults, but for children the situation is more complex. As a child's BMI varies with age, different cut-off points are used to define overweight and obese children depending on age.^{iv}

Each year all school children in reception year and Year 6 are invited to participate in the National Child Measurement Programme. The heights and weights of those participating together with total numbers eligible to take part are measured, collated and uploaded anonymously into the National Child Measurement Programme database, where they are recorded and analysed. Figure 14 and 15 shows levels of Overweight & Obesity at ward level (using child's resident postcode). The red areas indicate higher percentage prevalence of obesity among the children measured, compared to the PCT average.

^{iv} Parliamentary Office of Science and Technology, "Post note: Childhood Obesity", SEPTEMBER 2003 (205)

Figure 15: Map showing percentage of Overweight & Obese Males by ward of residence, Reception and Year 6, Halton and St Helens PCT, 2009/10

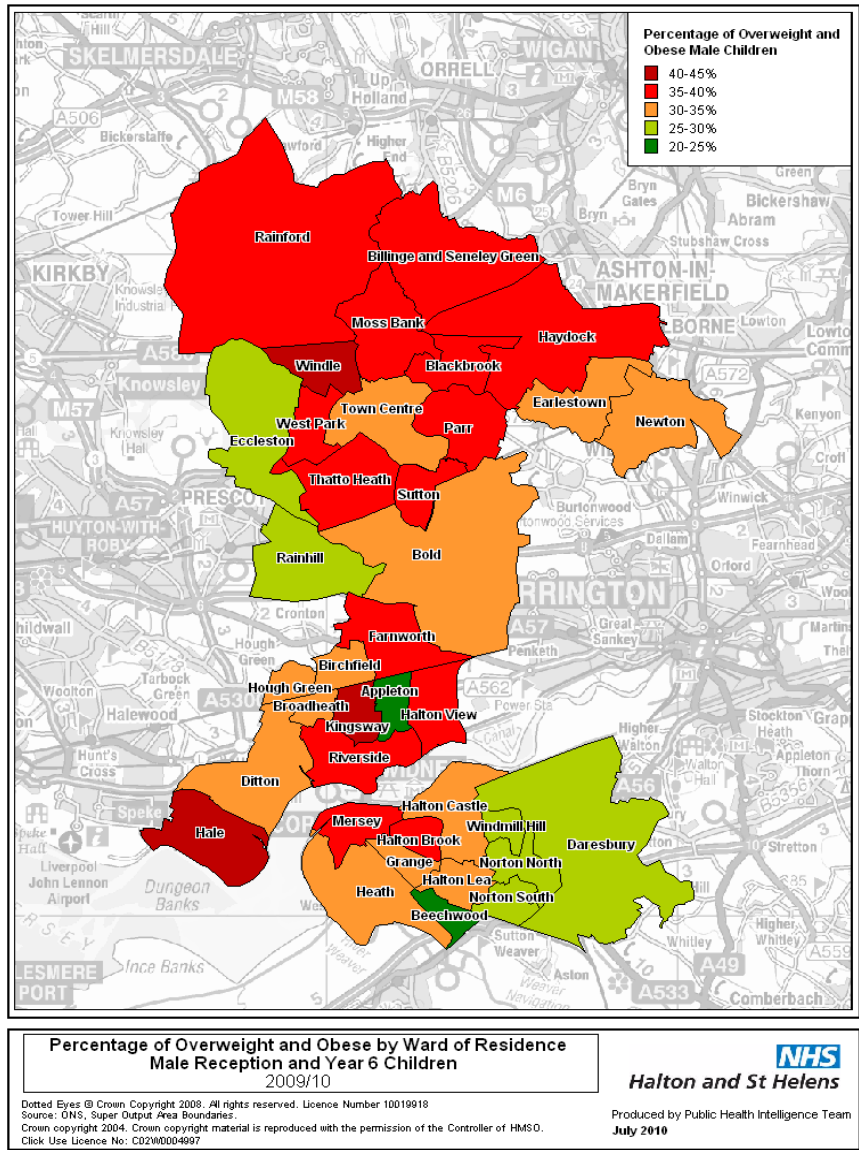
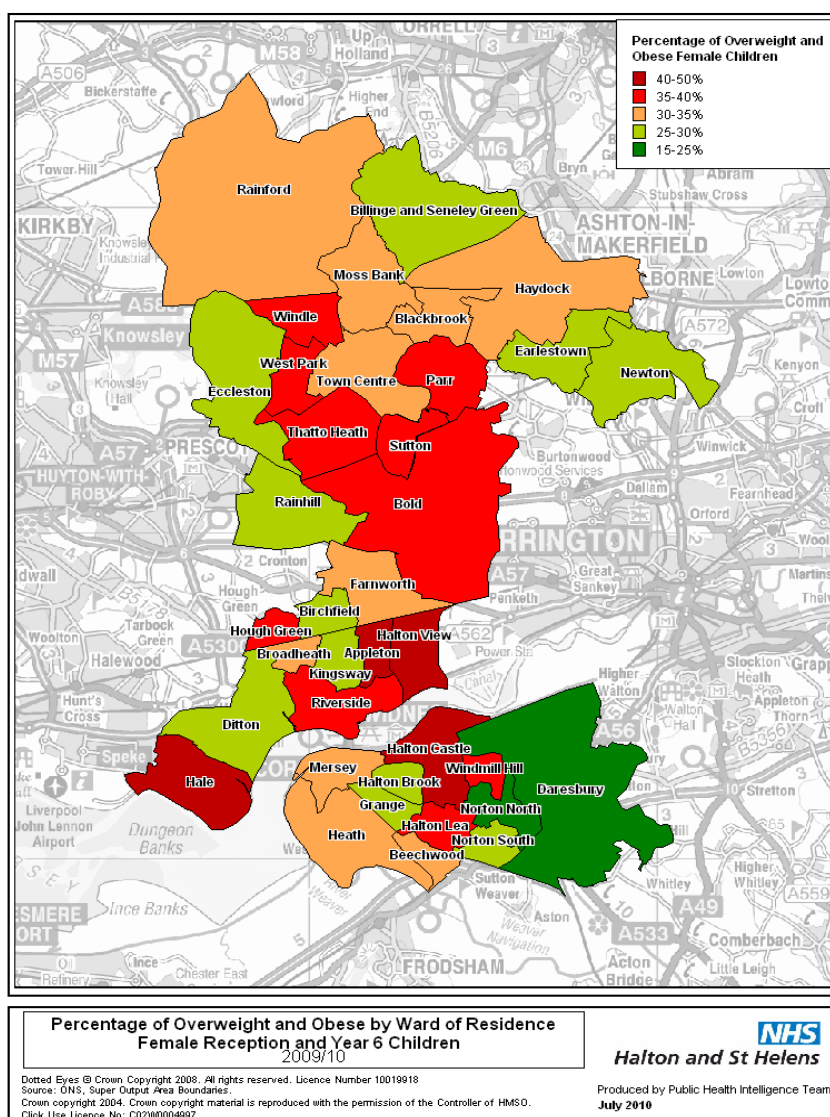


Figure 16: Map showing percentage of Overweight & Obese Females by ward of residence, Reception and Year 6, Halton and St Helens PCT, 2009/10



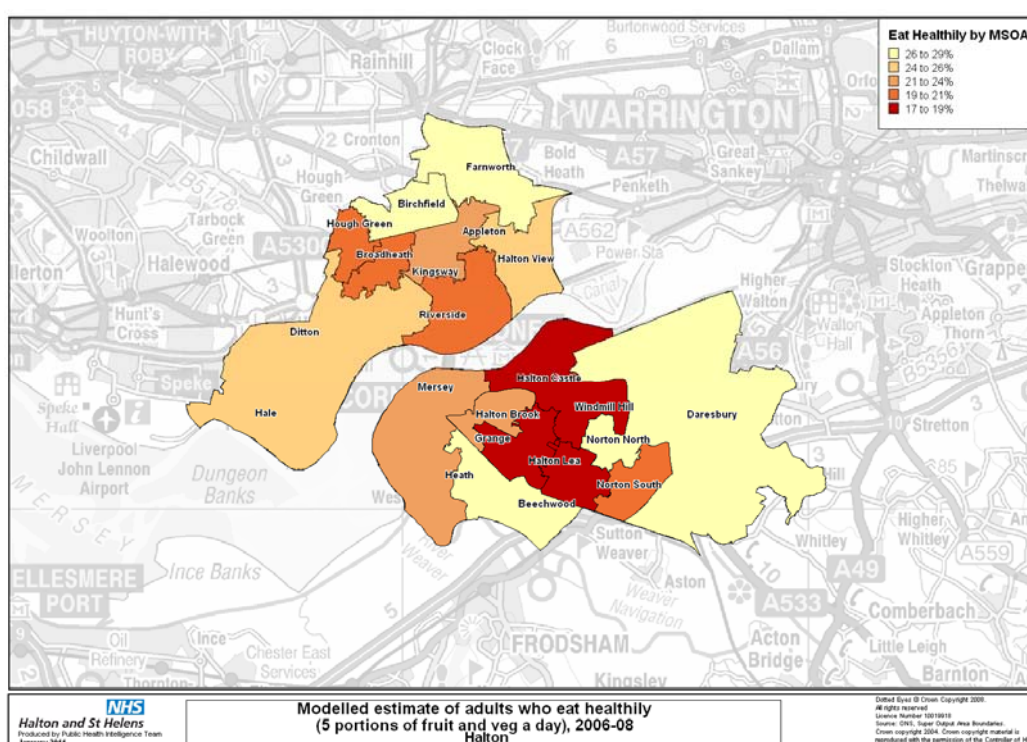
These show that both the highest and lowest percentages are located within Halton. Appleton, Halton View, Halton Castle and Hale are in the highest percentage range, where as Daresbury and Norton North have the lowest percentages.

The percentage of children overweight and obese by school also shows wide variation from 15% to over 50%. Current analysis does not differentiate schools in to primary and secondary and no comparative analysis has been undertaken to determine if, within the ward level analysis there are any 'hotspot' schools where pupils and their families may need particular levels of support.

For adults there is no routinely collected local data. In the absence of this modelled estimates have been developed by the Association of Public Health Observatories. These are based on the Health Surveys for England 2006-08, taking into account local populations. As the methodology is consistent this also enables comparison with others areas and against the England average. The following set of figures show the modelled estimates for key lifestyle factors. Prevalence is shown at Middle Super Output Areas. The areas with high prevalence are coloured red with the green colours representing areas of lower prevalence. The ward boundaries are overlaid in blue, making it possible to estimate visually which wards contain the highest prevalence.

Based on the modelled estimates, approximately 22.8% of Halton adult residents consume the recommended 5 portions of fruit. This was an improvement on the previous figure using 2003-05 Health Survey for England data when the estimate was 21%. There are strong correlations between the percentage of adults who consume the recommended 5-a-day and deprivation.

Figure 17: Modelled estimate of 5-a-day fruit & vegetable consumption 2006-08



Promoting physical activity across the borough is key in reducing obesity and diabetes.

Figure 18 makes clear the difference in activity levels between adult males and females. Interestingly although rates of activity for males were above the England level, for females they were significantly lower. The reasons for this need to be understood and local providers need to ensure activities that women would find attractive are available and targeted. As with eating 5 portions of fruit and

vegetables per day, there is a strong correlation between recommended levels of physical activity and deprivation with the percentage who undertake at least 3 X 30 minutes of exercise per week falling as deprivation levels increase.

