Appendix A Scoping Report Consultation Responses

The following is a list of the plans and programmes from the international to local level reviewed as a part of the scoping stage. The full review can be found in the Sustainability Appraisal Scoping Report (November 2009) on the Cheshire West and Chester website at:

www.cheshirewestandchester.gov.uk

International

The Johannesburg Declaration on Sustainable Development (United Nations, 2002)
Rio Declaration on the environment and development (1992)
The Aarhus Convention (UNECE, 1998)
Convention on biological diversity (1992)
UNESCO World Heritage Convention (16th November 1972)
Kyoto Agreement (United Nations, 1997)
Bern Convention on Conservation of European wildlife and natural habitats (1979, came into force June 1982)
Air Quality Directive (1996/62/EEC)
Waste Framework Directive (75/442/EEC)
EU 6th Environmental Action Plan (EU, 2001)
EU Directive on the Conservation of Wild Birds (79/409/EEC, 1979)
Ramsar Convention on Wetlands of International Importance especially as Waterfowl Habitat (Ramsar Bureau 1971)
EU, The Landfill Directive (99/31/EC, 1999)
EU Directive on the Conservation of Habitats and of Wild Fauna and Flora (92/43/EEC as amended by 97/62/EC)
Nitrates Directive
Water Framework Directive (EU, 2000)
European Spatial Development Perspective (EC 1999)
EU Biodiversity Strategy (1998)
EU Directive relating to the Assessment and Management of Environmental Noise (2002/49/EC)
EU Directive on Environmental Liability
European Directive on the Assessment and Management of Flood Risks (2007/60/EC of 23 October 2007) (Flooding directive)
European Landscape Convention (2000)
Convention on the Protection of Archaeological Heritage
SEA Directive
Bonn Convention on the conservation of migratory species of wilds animals (1979)
ERDF Objective 2
UN Convention on Climate Change
Guiding Principles for Sustainable Spatial Development of the European Continent (2000)
European Sustinable Development Strategy - A Sustainable Europe for a Better World: A European Union strategy for Sustainable Development (2001)
EU Directive to Promote Electricity from Renewable Energy (2001/77/EC)
EU Noise Directive 2000/14/EC
EIA 97/11/EC
European Directive Energy Performance of Buildings 2001/91/EC
Directive 1999/30EC Limit Values for SO2, Nox, PM10 and Lead
Pan-European Biological and Landscape Diversity Strategy July 2003 (UNEP)
Directive 96/61/EC Integrated Pollution Prevention and Control (The IPPC Directive)

National

Securing the Future: UK Government Sustainable Development Strategy (2005)
Climate Change: The UK Programme (March 2006)
Our Energy Future: Creating a Low Carbon Economy (Energy White Paper, 2003)
The UK Biodiversity Action Plan (1994)
Working with the grain of nature: A biodiversity strategy for England (2002) and progress report (2006)
Rural Strategy (DEFRA, 2004)
Sustainable Communities: Building for the future (DCLG, 2003)
The Air Quality Strategy for England, Scotland, Wales and Northern Ireland (DEFRA, 2007)
Planning Policy Statement 1: Delivering Sustainable Development (DCLG, 2005)
Planning and Climate Change – Supplement to Planning Policy Statement 1
Planning Policy Guidance 2: Green Belts (DCLG, 1995)

9	Reduce transport's contribution to greenhouse gas emissions and help ensure that existing and new infrastructure is adapted to the unavoidable effects of climate change	+	+	+	Measures to encourage access to Green Infrastructure by walking and cycling will contribute to this objective.
10	Preserve and enhance the natural landscape	+	+	+	This section does broadly work towards this objective but see detailed comments under biodiversity and water related objectives.
11	Conserve and enhance the historic environment and heritage assets.	+	+	+	This section does broadly work towards this objective but would benefit from a specific reference to the need for the protection of soils and geo-diversity.
12	Creation of places, spaces and buildings that work well, wear well and look well	+	+	+	Measures to improve the public realm and protect the built environment will work towards this objective.

