



County Durham Health  
& Wellbeing Partnership

# **A health impact assessment on the County Durham Local Transport Plan 3 2011- 2023**

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**On behalf of the County Durham and  
Darlington Transport for Health Partnership**

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## **Introduction**

The Local Transport Plan 3<sup>1</sup> is a statutory requirement for local authorities to produce and regularly review. It contains a ten year transport strategy together with a delivery programme that covers an initial three year period and will be updated at regular intervals. The plan covers all aspects of travel and transport in County Durham including:

- Measures to promote active travel including walking and cycling
- Improvements to public transport
- Maintenance and management of the local road network.

The strategic context in which the LTP3 has been developed considers three planning documents:

- The County Durham Sustainable Community Strategy
- The Regeneration Statement
- The Local Development Framework

In addition, there is close alignment with three other documents, the Local Area Agreement as the delivery plan for the Sustainable Communities Strategy, Durham County Council's Plan, and the Housing Strategy.

## **Why undertake an H.I.A?**

There is a requirement under national and EU legislation to undertake a Strategic Environmental Assessment. This makes sure environmental issues are taken into consideration at each stage of the process in the plan's development. There is no similar statutory requirement to undertake a Health Impact Assessment. However, the drive to conduct an HIA arose from within the County Durham and Darlington Transport for Health partnership as well as Durham County Council officers. Transport planning officers were keen to utilise the results of any HIA undertaken.

## **Types of H.I.A**

A Health Impact Assessment is

‘...a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of these effects within the population.’<sup>2</sup>

The elements of an HIA are as follows:

- The starting point is a proposal
- Output is a set of recommendations to maximise positive health benefits and minimise adverse effects.

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<sup>1</sup> Durham County Council. Local Transport Plan 3 Consultation Draft, DCC, 2010

<sup>2</sup> Gothenberg Consensus, European Centre for Health Policy, WHO, 1999

- The proposals are not usually explicitly 'health' related, for example, transport, regeneration, housing and education.
- They are carried out prospectively.
- They usually contain an assessment against health and well being, health inequalities and health care criteria.
- They consider **evidence** about impacts on a population's health.
- They consider **opinions**, experiences and expectations of those who may be affected ('civic intelligence').
- They provide more **informed** understanding regarding impacts on health.<sup>3</sup>

## Steps in HIA

A Health Development Agency publication outlines steps in an HIA.<sup>4</sup> These are:

- Decide whether to undertake an HIA (screening)
- Decide how to undertake the HIA (scoping). This stage is initiated if the potential impacts are judged to be unknown, complex, significant and/or experienced disproportionately by different groups in the population or the plan/policy is judged to have a negative impact on access to health services.<sup>5</sup>
- Identify and consider the evidence of the health impact (appraisal).
- Formulating and prioritising recommendations.
- Engagement with decision makers.
- Ongoing monitoring and evaluation.

## Process

Durham County Council Senior officers leading the LTP3 were approached and opinion sought as to the value of undertaking an HIA. They were agreeable and a similar process utilising a workshop approach, as with LTP2, was agreed.

An outline workshop programme was compiled (see appendix 1) and an invitation sent to members of the County Durham and Darlington Transport for Health group, the Transport and Planning Forum and the Area Action Partnership (AAP) coordinators who were asked to distribute to those AAPs' who had identified transport and access as one of their main priorities. Six people responded to the invitation and this number was deemed too small to run a full workshop. An alternative arrangement was agreed whereby those six were invited to a desktop exercise together with the workshop facilitators. Those involved are listed in appendix 2.

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<sup>3</sup> WHO European Centre for Health Policy, Health impact assessment: main concepts and suggested approach. Gothenberg consensus paper, pp 1-10, 1999, Brussels

<sup>4</sup> Health Development Agency, Clarifying approaches to: health needs assessment, integrated impact assessment, health equity audit and equality impact assessment, 2005, London.