Figure 18: Percentage of adult population participating in regular sport and active recreation, 2007/08

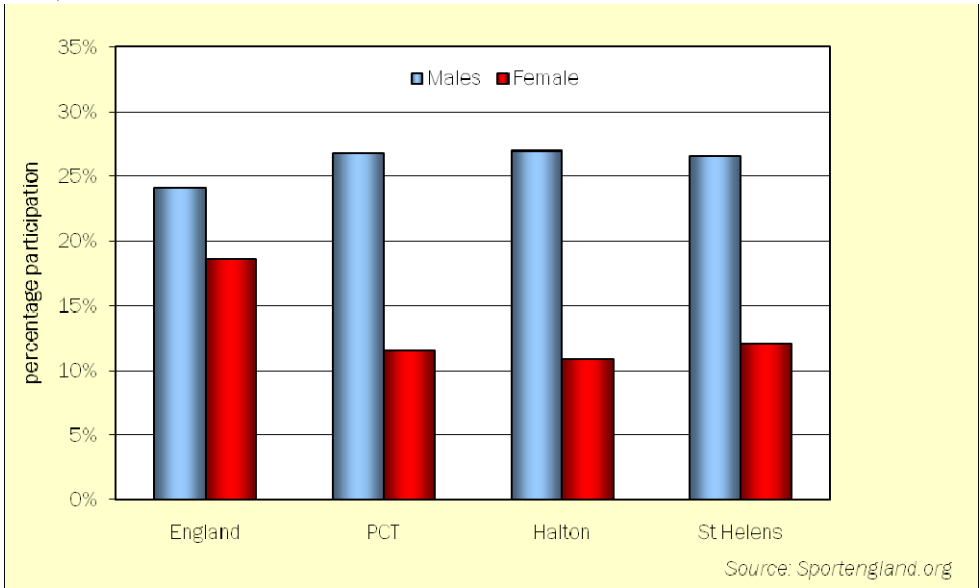
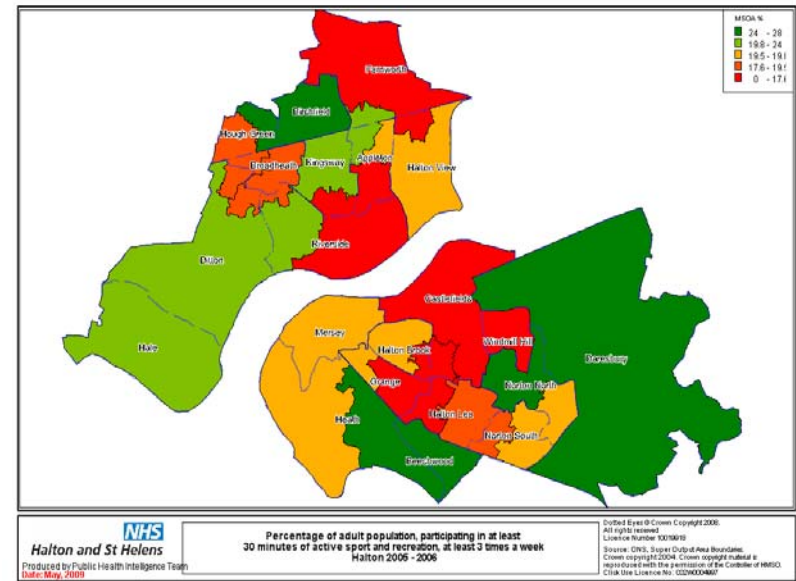
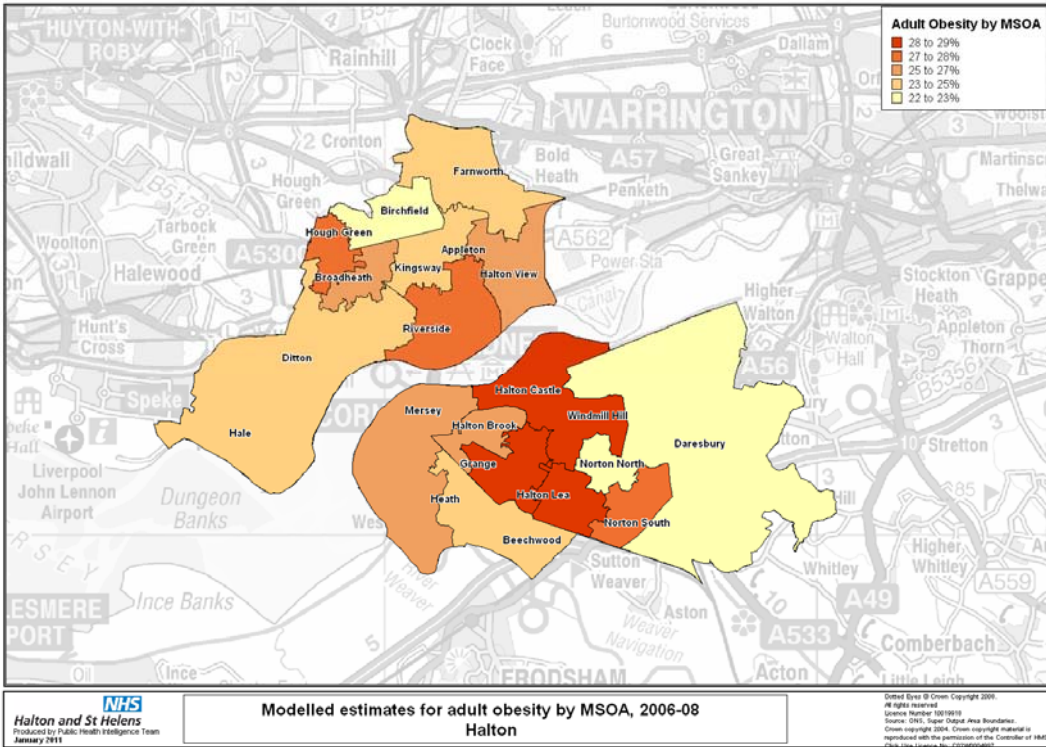


Figure 19: Adult population participating in regular sport and active recreation



Obesity prevalence within Halton is estimated to be almost 27.0% based on synthetic estimates using the 2006-8 Health Survey for England (compared to 26.8% using 2003-05 data). The local geographical pattern is shown in Figure 20.

Figure 20: Modelled estimates of adult obesity levels 2006-8



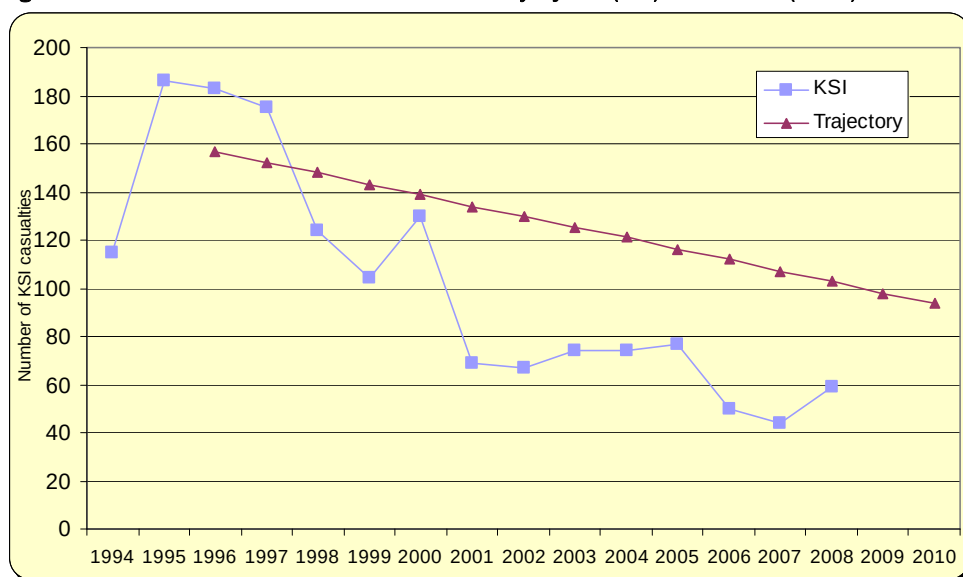
4.8 Road traffic accidents

The rate of deaths and serious injuries from road collisions has been declining over recent decades (by about 4% per year in all ages and 9% in children). Nearly half (46%) of UK deaths from unintentional injury in people aged 1–14 are road related (Department of Health 2002). Overall population-based casualty rates for England are better than the European Union average. However, this rating masks poorer figures for pedestrians (Department for Transport 2008).

Among people aged under 15, the likelihood of dying as a car occupant is 5.5 times higher if their parents are unemployed than if they have managerial or professional jobs; this ratio exceeds 20 among pedestrians and cyclists. The largest factor in this difference in death rate is exposure to danger rather than behaviour (Edwards et al. 2006).

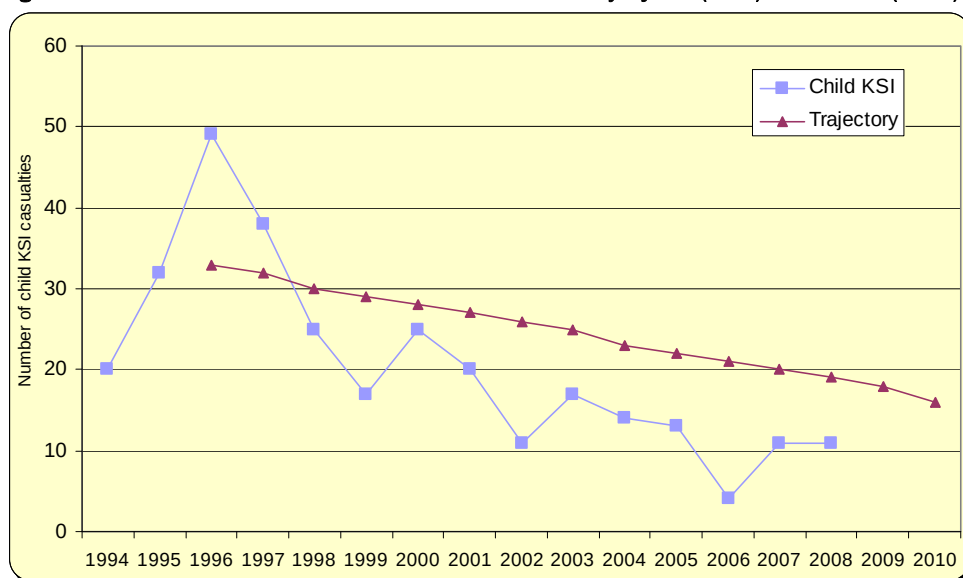
Road design has a key influence on speed (Department for Transport 2008). Higher speeds reduce the time available for reactions and increase the severity of collisions. Vulnerable road users (cyclists and pedestrians) are at particular risk: pedestrians have a 90% chance of surviving car crashes at speeds below 30 kph but a less than 50% chance of surviving collisions at speeds of 45 kph (Racioppi et al. 2004).