Appendix D Business as Usual Matrix

Headline Objectives		Score			Commentary and explanation for score
		Short term	Medium term	Long term	
1	Maintain and enhance biodiversity and avoid irreversible losses	+/?	+/?	+/?	Objective 6 'protect and enhance the built, natural and historic environment' included a commitment to take steps to protect and the Cheshire Landscape and promote biodiversity but this is a high level objective with uncertain effects at the project level and the strategy suggests the need to balance environmental considerations with the increasing demand for travel.
2	Reduce transport's impact on air quality	+/?	+/?	+/?	Draft LTP2 included a range of measures to improve air quality and this was one of the main objectives in LTP2, although it did say such considerations would be balanced with considerations relating to the increased demand for travel.
3	Minimise transport noise and vibration impacts	+	+	+	Noise is identified as a factor under Objective 6.
4	Encourage healthier lifestyles	+	+	+	Promoting cycling and accessibility to green infrastructure and the right of way network will contribute to this objective.
5	Improve road safety	+	+	+	This was a key objective in LTP2
6	Reduce the level of transport related crime and improve perceptions of safety	+	+	+	This is covered under Objective 6.
7	Enhance accessibility to key services	+	+	+	This is covered under Objectives 4 and 6.
8	Reduce transport's impact on water resources	?	?	?	Water is not specifically mentioned, although could be taken as being covered under Objective 6, which talks about the environment in more general terms.
9	Reduce transport's contribution to greenhouse gas emissions and help ensure that existing and new infrastructure is adapted to the unavoidable effects of climate change	+/?	+/?	+/?	The need to reduce transport's contribution to climate change was recognised under Objective 6. Adaptation is not discussed in LTP2
10	Preserve and enhance the natural landscape	+	+	+	This is covered under Objective 6.
11	Conserve and enhance the historic environment and	+	+	+	This is covered under Objective 6.

	heritage assets.				
12	Creation of places, spaces and buildings that work well, wear well and look well	+	+	+	A range of objectives would contribute to this objective, including objectives 4, 5, 6 and 7.

Appendix E Health Impact Study

1. Introduction

1.1 Carrying out a Health Impact Assessment (HIA) is intended to gauge the total effects of a plan on a population and identify and facilitate appropriate actions to manage those effects.

1.2 With the Cheshire West & Chester Local Transport Plan (LTP), it has been judged appropriate not to conduct a full HIA at this stage, as:

- There are practicality issues in undertaking a full HIA in depth at the present time: the LTP contains strategic and detailed implementation levels, and ideally the full HIA would be completed with access to details of both components. This is not possible presently, so consideration of more in-depth work will be given once progress with the implementation plan work is further advanced;

- The high-level nature of the LTP strategy plan makes disaggregating the causal pathways between policy and impact an exercise requiring unsafe assumptions to be made about the main points of focus and which schemes may be undertaken;

- The very closeness of the LTP to the LDF Core Strategy suggests a similar treatment of health matters is adopted. With the Spatial Plan, an approach was adopted of judging the integration of the plan and the PCT's 5-year strategy "Transforming Health and Healthcare, 2010/11 – 2013/14". A related consistency check has been carried out between the LTP and Heath Strategy;

- Some general work on LTP health impacts is also underway as part of the LTP Strategic Environmental Assessment, which should not be duplicated;

1.3 The present work is titled a "Health Impact Study" to reflect this difference.

1.4 The methodology adopted is to (i) evaluate the LTP at high level, using the Healthy Urban Development Unit's "Core Strategy Healthcheck" as the basis for evaluation and then (ii) conduct a consistency check between the LTP and PCT and other relevant strategies with health content.

1.5 Preparation of this report was led by WSP Environmental Ltd., to ensure that the work was carried out independently from the team that prepared the Draft LTP3.

2. Background

2.1 The Cheshire West & Chester (CW&C) Local Transport Plan/3 is the authority's principal transport planning instrument, providing a position statement on the current situation, mapping the importance of transport in supporting ongoing social and economic activities in the Borough.

2.2 The LTP Integrated Transport Strategy presents a long term view up to 2026, of the main trends, pressures and opportunities likely to be faced in the transport sector and how the Council should act to address the picture.

2.3 The Council is a new Unitary Authority, formed on 1st April 2009, replacing the former second-tier Councils of Chester, Ellesmere Port & Neston and Vale Royal and also the overlaying western part of the former Cheshire County Council.

2.4 Transport planning responsibilities rested with the former County Council, which produced the LTP for the whole County. LTP/2 was current from April 2006 to March 2011. Production of the successor plans is a statutory requirement, to be carried out by Unitary and upper tier Councils and the 2011 replacement date is a firm one, confirmed by the Coalition Government upon their taking office.

2.5 There is a legal duty under European Directive 2001/42/EC to undertake a Strategic Environmental Assessment of the plan, the scope of which covers health topics. The official guidance on LTP preparation states that an HIA is an integral part of the SEA, to identify and inform consideration of health issues in transport plans. As noted above, the present study is an initial stage in preparing a full HIA.

2.6 The study is appended to the SEA and has taken account of the overall approach to health developed for the SEA. This is covered further in section 4 below.

3. Analysis of Local Transport Plan

3.1 This section is an evaluation of the draft LTP/3 document, using the Healthy Urban Development Unit's (HUDU) Core Strategy checklist to check the alignment of the main elements of the draft LTP with local and strategic health objectives.