<sup>5</sup> Ison, E. Health Impact Assessment: A Screening Tool for the GLA, Strategic Level, Greater London Authority, 2001.

The method used in the desktop exercise was based on one utilised by the North East Public Health Observatory on the Regional Spatial Strategy<sup>6</sup> and the current County Durham LTP2<sup>7</sup>.

The draft LTP3 has six goals, five of which are in line with Department for Transport guidance while the sixth is an additional local one. They are:

- A Stronger Economy through Regeneration
- Reduce Our Carbon Output.
- Safer and Healthier Travel.
- Better Accessibility to Services.
- Improve Quality of Life and a Healthy Natural Environment.
- Maintain the Transport Asset.

Within each of the six themes, key issues are highlighted and it is proposed to address these through a number of policies and interventions. Each of the key issues and associated policies were assessed using the criteria set out in appendix 3. They are:

- Impact on health and well being
- Impact on health inequalities.
- Impact on health service policy.

## **Findings**

A general overview of the key issues was positive with many having potential to improve health and well being. Many could also address health inequalities provided they are targeted and complement a population based approach. While the impact on NHS policy was generally felt to be positive it was less easy to determine the impact. Forty eight issues were identified in the document and thirty one issues were assessed allowing for duplication.

In terms of improving health and well being, 29 issues rated as having a small or major positive effect, three unlikely to have much effect and one judged to have no effect.

With health inequalities, the results were not as pronounced, 19 issues being rated as likely to decrease inequalities, 14 unlikely to impact on inequality and none deemed to increase inequality.

The impact on NHS policy, 17 issues were felt to impact positively on policy issues pertaining to the health services, 16 were thought to be neutral and none were felt to have a negative impact.

A full summary of the results can be found in appendix 4.

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<sup>6</sup> North East Public Health Observatory. A framework for health? A screening health impact assessment of the pre-consultation draft of the Regional Spatial Strategy, NEPHO, 2004

<sup>7</sup> North East Public Health Observatory. A Screening Health Impact Assessment for the provisional second County Durham Local Transport Plan. NEPHO, 2005

### **Next steps**

This report will be sent to the Strategic Transport Planning Service to consider its content and recommendations in relation to LTP3.

Durham County Council and the PCT should consider the role of impact assessments particularly HIA, to see whether they can be enhanced and how this is best implemented.

The role of the County Durham and Darlington Transport for Health partnership following their oversight of this work programme, needs consideration. One of the recommendations from LTP2 was for the partnership to 'take responsibility for co-ordinating and overseeing the recommendations outlined'. From a strong starting point, this role gradually waned particularly following PCT integration in 2006. If it is to be resurrected, careful thought needs to be given to how this is carried out.

Currently, strategic transport planning programmes are part of the Economic Partnership, Altogether Wealthier. A proposed future mechanism to enable monitoring and follow up on the recommendations is to build it in to the Health and Well Being Partnership and create a two strand reporting mechanism. Progress would also be fed into the County Durham and Darlington Transport for Health Partnership.

### **Recommendations**

- Greater focus on evaluating the impact and outcomes of the interventions funded.
- Closer collaboration between DCC and the PCT on the usage of impact assessment tools.
- The County Durham and Darlington Transport for Health partnership to debate and agree their role in LTP3 implementation.
- DCC and the PCT build impact assessments into future transport planning, the built environment or any other policy areas that impact on health and well being.

## Appendix 1- Outline Workshop Programme

### Health Impact Assessment Workshop on the third Local Transport Plan (LTP3) for County Durham

#### Aim

- To assess the potential health impacts of the third Local Transport Plan (LTP3) for County Durham.
- To make a series of recommendations that can be used as part of the Strategic Environmental Assessment to influence the policies to be included within the final version of the plan.