Figure 21: Halton road casualties - Killed or Seriously Injured (KSI) 1994-2010 (NI 47)



Source: Cheshire Police

Figure 22: Halton road casualties - Children Killed or Seriously Injured (CKSI) 1994-2010 (NI 48)



Source: Cheshire Police

In Halton in 2008:

- The KSI rate per capita is now 1.03 times the national average (previously 1.6 times higher through 1994-98 baseline period);
- CKSI rate is 1.95 times the national average (previously 2.3 times higher through 1994-98 baseline period); and

With 59 KSI casualties and a population of 118,500 in 2008, Halton has a KSI rate per 100,000 population of 49.8. Although this is higher than equivalent rates

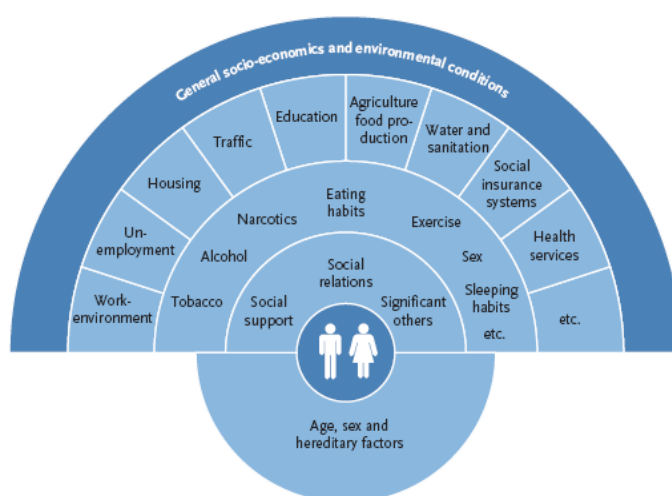
in neighbouring Merseyside authorities, the individual KSI total for 2008 was lower than expected. Indications are that 2009 road casualty figures will be a substantial reduction from those seen in 2008.

5. How can local transport plan's promote good health?: what the evidence tells us

As can be seen from the selected health data presented in the previous section health inequalities are spatially apparent in Halton and much of the poor health experienced across the borough is closely related to the socio-economic characteristics of certain areas.

Spatial planning can help to address these kinds of disparities by addressing some of their root causes through the development and regeneration agenda. Most of the key determinants of health are outside the direct influence of health and social care, for example, education, employment, housing, and environment.

Figure 23: Social determinants of health



Dahlgren and Whitehead(1991) Policies and strategies to promote social equity in health.
Stockholm: Institute of Future Studies

Transport is facilitator to much of this development by enabling equitable access to opportunities for a good quality of life. These include education, employment, healthcare facilities, other social, retail and leisure amenities. This supports the concept of social connectivity. In particular Gardner et al (2009) have noted from the literature that transport can influence health in a positive way by:

- helping people to improve their health through walking or cycling;
- enabling access to health, employment and other services; and
- building social capital through allowing people to get to friends and families and other social networks.

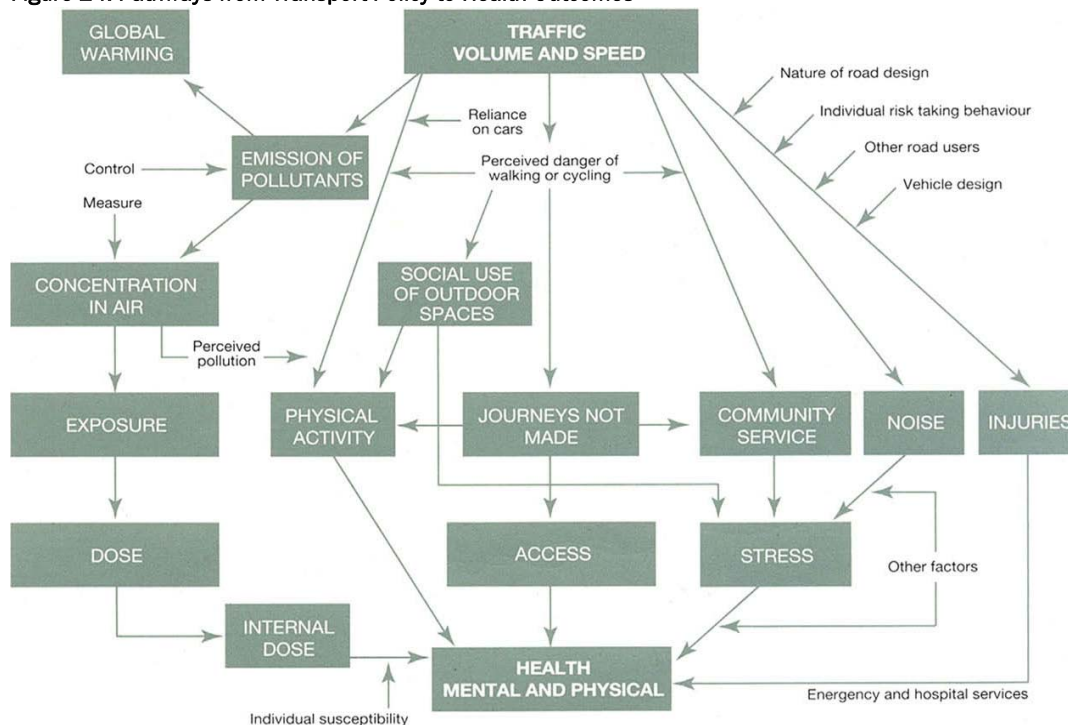
However, the transport system also has negative influences on health and the environment, notably through

- Inactivity due to car dependence;

- road traffic injuries;
- air pollution;
- traffic noise;
- impacts on climate change and
- psychological and social impacts.

Note that the evidence leads us to prioritise actions that aim to increase the proportion of journeys undertaken by walking and cycling. This is because such a modal shift from car travel would be associated with positive changes in all the above health impacts. While interventions focusing on improving road safety, improving air quality or fuel efficiency are also important, they do not have the same broad benefits to public health (Canterbury District Health Board 2010). These relationships can be described thus:

Figure 24: Pathways from Transport Policy to Health Outcomes



Metcalfe O., Higgins C. *Healthy Public Policy: Is health impact assessment the cornerstone?* *Public Health*, 2009, 123(4): 296-301.

5.1 How planning policy can impact upon the main determinants of health:

(extract from *Health Issues in Planning Best Practice Guidance* Mayor of London Greater London Authority 2007, based on *Healthy Urban Planning* by Barton & Tsourou, 2000)

5.1.1 Individual behaviour and lifestyle

The physical environment is shaped by planning decisions and can deter or enable a healthy lifestyle. The propensity of people to walk, cycle, or play in the open air is affected by the convenience, quality and safety of pedestrian and

cycling routes and by the availability of local open space. It is especially important that children are encouraged to adopt regular exercise in childhood – regular exercise ‘protects against heart disease and by limiting obesity, reduces onset of diabetes. It promotes a sense of wellbeing and protects older people from depression.’

5.1.2. Social and community influences

Insufficient attention to maintaining and creating community cohesion in urban renewal projects can lead to the destruction of social networks. Regeneration can also produce a rich community life, by providing opportunities needed for social interaction such as common activities and meeting places: schools, post offices, pubs and convivial, safe streets. Sustaining local facilities and networks depends upon long-term strategies for housing, economic development and transport. Social support is also necessary for the most vulnerable groups.

5.1.3. Local structural conditions

Planning policy can directly affect personal health in a number of ways. For example a lack of supply of affordable quality housing contributes to homelessness and overcrowding; accessible work opportunities can alleviate poverty and depression caused by unemployment; an accessible urban structure together with an efficient and affordable transport system can reduce social exclusion by opening up opportunities for people who are socially and economically marginalised. Transport planning also reduces the likelihood of accidents and well designed parks and public spaces reduce fear of crime.

5.1.4. General socioeconomic, cultural and environmental conditions

At the broadest level, local urban planning impacts upon the quality of air, water and soil resources. It also affects the emissions of greenhouse gases that through climate change will have significant health consequences.

Spatial plans are about controlling the way development takes place in the future – how much takes place, where, when and in what way? The critically important factor is to ensure that the spatial planning policies and the interventions explicitly address health and are calculated to improve health outcomes by facilitating or requiring conditions that support healthier living conditions. It is acknowledged that evidence of what works, and of causality, is difficult to identify in many areas of public health and environment.

(extract ends)

5.2 Potential Transport Interventions to promote health

The Healthy Urban Development Unit (2008) have outlined a series of possible spatial planning interventions. These were used to support the development of the Halton Core Strategy preferred options. The key health impacts of transport have been extracted from this document and are summarised in Figure 23.

Figure 25: Spatial Planning Interventions for promoting health

Obesity and Diabetes	
• Have standards of open space been set for existing and new areas in terms of accessibility, quality and size? • Have standards of green space been set for existing and new areas in terms of accessibility, quality and size? • Will access to open space be enhanced for those communities that are deficient? • Will access to green space be enhanced for those communities that are deficient? • Will the management of open and green space ensure that the needs of all sections of the community be met?	• Will access to exercise opportunities be required from new development? • Will active travel be required in travel plans for major developments? • Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified? • Will a safe and continuous cycle network be created? • Will good access to fresh food be achieved for all communities? • Will access to food growing opportunities be provided for all who need it?
Cardiovascular Disease	
• Have standards of open space been set for existing and new areas in terms of accessibility, quality and size? • Have standards of green space been set for existing and new areas in terms of accessibility, quality and size? • Will access to open space be enhanced for those communities that are deficient? • Will access to green space be enhanced for those communities that are deficient? • Will the management of open and green space ensure that the needs of all sections of the community be met? • Will access to exercise opportunities be required from new development?	• Will air quality improve to above minimum standards for all parts of the community? • Will active travel be required in travel plans for major developments? • Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified? • Will a safe and continuous cycle network be created? • Will good access to fresh food be achieved for all communities? • Will access to food growing opportunities be provided for all who need
Respiratory Disease	
• Will access to green space be enhanced for those communities that are deficient? • Will sustainable travel be required in travel plans for major developments? • Will road traffic levels be reduced? • Will air quality improve to above minimum standards for all parts of the community?	• Are interventions for managing air quality focussed on air quality 'blackspots'? • Will all dwellings meet minimum insulation and optimum energy efficiency standards so as to meet targets for home energy consumption? • Will the public realm be protected from excessive sun and cooling surfaces introduced? • Will a high density of tree planting be achieved?
Road and Traffic Injuries	
• Will sustainable travel be required in travel plans for major developments? • Will road traffic levels be reduced? • Will clear standards for walkability be applied to new neighbourhoods? • Are steps identified to meet deficiencies in walkability of existing neighbourhoods? • Will vehicle speeds be reduced by traffic calming to Manual for Streets standards?	• Will road design and layout everywhere except on segregated high speed roads prioritise pedestrians? • Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified? • Will a safe and continuous cycle network be created? • Are interventions focussed or prioritised on deprived neighbourhoods?
Health Inequalities	
• Will diverse local employment opportunities reflecting a range of skill, levels be provided and worklessness reduced? • Will local employment agreements be secured in development consents or obligations? • Will the provision been made for appropriate housing reduce levels of overcrowding? • Are sites identified for co-location and coordinated social and community services?	• Is it clear under what circumstances developer contributions for new social infrastructure will be required? • Are all anticipated changes to the health estate facilitated? • Will necessary new capacity of healthcare facilities be provided for when and where it is needed? • Has a spatial investment plan for health infrastructure been agreed and funding sources identified?
Primary Care Provision	
• Will public transport accessibility be improved? • Are sites identified for co-location and coordinated social and community services? • Is it clear under what circumstances developer contributions for new social infrastructure will be required? • Are all anticipated changes to the health estate facilitated?	• Will necessary new capacity of healthcare facilities be provided for when and where it is needed? • Has a spatial investment plan for health infrastructure been agreed and funding sources identified?