3.2 This tool was originally developed, as its name suggests, to determine how well Spatial Plan Core Strategies integrate health topics into their policies and supporting arguments. It has been necessary to customise the tool to enable its use in the LTP context.

3.3 This was done by examination of the set questions within the checklist, eliminating those with no relevance to the LTP and modifying others to reflect the differences in the plans. Where the Spatial Plan-based questions were applicable to the LTP and were simply carried over.

3.4 The tool produces simple yes/no/don't know responses to the questions rather than scores, however further refinements may be carried out to produce a more sophisticated methodology for later applications in HIA.

Evaluation categories

3.5 There are four main evaluation categories:

Legislation and policies
The evidence base
The LTP policy framework
Implementation and monitoring

3.6 The first considers the integration of the LTP policies with those of other national and local policies, with the emphasis on health issues and impacts arising from that integration.

3.7 The second considers the evidence marshalled in support of the LTP's approach to health.

3.8 The third point looks at the LTP's policies themselves, considering how well health issues are handled. There is a small degree of overlap with the first category, although this is largely unavoidable.

3.9 The final area considers further details of downstream activity, and as such is not very relevant to the LTP at this stage. It has nevertheless been completed as it may prove useful as and when the exercise is repeated once more details are available.

Scoring

3.10 The responses are not formally scored in the HUDU methodology, but to get an initial idea of performance, a simple scoring of the yes, no and don't know answers as 1, -1 or 0 has been applied.

Findings – legislation and policy

3.11 The LTP scores well in its conformity with national policy and the local equivalents, the LDF Core Strategy's identified issues and options and the Sustainable Community Strategy. It is less successful in respect of establishing relationships with the health sector.

3.12 In general this is a good score, the "relationships" issue being a product of the high level nature of the LTP Integrated Transport Strategy and uncertainties around future arrangements for consultation in the health sector, given anticipated organisational changes in the sector. It does not reflect a lack of engagement with health professionals, who have been consulted as part of the LTP development phase.

3.13 The relationship of the Health Study with the overall findings of the SEA is also considered. There is no inconsistency found between them, however the LTP guidance contains methodology confusion, by suggesting a full HIA be carried out before the full LTP is available and integrating the SEA and HIA, instead of carrying out each independently, or omitting health from the SEA in lieu of the HIA.

3.14 The most important conclusion is that the integration of health impacts and transport planning going forward is going to be rendered difficult by health sector changes, which may reduce the effectiveness of the LTP in certain areas

where close working would be beneficial. This covers areas such as planning access to health facilities and aligning the physical activity elements of the LTP with obesity and cardiac strategies led by the health bodies.

Overall score = +14 or 14/20 (70%)

Findings – evidence base

3.15 A satisfactory score has been achieved in respect of the underlying evidence and its use to support the LTP.

3.16 The only true omissions found, relate to a lack of detailed analysis carried out at this stage, although this in turn assumes that the LTP is already in a more complete form. Use of tools such as Accession may be used in future to respond to assessing the impact of interventions or the impact of health sector policy changes, so this may be remedied in a future iteration of heath impact study.

3.17 Further value may be produced for future analysis by assessing the impact of individual types of intervention against the relevant parts of the evidence base. The questions summarises the picture, but the real value can come from considering the different health and wellbeing areas individually.

3.18 The depth of analysis underpinning the strategy is sometimes not clear, but this may be a result of the document needing to be concise.

3.19 The main conclusion to be drawn is that there is a need for further work to be carried out in the development of the implementation plan and beyond, in association with the health sector over the time frame of the LTP. This will fill-in the missing evidential gaps and enables the evaluation questions to be expanded.

3.20 As data collection and analysis results are the substance of the implementation and monitoring work, more comments on this are provided below.

Overall score = +10 or 10/13 – 77%

Findings – policy framework

3.21 A high level of concordance is demonstrated between LTP policy at the vision and strategic level, with desired health objectives. The development of the LTP's approach also appears to be sound.

3.22 As it stands, a similar observation is possible here, to that under "evidence base", that more analysis will clarify the strength of internal consistency within the LTP policy framework. The implementation plan will produce more detail on interventions and their locations.

3.23 The main beneficiary of such extended analysis is clarifying exactly how health inequalities are handled. This is a priority for the PCT strategy, but not, as yet, for the LTP. The transport plan can address inequalities directly, however it needs more detail to be included to demonstrate how this would happen in practice.

3.24 A further issue concerns the potential conflict between economic development and environmental quality, which would require mitigation in practice. This is not necessarily an issue at strategic level, but may become so at scheme level, so finding a resolution would need to take place with more details to hand.

Overall score = +10 or 10/14 – 71%

Findings – implementation and monitoring

3.25 The LTP in its current form is not capable of assessment in respect of implementation and monitoring. At the very least, the transport plan would have to include details of the intended expenditure and evaluation strategy (i.e. indicators and targets), but these are not currently available. They will initially appear in the implementation plan element, which is due to emerge in early 2011.