#### Objectives of the Workshop

- To identify both positive and negative health impacts of the potential interventions (schemes and measures to be implemented) outlined in the Consultation Draft version of the plan.
- To utilise the evidence and opinions to provide a more informed understanding of the effects of the plan on peoples' health.
- To identify proposals or options to maximise the positive and mitigate the negative health impacts of the Consultation Draft version of the plan.

#### Outline programme

- 14.00: Introduction, welcome, outline aims for the workshop  
Tim Wright, Public Health Portfolio Lead, NHS County Durham and Darlington
- 14.10: What is a health impact assessment? Evidence and use of the methodology for policy purposes  
Tim Wright  
(Build in links with SEA ? Ben Dellow or planning colleague)
- 14.25.1 Local Transport Plan 3: Overview and emerging themes  
Harris Harvey
- 14.40: Explanation of screening HIA process  
Tim Wright
- 14.50: Group work  
Tim Wright
- 2/3 groups looking at 4/5 emerging themes each
  - Analysing each theme in terms of its health impact, health inequalities impact and health service impact.

16.30: Feedback

Tim Wright

Each group feedbacks a key point from each of these elements for each theme.

16.45: Summary and next steps

Harris Harvey

17.00: Close

## **Appendix 2 – Participants in desktop exercise**

Neal McCay, Section Manager, Strategic Transport Planning Team, Durham County Council.

Ben Dellow, Sustainability Officer, Durham County Council.

Angela Stobbart, Health Improvement Policy Officer, Durham County Council.

Victoria Lloyd, Rights of Way Improvement Plan Officer, Durham County Council.

Ken Bradshaw, Limestone Development Officer, Durham County Council

Tim Wright, Public Health Portfolio Lead, NHS County Durham and Darlington.

With additional comments from Lorraine Rasmussen, Health Lead Adviser and Martin Shaw, Senior Health Specialist, Natural England



## Appendix 3 – Methodology

### 1. Health and well being impact

Does the plan, policy, intervention affect any of the following health determinants?

- Behavioural/lifestyle, for example, physical activity, diet, means of transport.
- Physical environment, for example, air quality, pollution, land use.
- Socio-economic, for example, income, education, social cohesion.

++	Judged to have a major positive effect on health and well being
+	Judged to have a small positive effect on health and well being.
0	Unlikely to have much effect on health and well being.
-	Judged to have a small negative effect on health and well being.
--	Judged to have a major negative effect on health and well being.

### 2. Inequality impact

Does the plan, policy, intervention contribute to reducing or increasing health inequalities particularly among population group(s)? These may include:

- Whole populations
- Vulnerable groups, for example, children, disabled, unemployed, single people, black and minority ethnic communities, older people.

↓	Likely to decrease inequality
→	Unlikely to impact on inequality
↑	Likely to increase inequality

### 3. Health services impact

Does the plan, policy, intervention affect policy issues within the NHS?

P+	Likely to have a large positive affect on NHS policy including access
+	Likely to have a small positive affect on NHS policy including access
O	Unlikely to have an impact on NHS policy including access.
P-	Likely to have a large negative impact on NHS policy including access
--	Likely to have a negative impact on NHS policy including access

## Appendix 4 – Table of responses

Policy, Issue or intervention	Scoring	Comment
<b>1.A stronger economy through regeneration</b>		
a. Lack of reliability and punctuality with bus services.	+ ▼ +	Improved mental well being. Individuals able to better keep health appointments. Individuals able to take part in community activities including physical activity, social groups, volunteering etc.
b. Congestion at key junctions	+ ► +	Improved air quality. Improved access by all transport modes.
c. Early morning and late evening travel demand	+ ▼ P+	Should support greater flexibility for appointment times
d. Affordability of bus travel for employees.	+ ► O	
e. Limited bus service servicing rural areas.	+ ▼ P+	
f. Availability of travel information	+ ► P+	The importance of regular updated information 'segmented' to the needs of a particular population group should be considered. There has not been an evaluation of the travel information produced during the last five years. One of the two recommendations from LTP2 was 'joint social marketing between health, social care and voluntary sector'.
g. Lack of connectivity for people in remote areas to employment centres	+ ► O	The need for workplace or housing developments to be low carbon will be a major challenge. Ensuring the transport infrastructure is embedded but gives priority to walking, cycling and public transport is critical. There is a need for better integration between transport and spatial planning, more emphasis on accessibility of services and facilities to achieve reductions in car journeys and increases in walking, cycling and bus use.
h. Proximity of development to key public transport	+ ► O	Less air pollution. It brings people closer to services. Reduced stress and anxiety.