There are four main documents that detail the most relevant, scientifically robust, evidence of effective interventions by which transport planning can protect and promote health & wellbeing. These are:

- National Institute for Health and Clinical Excellence (2008). Public health guidance: Promoting and creating built or natural environments that encourage and support physical activity (PH8). London, NICE.
- National Heart Forum (2007). Building Health: Creating and enhancing places for healthy, active lives. What needs to be done? London. National Heart Forum.
- Foresight (2007). Tackling Obesities: Future Choices. London. HMSO
- National Institute for Health and Clinical Excellence (2010). Public health guidance: Preventing unintentional injuries among under-15s 'Strategies to prevent unintentional injuries among under-15s' (PH29) and 'Preventing unintentional injuries among under-15s: road design' (PH31).on reducing unintentional injuries

The first three of these have been summarised in Gardner et al (2009). Every recommendation from each of the three reports was combined into the table below: (with the key themes identified by the study team being highlighted in *red italics* in the table)

Figure 26: Summary of Recommendations from Foresight, NICE (PH8) and Building for Health to support reduction sin obesity, increasing levels of physical activity

Issue	Foresight	NICE	Building Health
Overall recommendation	• Paradigm shift • Societal response to obesity • Change the environment alongside focused interventions	• Evidence-based recommendations for interventions	• Specific policy recommendations to support physical activity
Strategic planning	<i>Introduce health as a significant criterion in all planning procedures (including new build and upgrading of the current infrastructure)</i> Designing opportunities for health and activity into architecture and urban design. Making better use of existing planning regulations and design innovations (facilitated by better sharing of best practice) Considering the broader environment,	Involve all local communities and experts at all stages of any development to ensure the potential for physical activity is maximised. <i>Ensure planning applications for new developments always prioritise the need for people. Ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport involving physical activity. Ensure children can participate in physically active play.</i> Assess in advance what impact (both intended and unintended) any proposals are likely to have on physical activity levels. Make the results publicly available and accessible.	<i>Apply a 'health check' to every investment programme, focusing on the impact that the programme will have on levels of physical activity and other aspects of health.</i> <i>Ensure that health and physical activity (in partnership with sustainability) are key goals in the Community Strategy; Local Transport Plan, Regional Spatial Strategy, Local Development Framework, and Sustainability Appraisal.</i> Publish a 'public realm strategy', which encourages the informal and unconstrained use of streets and public spaces. <i>Take action to break down the conventional divide between traffic engineers and urban design. This</i>

	including the distance to frequent destinations such as shops, workplaces and schools, along with the diversity of land uses in a neighbourhood (residential, commercial, industrial).		<i>should be done by introducing new organisational structures, new training arrangements, and fresh approaches to professional definitions. Procedures such as 'safety audits' and 'risk assessments' should be radically overhauled to take account of findings relating to risk compensation.</i> Gain support from the local authority planning departments to key exemplar schemes that involve local participation in the management and maintenance of streets and public spaces, in order to build confidence among the public that a civilised public realm is a realistic possibility.
Transport	Promoting 'active transport' (e.g. walking and cycling). Increasing connectivity, land-use mix and walkability of the environment. <i>Increase the 'walkability' and 'cyclability' of the built environment (urban and rural)</i> Reducing car use	<i>Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. Use one or more of the following methods:</i> <i>re-allocate road space to support physically active modes of transport (as an example, this could be achieved by widening pavements and introducing cycle lanes)</i> <i>restrict motor vehicle access (for example, by closing or narrowing roads to reduce capacity)</i> <i>introduce road-user charging schemes</i> <i>introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design)</i> <i>create safe routes to schools (for example, by using traffic-calming measures near schools and by creating or improving walking</i>	<i>Adopt the policy of prioritising pedestrians and cyclists in the transport policy statements. Produce an assessment of whether the authority has delivered that aspect of the policy as part of their annual plan (whether Local Transport Plan, Borough Spending Plan or local implementation plan).</i> <i>Set demanding targets for the share of trips made by walking and cycling, over a range of terms up to 25 years. Allocate transport budgets to walking and cycling proportionate to their target share, and performance-manage against these targets.</i> Develop and implement approaches prioritising walking and cycling. This could include, for example: minimum cycle-parking and maximum car-parking standards for new developments; standards of connectivity to ensure successful mixed-use development; high densities; and <i>use of 20mph as a default speed limit.</i> <i>Scrap Travel Plans for all significant trip-generating developments, and replace them with Transport</i>

		<i>and cycle routes to schools).</i> Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity. These routes should offer everyone convenient, safe and attractive access to workplaces, homes, schools and other public facilities. They should be built and maintained to a high standard.	<i>Assessments, based on the achievement of a set proportion of journeys by each mode (e.g. walking, bike or car) to be agreed with planning authorities early in the planning process.</i> Identify all subsidies to private motor traffic, such as workplace car-parking below market rate, car allowances above marginal mileage cost, and private use of company vehicles. Remove those subsidies, or should offer equivalent or higher value inducements to users of public transport, walking and cycling. Review operating policies, such as transport and travel guidance to staff, car and cycle allowances, working practices and dress codes. <i>Improve enforcement of traffic law. Move towards adopting 'Vision Zero' road safety principles, as implemented in Sweden.</i> Establish a programme of Community Street Audits, as piloted by Living Streets, and provide guidance on their use. Local authority planning departments should require promoters of residential developments above a certain threshold size to prepare a statement explaining how residents would be able to walk, within a specified time, to a specified range of local services and facilities – for example, to a food shop, primary school or health centre.
Public open spaces	Improving perceived and actual safety, greenery, aesthetics and upkeep of neighbourhoods.	<i>Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport.</i> <i>Ensure public open spaces and public paths are maintained to a high</i>	Link local authority policy on open space to transport policy. Open space should be accessible for pedestrians, cyclists and public transport, and have adequate cycle parking, and promote active travel. <i>Re-structure local authority departments to bring together into one unit all those responsible for the</i>

		<i>standard. They should be safe, attractive and welcoming to everyone.</i>	<i>planning, design, management and maintenance of parks and urban green spaces. This should be seen as a green or natural 'public realm'.</i> Develop partnerships with local, regional and national organisations to enable joint funding and ownership of programmes to improve parks and green spaces and to maximise their health benefits. Continue to seek developer contributions under Section 106 agreements of the Town and Country Planning Act 1990 for outdoor sport, play and open space facilities, whether on- or off-site.
Buildings	Improving the design and layout of buildings themselves can support physical activity with, for example, prominent and appealing staircases rather than escalators or lifts.	Those involved with campus sites, including hospitals and universities, should ensure different parts of the site are linked by appropriate walking and cycling routes. (Campuses comprise two or more related buildings set together in the grounds of a defined site.) <i>Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new, through routes (and not just links to the new facility).</i> <i>During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them.</i> <i>Ensure staircases are clearly signposted and are attractive to use. For example, they should be well-lit and well-decorated.</i>	Move local authority planning departments from a reactive planning mechanism to holistic engagement from the start of the development process (the Enquiry by Design approach). This is in line with current statutory guidance on collaborative planning. Consider Local Development Orders (LDOs) on larger developments, as these go further than a masterplan because it enables the form of development to be approved even if it is to be delivered through successive phases.
Schools		Schools <i>Ensure school playgrounds are designed to encourage varied, physically active play.</i>	<i>Recognise the importance of walking and cycling – on the way to and from school, within the school day, and in curriculum activity.</i> <i>Establish regional and</i>

		Primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games.	<i>school-level policies and programmes to promote walking and cycling and to discourage use of sedentary, motorised modes of transport.</i>
Source: Gardner et al (2009)			

A shortened summary of the overall findings of the research is shown below:

Figure 27: Examples of policy interventions and their potential health-related outcomes (Gardner et al, 2009).

Policy intervention	Potential health-related outcomes						
	Promoting physical activity	Reducing crashes and road traffic injury	Reducing air pollution	Reducing noise pollution	Reducing greenhouse gas emissions	Increasing social inclusion	Improving access
Promotion of safe walking and cycling	+	+	+	+	+	+	+
Investment in infrastructure for safer walking and cycling	+	+	+	+	+	+	+
Travel planning and accessibility planning	+	+	+	+	+	+	+
Traffic-calming and speed reduction in residential areas	+	+	+	+	+	+	+
Enforcement of speed limits/ speed management	+	+	+	+	+	+	+
Reducing transport demand (e.g. promoting telecommunication)	+	+	+	+	+	+	+
Congestion charging (road pricing) and parking charges	+	+	+	+	+	+	+
Cleaner fuels and more efficient vehicles	○	○	+	○	+	+	○
Noise reduction	○	○	○	+	○	+	○
Safer cars (including safety for pedestrians)	+	+	○	○	○	+	○
Enforcement (e.g. seatbelts/child restraints)	+	+	○	○	○	+	○
+ Policy intervention likely to lead to positive health-related outcome ○ Policy intervention not likely to lead to health-related outcome							

Investment in infrastructure which enables increased activity levels through cycling and walking is likely to provide low cost, high value and thus cost effective,

even cost saving, options providing benefits for the individual, the NHS and transport as a whole (Davis 2010).

In relation to child accident prevention, NICE guidance on reducing unintentional injuries among those under the age of 15 has highlighted the following in relation to transport:

PH29: Strategies to prevent unintentional injuries among under-15s'

- Recommendation 1 Incorporating unintentional injury prevention within local and national plans and strategies for children and young people's health and wellbeing
- Recommendation 2 Coordinating unintentional injury prevention activities
- Recommendation 3 Identifying and responding to attendances at emergency departments and minor injuries units
- Recommendation 4 Developing professional standards for injury prevention (National)
- Recommendation 5 Funding the development of injury prevention standards and curricula (national)
- Recommendation 6 Providing the wider childcare workforce with access to injury prevention training
- Recommendation 7 Establishing a national injuries surveillance resource (national)
- Recommendation 8 Gathering high quality injury data from emergency departments
- Recommendation 15 Advising on off-road cycle safety
- Recommendation 17 Maintaining and managing road safety partnerships
- Recommendation 18 Carrying out local child road safety reviews and consultations
- Recommendation 19 Aligning local child road safety policies
- Recommendation 20 Promoting and enforcing speed reduction
- Recommendation 21 Involving the police in driver education initiatives and activities to reduce traffic speed

Additionally, NICE guidance PH31: Preventing unintentional injuries among under-15s: road design and modification makes four recommendations on how to design roads in such a way as to help prevent accidents amongst those aged 15 and under.

Recommendation 1 Health advocacy and engagement

Who should take action?

- Directors of public health and other health professionals with responsibility for preventing or treating injuries.
- Local strategic partnerships.

What action should they take?

- Ensure a senior public health position includes leading on, and responsibility for, the health sector's involvement in injury prevention and risk reduction.
- Support and promote changes to the road environment as part of a broader strategy to prevent injuries and the risk of injuries.
- Support coordinated working between health professionals and local highways authorities to promote changes to the road environment.

Recommendation 2 Needs assessment and planning

Who should take action?

Local highways authorities.

What action should they take?

Work with other partners to introduce engineering measures to reduce speed as part of a broad strategy to prevent injuries and the risk of injuries (see recommendation 1).

These measures should be:

- developed after considering data on risk of injury (such as traffic speed and volume) and injuries (including levels of casualties, their age, the groups involved and where they occur)
- designed and constructed in line with current good practice guidelines and case studies (such as 'Manual for streets'^v), and determined by local context and the characteristics of the site (including physical limitations such as geological considerations)
- designed taking into account all road users (not just car users), including vulnerable road users (such as pedestrians, cyclists and those with impaired mobility)
- developed using effective processes of community engagement to seek the views of children, young people, their parents and carers (as outlined in NICE public health guidance 9 'Community engagement') and with involvement of other interested parties such as the emergency services and local businesses
- implemented based on local priorities for modifying the transport infrastructure
- evaluated for their effect in terms of reducing the risk of injury and reducing the number of actual injuries
- evaluated for any unintended consequences, such as the impact on the number of people walking or cycling or on injury rates in neighbouring streets.

^v www.dft.gov.uk/pgr/sustainable/manforstreets/

Recommendation 3 Measures to reduce speed

Who should take action?

- Local highways authorities.
- Local strategic partnerships.

What action should they take?

- Introduce engineering measures to reduce speed in streets that are primarily residential or where pedestrian and cyclist movements are high. These measures could include:
 - speed reduction features (for example, traffic-calming measures on single streets, or 20 mph zones across wider areas)
 - changes to the speed limit with signing only (20 mph limits) where current average speeds are low enough, in line with Department for Transport guidelines.
- Implement city or town-wide 20 mph limits and zones on appropriate roads. Use factors such as traffic volume, speed and function to determine which roads are appropriate.
- Consider changes to speed limits and appropriate engineering measures on rural roads where the risk of injury is relatively high, in line with Department for Transport guidance.
- Take account of the factors identified in recommendation 2 when introducing measures.

Recommendation 4 Popular routes

Who should take action?

- Directors of public health.
- Local highways authorities.
- Local strategic partnerships.
- Public health professionals with an injury prevention remit.
- School travel planners.

What action should they take?

- Consider opportunities to develop engineering measures to provide safer routes commonly used by children and young people, including to school and other destinations (such as parks, colleges and recreational sites). This should be done as part of the development of a broad package of measures to address travel, for instance when developing school travel plans.
- Include school governors and head teachers in discussions about changes relating to school travel.

It is important that local transport planning is integral to wider urban planning as it is crucial to connectivity. It also has the potential role to play in reducing social segregation. For example through good public transport to new housing developments which allow people from different social background and circumstances to live together by being able to get access to the educational, employment, and social amenities they need. Good transport planning supports the development and maintenance of social networks. However, highways can act as barriers, limiting/disrupting interpersonal networks and reducing social contact. This impact on greater on those with limited transport options.

Transport planning needs to consider the needs of the elderly, children and those with mobility problems. This will include people whose first language is not English who may experience difficulties in obtaining information on public transport (Canterbury District Health Board 2010).

In conclusion, transport planning must be seen as part of a whole system to create and maintain safe, healthy and economically vibrant communities. Consideration of health-promoting transport initiatives, particularly boosting non-motorised travel and public transport, is likely to have economic as well as health and environmental benefits. It also helps people to cope with natural and man-made disasters and should be a key part of emergency plans.

It has roles to play in:

- Creating sustainable natural environments
- Ensuring public safety through measures to minimise road accidents as well as reducing noise, congestion and air pollution levels
- Creating vibrant built environments
- Enabling healthier lifestyles through walking and cycling schemes as well as access to key services and amenities such as food, healthcare and leisure/physical activity opportunities
- Promoting equity and reducing social exclusion through measures to enable those without access to personal transportation to access facilities and services
- Supporting the development and maintenance of social networks
- Reducing the negative impacts of major emergencies

In addition to the impact transport can have on physical health, it also plays a role in mental wellbeing. This is especially important given the high prevalence of mental ill health, where one in six people in the UK will suffer from mental ill-health (e.g. anxiety or depression) at some time during their life (ONS 2001). Access to green space can reduce the symptoms of Attention Deficient Hyperactivity Disorder (ADHD) in children and people who are more physically active tend to have lower rates of depression. It also has wider social and work productivity benefits (Faculty of Public Health 2010). Further research suggests there are benefits to mental wellbeing of simple exposure to the natural environment, with those with mental ill health showing improvements in self-esteem and this can be gained through views of nature, being within the natural environment or exercising in these environments (Barton and Pretty 2009).

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HIA Development Group

Health and Well-Being Screening Checklist

**Halton Borough Council
Local Transport Plan**

Adapted from a tool developed by The Devon Health Forum, December 2003.

What is Health Impact Assessment? (HIA)

Health Impact Assessment (HIA) is a process used to help identify the effects a policy or project may have on the health and well-being of local people. Even if an area of work is likely to have positive health benefits for the local population, there may be unintended negative health impacts. By assessing these issues early on, the opportunity arises to try and ensure maximum health benefits and to minimise negative impacts before they happen.

Tackling Health Inequalities

People's health and well-being is influenced by many factors, such as income, employment, education, housing, and transport. Despite improvements in life expectancy nationally, there are wide differences in people's health outcomes; with a larger burden of ill health falling on people with poor incomes, who often find themselves excluded from the opportunities many of us take for granted. Tackling these health inequalities is a major Government priority and HIA can offer a good starting point for helping organisations assess and understand how their work impacts on health inequalities locally. By assessing how different groups of people may be affected by a policy or project, HIA can contribute to better decision-making that helps prevent health inequalities from arising in the future.

Who should use this screening checklist?

HIA can be carried out at several levels, and it is recognised that it is impossible to do comprehensive assessments of all the work an organisation does. This screening checklist is a 'rapid appraisal' of the health impacts of a policy and will only take about 1 ½ - 2 hours to complete. If it is felt that the health impacts are potentially serious, a more detailed HIA should be undertaken, and this checklist will help priorities the need for further work.

The checklist explores the determinants of a healthy neighbourhood and will encourage identification of the factors within a policy that can improve the quality of life for local people and tackle health inequalities. The checklist has been produced by The Devon Health Forum a partnership involving many organisations whose work impacts on the health and well-

being of local communities, and adapted by St Helens Health Partnership. The checklist reflects the Forum's purpose – to find effective ways to work together to ensure a coherent, and co-ordinated approach to changing the effect of the wider determinants of health for the better.

Who should use it?

The screening checklist is aimed at anyone involved in developing policies, programmes, or projects that affect local people. This may mean a policy or strategy writer, or a project lead involved in the more detailed planning of a specific project. For simplicity, in the checklist, the word 'policy' is used to reflect policy, programme, or project.

How to use it

The best time to use this checklist is before a policy is implemented so that the results are available to influence decisions and changes can potentially be made. The checklist is made up of a series of questions, in two stages:

Stage one offers a 'rapid appraisal' of the predicted health impacts based on 14 short questions. It may be useful to refer to the determinants of health which are listed on page 4 to help answer the questions.

Stage two is designed to help decide whether a more comprehensive HIA is needed and explores the issues involved in this decision.

To ensure wide discussion of the health impacts, it is recommended that several people apply this checklist to a policy. Special expertise in health is not needed; just knowledge of the policy and judgement of its effects on the health of a population.

What happens after the ‘rapid appraisal’?

After completing the 14 questions, you will be asked to explore your findings in the table on page 8 to help decide whether an in-depth HIA is needed. If this is the case, general guidance on the next steps to take is included in this checklist. You will also find sources of useful information on methods of carrying out HIA on page 10.

If you find that your responses indicate further HIA is not necessary, you should document your decision why on page 9 and outline what steps you will take to mitigate negative health impacts and enhance any positive health impacts of the policy.

As a guide, a more detailed HIA could involve:

‘Intermediate’ HIA

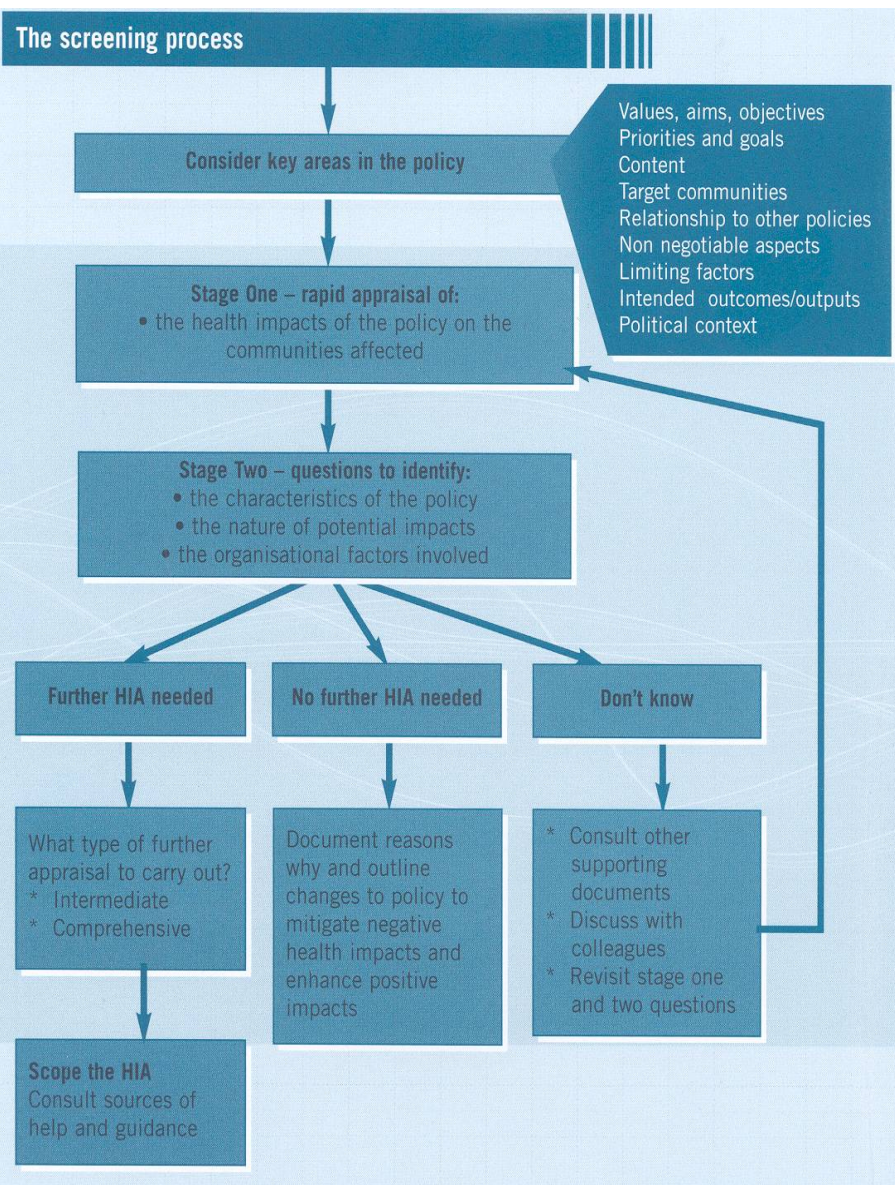
- Reasonable time period
- A review of available evidence
- A focus group to record the opinions of stakeholders
- Reviewing completed HIAs of similar policies
- For some appraisals the collection of new data

‘Comprehensive’ HIA

- A more rigorous exercise over several months
- An extensive literature search of available evidence
- Investigation of each health impact in detail
- Several methods to consult a wide range of stakeholders
- A review of completed HIAs of similar proposals
- Collecting new evidence/information relevant to the policy

The benefits of undertaking further HIA work are numerous; you will have more time to search through a wide range of evidence and be able to collect new information which is directly relevant to your policy. In addition, a key part of a more in-depth HIA is to find out the views of communities affected by a policy; thereby getting to the heart of what matters to them. By listening and acting on their views you will give them the opportunity to influence the decisions that affect their everyday lives and you may find that creative and realistic suggestions come forward to tackle negative health impacts and enhance positive health impacts.