corridor.		
i. Insufficient highway network capacity for housing growth	-- ► ○	
j. Need to maintain existing infrastructure on key economic corridors	+ ► ○	<p>Safer access for emergency services. There is a question about economic competitiveness and whether it requires expansion of the road network or a greater emphasis on a more efficient use of the road network (for carrying people more space efficiently, creating less danger, less emissions) which serves the need for access.</p> <p>In addition, if it costs around £150,000 to build one mile of traffic free path compared to £10.6 million for a mile of single carriageway road (Sustrans 2010), the impacts in terms of cost benefit need to be careful considered, particularly against a backdrop of spending efficiencies.</p>
k. Existing drainage infrastructure is inadequate (on key economic indicators)	+ ► ○	
l. Condition of roads on key economic corridors.	As above.	
<b>2 Reduce carbon output</b>		
a. Achieving attitude change in the travelling public.	++ ▼ +	The role of social marketing and 1-1 motivational support are both critical if this is to succeed.
b. Entrenched attitudes to the use of the car for short journeys	++ ▼ +	A step change is required with evidence demonstrating that many short trips of up to five miles, can be undertaken by walking, cycling or using public transport. Smarter Choices and similar behavioural change programmes have demonstrated their impact (up to 15% decrease in car use) particularly with people in periods of transition such as moving within the educational system or moving jobs or house.

		<p>Any behaviour change programme needs to run in tandem with traffic restraint, evidence demonstrating the two can impact positively on active travel modes.</p> <p>The impact of the C.S.R. are starting to impact on services, even more reason why these type of programmes offer higher cost benefit returns and better value for money than large infrastructure developments.</p>
<b>c. High levels of single occupancy journeys.</b>	<b>+ ▼ +</b>	<p>The role of car clubs and lift sharing schemes needs further enhancement. Evidence from a DfT review suggests that lift sharing can be an effective means of increasing accessibility for those living in rural communities.</p>
<b>d. Effects of climate change degrading the availability of transport networks.</b>	<b>++ ▼ +</b>	<p>There is no mention within the plan of the impacts of 'peak oil' and how these will be alleviated. This is an opportunity to develop programmes to reduce oil dependency in the transport sector.</p>
<b>3. Safer and Healthier Travel</b>		
<b>a. Single vehicle accidents</b>	<b>++ ▼ P+</b>	<p>Road safety has to be integrated more with other public policy goals (House of Commons Transport Committee, 2008). Tackling road safety should emphasise:</p> <ul style="list-style-type: none"> <li>• Measures to promote greater walking and cycling lead to reduced risk per unit of exposure.</li> <li>• Decreases in motor vehicle traffic has potential to reduce danger from road traffic as well as other co benefits.</li> <li>• Reducing speed limits to 20 mph in residential streets.</li> <li>• Maximum of 30 mph on roads through villages and 20 mph in high streets, residential streets and around schools.</li> </ul>
<b>b. Young drivers' behaviour</b>	<b>++ ▼ P+</b>	
<b>c. Motorcycle accidents</b>	<b>++ ► O</b>	
<b>d. Road safety</b>	<b>++ ▼ O</b>	