A flow chart of the screening process is shown on the next page, outlining the steps to take.



Health Determinants

When you consider the policy against the screening questions, you may find it useful to refer to this table to identify how the determinants of health are affected.

Categories of influences on health	Health Determinants
Biological Factors	Age, sex, genetic factors,
Personal/family circumstances	Family structure, education, occupation, unemployment, income, risk-taking behaviour, diet, smoking, alcohol, substance misuse, exercise, leisure time, means of transport (cycle/car ownership).
Social environment	Culture, peer pressure, discrimination, social support (friendly neighbours, social groups/feeling isolated), community, religion.
Physical environment	Air, water, housing conditions, working conditions, noise, smell, vies, public safety, civic design, shops (location/range), communications (road/rail), land use, waste disposal, energy, local environmental features.
Public services	Access and quality of GP surgeries and hospitals, child care, social services, housing / leisure / employment / Social security services, public transport, police, voluntary and community agencies and services.
Public policy	Economic / social / environmental / health trends, local / national priorities, policies and programmes.

Based on The Merseyside Guidelines for Health Impact Assessment, adapted from Lalonde (1974) and Labonte (1993)

Stage One – Rapid Appraisal

The following 14 questions prompt you to identify potential health impacts of the policy. Identify the population groups that may be affected (examples are included in the list below) and identify distinct groups, especially if these people experience health inequalities. Describe the health impact using the symbol '+' or '-' for a positive or negative impact. Use the 'Action' column to describe what action you could take to reduce negative impacts and enhance positive impacts. You may find it useful to refer to the determinants of health on page 4. An example is included at the top of the table as a guide.

As this checklist is designed to be applied to all kinds of policies, some of the questions may not be relevant to the policy you are screening. Just leave these blank, as this will not have an impact on the overall appraisal. If you find that there is insufficient evidence about a particular health impact, be as objective as you can using your best judgement about information and record this in your decision-making.

Population Groups (for example)

Whole Population
Children aged 0 – 14
People aged 15 – 25
Older People
Rural Households

Young Offenders
Travellers
Black and ethnic minority populations
Parents / Guardians
Homeless

Low income households
Unemployed People
People with mental health problems
Disabled People
Care Leavers

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
1.Income levels and the distribution of wealth. <i>It is recognised that there is a potential link between people's income and health – wealthier people tend to be healthier. Will the policy reduce inequalities in income?</i>	Adult population of Halton	Recognised in the LTP3 that transport issues affect those in areas of deprivation/on lower incomes in different ways e.g. car ownership lower so more reliant on public transport for access to training, jobs etc. LTP3 emphasis on sustainable options especially for journeys under 5 miles. Use of transport to increase connectivity to training and jobs. • Halton Hopper works across Halton Transport/Arriva as 1 day/1 week/1 month tickets (saves cost). • Impact of new charges on bridge - o Free to cross for sustainable methods - o Separate HIA for Mersey Gateway Due to reducing subsidies some free services may have a charge levied in the future.	

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
2. Employment <i>Employment gives us income, a sense of purpose and structure to our lives – which all affect health. Will the policy improve employment opportunities for all parts of the community?</i>		<i>General:</i> Relationship between employment opportunities, including for different sectors of society, and transport recognised. <i>Digital Inclusion</i> - Included to show how working from home can reduce traffic/carbon emissions. <i>Local people in to Local Jobs:</i> - Creation of jobs in Mersey Gateway Port – these jobs aimed at none-degree education. More jobs for local people and housing. Good transport planning to be included, opportunity to encourage walking/cycling. I.e. the approach taken as part of the M3G development to train and support local residents in to new local jobs will be followed as part of the Mersey Gateway Port development. - Potential of 'electric points' in new developments, although can only recommend. - Local businesses visited by NTT to discuss and recommend travel	Encourage new developments to undertake Travel Assessments based on the achievement of a set proportion of journeys by each mode to be agreed with planning authorities early in the planning process? Supporting large employers (starting with public sector) to review transport and travel guidance to staff including allowances, working practices and dress codes. It is mentioned e.g. digital inclusion, but perhaps more could be made of it. HIA recommend that planning departments work more closely together, although this has already started and may need to be noted that this should be more formalised. HIA recommend that local employees implement sustainable transport for workforce. Public agencies should be encouraged to use sustainable plans

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		arrangements. Any employment sites must include how workforce will travel to site within Halton as part of the planning application process.	
3. Healthy beginnings for children <i>Children need positive environments in which to develop and grow; and parents and guardians need to be able to provide the foundations to make this happen. Will the policy support healthy beginnings for children?</i>	Young people	HBC have worked with Youth Parliament to understand and respond to needs of young people e.g. child fares currently stop at 6pm. Negotiated extension to this to 10pm to facilitate access to youth service activities. Arriva/Halton Transport have School Liaison Officers to go into schools and encourage safe bus travel. Schools encourage to have school travel plan through financial incentive to build bike sheds, etc. It was highlighted that a great source of road awareness in children were through 'School travel planners', although these are externally funded and the funding grant is to be ended. Currently HBC are looking to see if this resourced can be funded by the council. The School Travel Planned educates children in areas such	Recommended: School Travel Planners to revisit schools to check plans. Need to protect the school travel planners posts and look to extend their remit to all elements of child safety outside the home.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		as Bike-ability at School to improve safer riders. • Softer options which ‘nudge’ more walking to school are not sometimes not seen as priority for spending by all parties. • Two new schools in Halton include plans which encourage walking/cycling, e.g. wide paths for bikers/walkers. Schemes to encourage new “17-21” drivers are more safe on roads. Important to recognise that education to change care use will need to start early e.g. in schools. <i>See also 6 Physical safety regarding road accident prevention</i> <i>See also 8 Healthy lifestyles – issues around school travel plans, walking and cycling</i>	

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
4. Personal supportive networks <i>People benefit from relationships with friends, colleagues, and community groups in terms of the sense of place and belongings it gives. Will the policy promote community networks and greater social inclusion?</i>	Total population	Recognition of the role transport plays in social networks and improving social inclusion within the LTP. • Dial A Ride • LTP – to look at transport links of health and social care services as these are used to support vulnerable individuals and families. • Schools Independent Travel Trainer for young people with learning disabilities on external funding, due to finish. Unclear how it will be funded in future. • 'My Place' youth service location was ensured close to transport plan.	Recommend that when services are commissioned a location close to public transport links is taken into consideration.
5. Peoples feeling of control over their own lives and decisions <i>If people feel they have a choice in the decisions affecting their employment, income, living conditions, and support systems etc, this may have a positive effect on their health. Will the policy affect people's ability to make their own decisions?</i>		Consultation exercises are a form of local involvement in development of LTP. Passenger transport forum Local area forum NTT • Use new technology processes in consultation • On-going consultation and links with local community	Proactive, ongoing engagement with local residents, employers, transport providers and service users is needed throughout the implementation of the LTP3 to ensure people are able to 'have their say' on transport planning.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
6. Physical safety, level of and fear of crime in communities <i>Worries about physical safety and security may have a negative impact on health. Will the policy promote physical safety in communities and tackle the fear of crime?</i>		<i>Roads and Accidents: Road Safety</i> • guidance in preventing child safety/accidents which could be incorporated into strategy. HBC JSNA highlighted no overall approach to improving child road safety. • HBC good reduction in children seriously injured and killed on roads – This was question in relation to how will this be maintained in the currently climate of budget cuts? • “Quality of Bus Partnership” hold up due to funds – try to encourage similar partnership where transport issues discussed. • “Hot Spots” – police work with HBC to highlight where accidents occur, including any causes (e.g. blindspots, etc). HBC Panning Department will then investigate. • Where traffic calming are put in place there must be local consultation – this option will stop speed restrictions put in place. • Encourage more VMS (Variable Message Signing), research shows this works to reduce speed. Issue with ‘NIMBY’'s not wanting speed signs in their areas where HBC are trying to	Unclear if the demographics of accident victims, beyond locations, is understood e.g. implications for health and social care. Additional work between HBC and Public Health Evidence & Intelligence Team could be undertaken on this.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		introduce a variety of traffic calming measures. • Possibility of 20 mph speed limit in urban areas being looked at for Liverpool City Region– unsure of positiveness in HBC. • Tackling Speeding within the borough using better/more affordable technology due to lack of central government funding. • Halton policy on potholes is to repair within strict timeframe. Lots of great work. However, road safety cameras – funding lost from central government – reviewing how these will be funded within Halton Borough Council in the future. This is as risk to road safety within the borough and will need to be managed.	

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
7.Educational opportunities for all age ranges <i>Acquisition of new skills can offer an individual a sense of achievement and well-being. Improved education is linked to factors affecting quality of life and well-being. Will the policy promote educational opportunities (such as basic skills or numeracy / literacy training), which are accessible to all parts of the community?</i>		See section on employment. • Education now being undertaken locally in schools/community centres, etc. •	There should be active engagement with education and training establishments so any changes in service provision considers the travel impacts before changes are made.
8.Health related or risk taking behaviour <i>Lifestyle has a large impact on health including physical activity / active lifestyles, diet and access to healthy food, smoking, use of drugs, alcohol consumption, and sexual behaviour. Will the policy promote healthy lifestyles?</i>		Lifestyles of bus and taxi drivers can be unhealthy. Important to look at health needs of those employed to run public transport system. • One of the key point of the plan is to ensure the accessibility of already established bike routes/canal paths/walkways are continuously invested in, therefore ensuring these routes are friendly to all. • Encouraging use of walk-ways/cycle paths will in-part mean making routes safe for all through lighting/making wheel chair friendly etc. • Linking into Mersey Gateway to ensure new routes are accessible to public (as	HBC to facilitate links to bus companies and taxi forum for health checks. PCT to link in key lifestyle and health checks services for this target group. Use of buses and taxi's for delivering key health messages. Needs partnership approach between PCT and HBC.

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Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		bridge will include free walkway/bike path – so HBC will need to link their existing walk-ways/cycle paths to this in a safe and sensible way). <i>Walking/Cycling</i> • Walking/cycling identified by HBC as two separate modes of transport as the users of each have different needs. Also underpins importance of these healthy and sustainable modes of transport across the LTP. • Cycling has large costs due to facilities available . • HBC has a Cycle to Work Scheme for staff, including facilities and bikes to loan. • Runcorn has independent cycle network and has plans to be improved. • Schools encourage to have school travel plan through financial incentive to build bike sheds, etc. • Recommended: School Travel Planners to revisit schools to check plans.	

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		<i>Marketing health messages:</i> Is there any method to encourage health messages on buses? – recognise in Strategy this is a positive message/form of promoting health. Acknowledged that this would need to be paid for but audience likely to be key target group of healthy lifestyle messages.	
9.The provision of quality housing <i>The link between housing and health is well recognised, with poor housing particularly associated with ill health in children. Housing affects mental and physical health and a decent home is acknowledged as important for our health. Will the policy affect the quality and provision of local housing?</i>		Recognise need to include bicycle storage facilities as part of new builds. However, existing buildings may but facilities in 'dark corners' - How will HBC ensure no vandalism of cycle storage facilities – building facilities within “built up” areas? Bike shed instruction included in initial plans and not “dark corners”. - HBC transport planning Transport plans now to ensure that where new developments are built surrounding roads have reduced speed, etc. - Transport issued at Runcorn Station where residential roads are used by non-local residents.	Do we know what the relative impacts are of congestion/ air pollution and higher density housing? May not be exceeding Air Quality standards but may be high pollution in areas where there are already high levels of ill health. More detailed analysis could be undertaken to link the datasets – air quality/pollution – housing - health.

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Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		• Possibility of work identifying health conditions of populations which have higher levels of pollution. • Deakin Road – what traffic management sessions HBC can introduce will be implemented during 2011/12. • The dedicated bus ways have been a good way of reducing vehicle emissions in housing estates.	
10.The natural environment <i>The natural environment impacts on health in terms of air quality, water quality, noise pollution, smells, and waste or through the protection of wildlife and landscapes. Will the policy affect the natural environment in a way that will impact on health?</i>		Air Quality: Green/Open Spaces • Within Strategy highlight where public Rights of Way are more accessible and also good for mental health issues. • Plans by HBC to encourage new development open without enclosed/dark spaces. • Parks have rangers who make the area “feel safer”. Also have a key role in education e.g. guided walks	Highlight impact use of green spaces can health on mental wellbeing (research references available to support this) and make links with PCT commissioning work stream for the early detection of depression.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
11.The built environment <i>The nature of the built environment affects how people feel about where they live and work. Will the policy work to conserve urban green spaces and amenities and support building programmes, which are sustainable?</i>		<i>Road safety:</i> - HBC transport planning Transport plans now to ensure that where new developments are built surrounding roads have reduced speed, etc. <i>Pollution: Approach</i> - Air Quality Management Area Milton Road and Deacons Road. Solutions out to consultation with local residents at present. - Two large traffic infrastructures near main roundabout at southern end of Widens Retail area. Major retailer in the area have asked to extend the premises upwards (part of original application). Modelling of traffic consequences already done for original application. - Use of transport modelling techniques to plan road infrastructure and retail developments in Widnes. - New proposed developments on site at top of Lungsdale Road previously occupied by B & Q. Need to look at how this will	Could make more of the fact that bus journeys can reduce journey time by considerable time, especially for shorter, Halton-only based journeys – advertise this to encourage bus usage. Need to improve signage/ information especially where two types of public transport connect e.g. outside all mainline train stations, on how to get to key destinations by foot and/or bus. Though improved partnerships with PCT and hospitals could add bus services/information to health service information and/or number to Halton Travel Team Halton travel Team could support large businesses e.g. PCT to have public transport days or ‘no travel’ days. This would highlight the health impacts of business travel including improving service providers understanding of the access issues clients face.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		impact on pollution. • Future plans of Park and Ride scheme once new developments. • HBC own 37% of car parks, 10% owned and managed. The 2 supermarkets in Widnes own the car parking land and do not charge. No political appetite to change. May have economic benefits but encourages people to use cars even for short journeys. • Transport issues often around traffic standing still. • Introducing intelligent traffic lights which can identify build up of traffic and give priority to buses. • Bus journeys can reduce journey by considerable time – advertise this to encourage bus usage. • Encourage public transport to use health services as can be difficult to deliver in Halton's 'three' towns. Add bus services/information to health service information or number to Halton Travel Team. • Example of Sexual Health services where services in Widnes may be more frequent and better facilities than Runcorn.	Need to ensure Air Quality Management Areas are monitored, actions plans developed and delivered with remedial action put in place – impacts of this need to be monitored also.

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Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		• Encourage local large businesses (eg PCT) to have public transport days or 'no travel' days. • Recognise through consultation not enough information in accessible local places. Opportunity to add signage outside stations to show where to go for buses, eg bus to Runcorn. • Bus stops in Halton – have number to text for return timetable. • All new developments are linked to transport to look if it will impact with extra carbon emissions. • HBC looked at showing local emissions. However cost outweighed benefits – could link to electronic signs.	
12. Modes of transport and support infrastructure <i>Transport has many obvious health impacts; access; connectivity etc. Will the policy affect public transport, car usage, promote walking / cycling and address issues for those without a car?</i>		As this HIA is about the transport plan, it has been considered in detail throughout this template.	n/a – see other sections.

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
13.The provision of fair, equitable access to public services <i>People expect fair access to public services such as health, social and welfare services, transport, and leisure opportunities. Will the policy improve access, especially for disadvantaged groups?</i>		Issues around use of transport network to support access to services, employment and leisure services highlighted elsewhere in this template. Woven in to all strategies across the plan. Highlights the need to ensure HIAs are carried out on all policy and development decisions.	Need to include the transport dimension of Major Incident Planning within the LTP3.
14.Health inequalities among different groups <i>Inequalities in health are widespread. Will the policy work to decrease health inequalities experienced by different groups of people in the community?</i>		Positive that the LTP acknowledges social inequity and the role transport should play in addressing this 'transport for all' e.g. car ownership lower so more reliant on public transport for access to training, jobs etc. e.g. HBC subsidise around 30 bus services – mainly evening to most deprived areas, with an cost of around £30k per service. Total £800k per year. However, it was noted during discussions that the central government subsidy than supports this is to be reduced. Local transport authorities to be asked to look at other ways of providing these services e.g. using volunteers. Halton Community Transport already uses volunteers but they may not want to do evenings/	Do we adequately understand the relative impacts across different groups? Responsibility of all public sector services to consider the transport implications of service design/ relocation. For those without access to private cars journeys to Whiston hospital from Runcorn and Widnes can be difficult. Need to work in partnership with the PCT and hospital to consider how to address this.

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Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		weekends which is when the subsidised services run.	
15.Equality and Diversity <i>Assessing the likely impact on race equality: Will the policy promote unlawful racial discrimination, damage race equality of opportunity, or damage good relations between people of different races?</i>		<i>Disability/accessibility issues:</i> • Issue with buses stopping for wheelchair users and prams as only a couple of minutes delay can lead to the bus companies being fined if they are late reaching their final destination. • Only one service in Halton is not DDA – this is on a route with high pavements to make access to the buses easier. Buses on this route will be changed in April when all will be DDA. • Dial-a-ride service also available. Will include Women's Safe Travel. Information for those whose first language is not English may be poorer than for general population. • What facilities do HBC	Link to ESOL workers to support families whose first language is not English. Need to recognise that whilst the overall population is predicted to fall slightly, the older age population cohort will rise – see POPPI data. This may need a change in the balance between universal and specialist transport needs in the future. Any services that may be withdrawn will have an impact assessment conducted first.

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Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		neighbourhood travel teams have to provide information in languages other than English? Answer from HBC: The Neighbourhood Travel team (NTT) can send out timetables/information in different languages on request. However, it is also recognised that it is not sufficient for signs and timetables to be translated. Other ways of support communities are needed. An example of this is the desire to link with ESOL workers within schools working with children access languages. Need to recognise that whilst the overall population is predicted to fall slightly, the older age population cohort will rise – see POPPI data. This may need a change in the balance between universal and specialist transport needs in the future.. Any services that may be withdrawn will have an impact assessment conducted first. Literacy levels mean need to be able to discuss travel plans as educational level needed to read timetables is higher than some residents have. Need to advertise NTT more e.g. service leaflets/information.	

Health Impact Assessment of HBC Local Transport Plan 2011

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
		Sight issues: timetables can be sent out on request in Braille. Also, real time information systems are available but the technology is too expensive for the borough to invest in isolation. Would need a Liverpool City region approach but unlikely in immediate future given financial climate.	

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Stage Two – Is further HIA recommended?

You should now be more aware of the potential health impacts of the policy. The table below will help you decide whether a more in-depth HIA is needed, by considering the characteristics of the policy, organisational factors and the nature of potential health impacts. Please circle the most appropriate response to the following questions.

Favouring further HIA	Characteristics of the policy	Not favouring further HIA
<u>Yes</u>	Is the policy important to your organisation? (i.e. cost, size, scope, statutory duties)	No
Yes	Is the policy likely to cause significant disruption to the populations identified? (balance positive long term effects and short term disruptions)	<u>No</u>
Yes	Is the policy potentially contentious/sensitive?	<u>No</u>
<u>Yes</u>	Is the policy already being appraised by another type of impact assessment? (i.e. Sustainability Appraisal)	No
Organisational Factors		
<u>Yes</u>	Is there discussion at the policy level in your organisation about the potential health impacts of this policy?	No
Yes	Is there community concern about this policy?	<u>No</u>
Yes	Will some issues be missed in the planning process, which would be highlighted by carrying out a HIA?	<u>No</u>
<u>Yes</u>	Will the organisations or individuals with a stake in this policy be committed to the process of a HIA?	No
Yes	Are there barriers (political or institutional), which will prevent a HIA from being carried out?	<u>No</u>
<u>Yes</u>	Can you influence the outcome of the policy with the results of a HIA?	No
The nature of the potential health impacts		
Yes / Don't Know	Are there potentially serious negative impacts, which require further research?	<u>No</u>
No	Is there already valid evidence, which describes the health impacts of this kind of policy?	<u>Yes</u>

Health Impact Assessment of HBC Local Transport Plan 2011

	Is there likelihood that the health impacts of this policy might be intensifies for disadvantaged groups?	
<u>High</u>	Positive health impacts	Mod / Low
High	Negative health impacts	<u>Mod / Low</u>

Health Impact Assessment of HBC Local Transport Plan 2011

If you are still unsure whether to take a more in-depth HIA, revisit the policy and discuss these issues with colleagues. Please follow the information below to record your decision:

**More answers in the left column?
Consider undertaking an in-depth HIA**

Please outline your reasons for recommending an in-depth HIA, describing the potential health impacts and the communities that could be affected.

**More answers in the right column?
In-depth not necessary**

Please outline your reasons i.e. Are the potential health impacts low and are you aware of ways to tackle them?

What changes can you make to reduce negative health impacts and enhance positive health impacts? Which communities are affected?

Whilst this policy has great potential to affect the health of the borough, with some potential negative impacts, on balance the positives far outweigh any potential negatives.

The screening group sought assurances from the planning team as they discussed any negatives, that the team had recognised potential negatives, and already had or as a result of the discussions agreed, to put in place remedial actions or changes to the policy. This gave the HIA group assurances that potential negatives would be recognised and managed sufficiently.