training		
e. Entrenched attitudes to the use of the car	As above	
f. Perceived lack of alternatives to the car.	As above	
g. Decreasing air quality in some town centres.	++ ▼ +	<p>Improved air quality especially in urban areas where Air Quality Management Areas have been established is an important reason why there needs to be greater focus and resources devoted to active travel interventions.</p> <p>The benefits of achieving clean air are greater than the effect of eliminating traffic accidents and passive smoking combined and for those affected this could be several years (COMEAP report on all cause mortality, 2009). The negative of poor air quality have the greatest impact on those in the lower socio-economic groups through closer proximity of settlements to major roads as occupational exposure such as taxi, bus and distribution van drivers.</p> <p>It should lead to reduced demand on the NHS.</p>
h. Perception of personal security and threat of anti social behaviour.	++ ▼ O	
i. High levels of obesity and unfitness.	++ ▼ P+	<p>Increasingly strong evidence base identifying the impacts on health and well being measures such as walking and cycling can have.</p> <p>Essential to develop partnerships with the NHS, the voluntary sector and local communities.</p> <p>Will require a combination of a population based approach together with more focused interventions targeted at multiply deprived communities.</p> <p>The health benefits of active travel for employers and the economy is becoming more robust. Hendriksen, I.et al 2010 has demonstrated that those who cycle to work have significantly less day's absenteeism than non cyclists. Davis, A. and Jones, M (2007) showed an</p>

		increased of physical activity levels by 90 minutes per week impacts on overall workplace absenteeism levels.
<b>j. Lack of consistent standard of cycling infrastructure.</b>	<b>++ ▼ +</b>	Critical infrastructure improvements required if attitudinal shift to have maximum impact. The importance of creating safe, attractive walking and cycling conditions so networks link everyday destinations to make walking and cycling more convenient than motor travel is critical. However, it needs combining with individualised travel marketing, school and workplace travel plans, practical walking promotion programmes and high quality cycle training.
<b>4. Better accessibility to services.</b>		
<b>a. Lack of personal accessibility</b>	<b>+ ▼ P+</b>	
<b>b. Lack of reliability and punctuality with bus services.</b>	<b>Assessed above</b>	
<b>c. Limited bus services to rural areas</b>	<b>Assessed above</b>	
<b>d. Availability of travel information.</b>	<b>Assessed above.</b>	
<b>e. Affordability of bus travel for employees.</b>	<b>Assessed above</b>	
<b>f. Ease of interchange for users.</b>	<b>+ ▼ P+</b>	
<b>5. Improve quality of life and a healthy natural environment.</b>		
<b>a. Excessive noise and vibration from increasing traffic.</b>	<b>+ ▼ O</b>	Improvement in physical environment can lead to a reduction in noise pollution helping with mental health and well being. There is nothing to explain how the traffic will be reduced.
<b>b. Adverse environmental</b>	<b>+ ► O</b>	Health impact assessments required on individual projects. This was one of two

impact of transport asset improvements.		main recommendations from LTP2 and has not been systematically embraced
c. Condition and/or fragmentation of the public realm.	+ ▼ +	
d. Lack of coach parking in some town centres.	○ ► ○	
e. Lack of reliability and punctuality with bus services	Addressed above.	
f. Perception of personal security and threat of anti social behaviour.	Addressed above	
g. Limited bus services in rural areas.	Addressed above.	
h. Ease of interchange for users.	Addressed above	
i. Lack of personal accessibility	Addressed above.	
j. Lack of consistent standard of cycling infrastructure	Addressed above.	
<b>6. Maintain the transport asset</b>		
a. Need to maintain existing infrastructure particularly on key economic corridors.	Addressed above.	
b. Need to maintain un-adopted footpaths and associated infrastructure.	+ ► ○	Dependent on available resource
c. Prioritising limited funding for maintaining the transport	○ ► ○	Any issues or interventions where the health impact is positive should have a priority for funding purposes.
d. Condition of street lighting	+ ▼ ○	
e. Increasing	○ ► ○	

energy costs of lighting.		
f. Climate change affecting condition of transport asset.	<b>Addressed above.</b>	