Although this is a significant strategy, because of the process and approach taken by the planning team, the group felt the health impacts had been dealt with positively and creatively and commended the team for their efforts and approach.

The HIA team agreed to pull together a wider report than this template, drawing on epidemiological data of the area, with the evidence base used to develop the strategy.

What Next?

Please retain a copy of this checklist and your decision, and more circulate to other people who have an interest in this policy. potential

If you have made recommendations on changes which should be made to the policy, these need to be agreed, implemented, and monitored. You may wish to draw up an action plan as an addition to this screening tool, which could summarise the health impacts in more detail and assign timescales and responsibilities for implementing action.

At the end of the screening process, you may decide that a

in-depth HIA is necessary. This may be because there are

serious health impacts which require further investigation, or there is a lack of current evidence about the anticipated health impacts. There are typically five key stages involved in planning the HIA, to ensure the work is focused:

1. Screening

This screening checklist represents the first stage in the HIA process, screening policies to rapidly identify the potential health impacts and decide whether further HIA work is necessary.

2. Scoping

The aim of 'scoping' is to set out a blueprint for the design of the HIA and the steps involved. The main aspects which need to be agreed are:

- Membership of a HIA will be managed.
- What type of HIA would be most appropriate and methods to be used.
- The Boundaries for the appraisal in terms of geography, resources, timescales, and which issues are to be researched.
- The work plan with associated timescales.
- Which health impacts are of most concern?
- Which population group(s), stakeholders, and partners will be included in the appraisal?
- Research and consultation methods to be used.

- The outputs from the HIA and who is responsible for implementing recommendations.
- The methods of monitoring and evaluation to be used.

3. Appraisal

Carrying out the actual appraisal is the third core step in HIA. The key tasks involved are:

- Examining the key areas of the policy, in order to inform the identification of health impacts and establishing what recommendations can realistically be made. Areas to analyse include the policy's content, values, aims, target populations, political context, and potential limiting factors.
- Profiling the communities affected in order to define a baseline against which future health trends and outcomes could be monitored. Information, which could be collected, includes the characteristics of the population (age, sex, socio-economic status), identification of vulnerable groups, health status and morbidity levels, health behaviour indicators (i.e. through survey data if available such as smoking levels), access to services and land uses in the area.
- Review the available evidence/literature.
- Investigate each health impact and assess the severity and the likelihood of the impact occurring. This will involve a literature search to establish what evidence already exists and whether this can inform the HIA. Particular consideration should be given to vulnerable groups in the population and how each health impact is likely to affect them.
- Consult stakeholders about their views and perceptions of the policy and what impact it will have. This could involve workshops, surveys, and interviews to gather opinions. Stakeholders include the communities that will be affected by the policy, as well as the key partners and agencies, which have a stake in the policy.

- Review completed HIAs on similar proposals in order to learn from previous work and add to your own evidence base about health impacts.

4. Recommendations

Once the research has been varied out, a report would normally be written which outlines the health impacts of the policy and recommends options for reducing negative aspects and enhancing positive aspects. It may be necessary to prioritise the health impacts in terms of their seriousness and urgency for being managed. Any recommendations should be realistic and prioritised by the steering group.

5. Monitor and evaluate

This is an important part of HIA. There are two main areas to monitor and evaluate, namely the process and outcome of the HIA. Processes refer to aspects such as the management of the HIA, the thoroughness of the literature search, the decision-making process, and the extent to which stakeholders were appropriately involved. Outcome issues include assessing whether the predictions about health impacts actually occurred, whether added value has been achieved through HIA and establishing whether there has been a change in health outcomes as a result of the policy. It is also important to assess whether the recommendations made are actually implemented.

Further Guidance on carrying out HIA

Only a brief summary of the key steps in HIA is outlined here, however if you would like to read more detailed guidance on carrying out HIA the following websites offer a wealth of information:

www.hiagateway.org.uk

Containing wide ranging resources, including guidance and definitions of HIA, reports on HIAs carried out nationally, toolkits, evidence, and links.

www.healthforum.org.uk

Reports of HIAs carried out in Devon, as well as information on the key stages of HIA.

www.londonhealth.gov.uk/hia.htm

The London Health Commission's web pages on HIA, offering detailed guidance on carrying out HIA, case studies, and useful publications.

www.ohn.gov.uk/ohn/making/impact.htm

Our Healthier Nation website containing definitions of HIA, guidance on how to carry out HIA and case studies from around the country.

www.ihia.org.uk

The International Health Impact Assessment Consortium website containing the Merseyside Guidelines developed by the University of Liverpool, amongst others. The site offers a ten-minute guide to HIA.

www.euro.who.int/healthimpact

The website of the World Health Organisation Regional Office for Europe, containing methods and tools for carrying out HIA.

www.whiasu.cardiff.ac.uk

The Welsh Health Impact Assessment Support Unit website, hosted by Cardiff University. This site contains useful information on evidence bases, as well as tools, case studies and guides to HIA.

Evidence on Health Issues

If you are undertaking a literature search to help define the health impacts of your policy or establish key facts about a community, the following sources of evidence and information may be helpful:

www.swpho.org.uk

South West Public Health Observatory website containing information on health inequalities, reports and health data for the south west

<http://neighbourhood.statistics.gov.uk>

The National Statistics website containing information such as population levels, crime levels, health and housing. The site also contains the Census 2001 data.

www.phel.gov.uk / www.nelh.nhs.uk

The Public Health Electronic Library for Health (PheL) and National Electronic library for Health (NeLH) providing knowledge and know how to promote health, prevent disease and reduce health inequalities.

www.hda-online.org.uk

The Health Development Agency's website with access to several evidence bases focusing on public health, inequalities and effectiveness reviews of health promotion.

www.jrf.org.uk

The Joseph Rowntree Foundation is one of the largest independent social policy research and development charities in the UK. This website contains a wealth of research on wide ranging health and social issues.

www.bmj.com

British Medical Journal website containing articles published in the weekly BMJ.

In addition, the Primary Care Trust locality profiles are also available from the Public Health Department at St Helens Primary Care Trust. These profiles contain information on demographics, primary care, socio-economic information, and emergency admissions etc.

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- Milner S, Health Impact Assessment Screening Checklist, University of Northumbria, May 2001
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www.healthforum.org.uk

Appendix 2: Extract from the Mersey Gateway Rapid HIA: Final Report, January 2009 – pages 71-74

(Produced by Environmental Resources Management Limited, London on behalf of Halton Borough Council)

CONCLUSIONS AND RECOMMENDATIONS

9.1.1 Introduction

The MGP will include the building of the New Bridge in order to ease congestion on the existing SJB while facilitating regeneration within the Borough of Halton. The borough is deprived in terms of the major health related indicators which make people living in the borough more susceptible to negative health impacts associated with the project, but also more likely to experience comparatively higher levels of health benefit from positive changes.

During construction and operation of the MGP there will be changes that will both positively and negatively affect peoples' health. The main negative effects on health are associated with construction activities and changes in the environment; however, there will also be some negative health effects experienced during operation. The main health benefits are associated with improved access and reduced journey times during operation, which will reduce stress and annoyance currently experienced by the population of Halton Borough.

No realistic conclusion can be made on the net effect on the health of the population of Halton, because of the diversity of health outcomes considered, eg mortality and wellbeing, and because the numbers of people affected by various outcomes have not been quantified in this rapid HIA.

9.1.2 Main Health Effects during Construction

The main negative influences on health determinants during the construction phase include;

- increased noise levels at two schools and Wigg Island;
- changes to the visual environment and loss of green space at Wigg Island and Spike Island; and
- disruption and increased traffic flows on the surrounding road network.

Such adverse effects during construction will influence health outcomes in the local area and contribute to;

- increased annoyance associated with noise for staff and pupils at two local schools;
- a decrease in physical activity and recreation for some people;
- reduced well being and quality of life for some residents;
- increased stress and annoyance for drivers; and
- an increased likelihood of road traffic accidents and injuries.

During construction there will be an increase in the number of direct and indirect employment opportunities in the area which will help to improve well being.

Increased health benefits associated with employment will be felt if those who take up employment are individuals who are currently unemployed.

During construction the majority of activities undertaken will have some potential for negative impacts on peoples' health in Halton; however, construction activities are temporary and therefore any associated negative health affects will also be short term.

9.1.3 Main Health Effects during Operation

The main negative influences on health determinants during the operation of the project include;

- permanent loss of green space - 0.06 ha of Wigg Island Community Park and 10.53 ha of St Michael's Golf Course, and tolling of both bridges, causing:
 - o reduced access to facilities (in particular leisure facilities) and social networks through financial exclusion, and
 - o barriers to employment – meaning those less wealthy being only able to investigate local employment opportunities which reduces choice.

Such adverse effects during operation will influence health outcomes in the local area and contribute to:

- reduced opportunities for restoration due to loss of green space, as well as increased stress and anxiety,
- reduced opportunities for physical activity potentially causing increased obesity, diabetes, heart disease and high blood pressure; and
- severance from social networks and participation causing physiological effects, anxiety, depression, mental health and overall lower quality of life.

The main positive influences on health determinants during operation of the project include:

- improved journey times along a number of routes including improved journey times for those using public transport;
- increased accessibility and connectivity between Widnes and Runcorn;
- support for regeneration of the area; and
- dedicated pedestrian and cyclist lanes and crossing along the SJB.

Improved journey times and access for motorists, pedestrians and cyclists will result in decreased stress and annoyance which in turn will lower levels of anxiety and depression. As a result of the opening of the MGP, traffic patterns will change leading to predicted improvements in air quality along the route to the SJB as traffic is displaced.

9.1.4 Recommendations

A number of measures should be developed to maximise the health benefits and mitigate against any health concerns, which could include the following.

Construction

- The **construction code of conduct** should be developed with measures to minimise community disruption, manage noise and dust issues and outline the expected behaviour of the construction workforce both on site and at the camps.
- A **communication policy** should be developed with the local community to provide information on closures, disruptions to services, etc and a forum for complaints via a formal grievance procedure.
- A **health and safety policy** should be developed to inform contractors how to manage potential health and safety issues in line with best practice ensuring that all employees are thoroughly trained in all health and safety issues.
- **Site access**-construction sites and camps should be cleared and made secure as practical to prevent trespassing and hence potential accidents in the construction area during working and non working hours.
- Implementation of a **Construction Traffic Management Plan** is critical in minimising RTAs during construction and ensuring traffic flow is maintained.
- **Local employment** of construction workers **and local procurement** of construction materials should be encouraged, through social clauses and incentives or penalties in agreements with contractors.

Operation

- Mitigation of the health impacts associated with tolling may be provided through the **Sustainable Transport Strategy**. The strategy will provide a number of alternatives to using private vehicles that will not require paying tolls. There is also the proposal for the council to share the toll revenue to support toll discounted schemes.
- The Developer and Halton Borough Council should seek **ongoing interaction with the PCT** and local GPs to ensure that the project is not having unexpected health affects and to assist with the minimisation of health risks and dissemination of information to minimise worries about health.
- **Local employment and procurement** should be encouraged, through social clauses and incentives or penalties in agreements with contractors and developers.

The full report is available at:

<http://www2.halton.gov.uk/merseygateway/content/documents/?a=5441>