3.26 The inclusion of an implementation and monitoring section implies that a degree of health impact assessment could take place as an activity, overlaying the actual implementation of the LTP and its formal monitoring over the course of time, rather than just acting as a "health check" of the intended activities before they start. In this way, true integration may be achieved, with the HIA (and parallel environmental assessment) forming part of the evaluation and feedback process to the original objectives.

Overall score = -2 (scoring cannot be applied to this category)

Comments on HIA assessment stages

Screening (1)

3.27 It is usual practice for an HIA to be conducted in a staged manner, starting with a screening report, looking at whether the transport plan is likely to have any impacts, beneficial or otherwise, on "health", as expressed through the aspects highlighted in the LTP and in parallel strategies. It is clear that the LTP will have an effect, therefore a separate screening report was not considered justified in this case.

Identifying impacts (2)

3.28 The HIA should go on to identify the particular health impacts anticipated to result from the plan's implementation. These are identified in the draft LTP but not quantified. Ideally, plan development work would have taken this further, however as it is unclear what level of resources will be committed to particular areas of the LTP, the lack of quantification at this stage is not unreasonable. The impact areas are as shown in table 1.

Table 1: LTP Health Impact Areas

Impact category	Sub-category
Road Safety	Casualty numbers (can be further subdivided)
	Education / training provided & effectiveness
	Safety schemes
Active lifestyle	Walking use
	Cycling use
	RoWIP outputs
	Green infrastructure use
	Schemes developed
Air Quality	Impact on Air Quality Management area
	General pollutant emissions
	Schemes developed
Noise	Impact on sensitive / tranquil areas
	General noise impact
	Schemes developed
Access to facilities	Health facilities developed
	Changes to ease of access by modes
	Use made of sustainable modes
Social inclusion	Programme targeting
	Schemes developed in priority areas
Crime	Incident numbers
	Fear of crime perceptions
	Joint working with spatial planning / developers
	Schemes developed

3.29 Note: the HUDU framework encompasses the results of outcome monitoring, but does not "require" all health impacts to be estimated prior to the commencement of the plan. NB This is true of the original version of the tool, as applied to spatial plans.

Prioritisation (3)

3.30 The HIA should proceed to a prioritisation exercise on the health impact identified. This should take place in consultation with the main stakeholders and the community and arguably this is the point at which the LTP's development has reached. The outcome of the consultation cannot be known presently, but it must be anticipated that weight given to health issues should be reflected in the following expenditure and monitoring activities.

Quantify health outcomes (4)

3.31 The fourth stage is intended to be a fully quantified examination of the expected outcomes, which would follow on from initial identification at stage 2. As noted above, no initial work has been undertaken on quantification and the overall state of progress has not reached stage 4, however it is not clear from the LTP document how much detailed assessment will be carried out.

3.32 Previous LTP work carried out in best practice authorise has involved attempting to appraise the total impact of the plan and it is advisable to do this from the SEA standpoint, in comparing the 'do-something' represented by the plan, with a 'do-minimum' alternative. Attempting such an exercise for LTP/3 is complicated by the nature of the high level plan, but a recommendation in favour of looking at this is still advisable.

Recommendations (5)

3.33 The logical conclusion of the process is a report summarising the recommendations. For the present study, these can be considered as having draft or emerging status only.

Evaluation Summary

3.34 The main points drawn out from the draft LTP are as follows:

There were no major deficiencies in the scope of the plan's health coverage, but the implementation plan should flesh out much detail on the likely health impacts of the LTP;

This work needs to include where any adverse impacts have been identified;

The health implications of new development is a specific topic covering both its accessibility to health facilities and how the form and location of development may promote, or adversely affect health. Evaluation in co-operation with spatial planners is advisable;

Health-based interventions should be identified, or a policy addressing how this will be tackled included;

Inequalities in health have a transport aspect and are associated with wider exclusion. How the LTP may tackle this may well have a locally-specific basis: this is further item of detail to include in the implementation plan;

Monitoring proposals are needed, preferably using SMART indicators;

Continuing a dialogue with the health sector is identified as an issue, so including a suitably worded commitment to "do the best" would help.

3.35 The HUDU-derived evaluation framework used to produce the evaluation is reproduced in the addendum.

4. Correspondence with parallel strategies

The PCT approach

4.1 The Western Cheshire Primary Care Trust (PCT) released its strategy "Transforming Health and Health Care – Getting It Right" on 2009, covering the period up to 2012/13. This was subsequently updated in "public summary" form, extending its validity to 2013/14.

4.2 The Coalition Government has announced a new approach to healthcare at local level, intending to abolish the PCT, replacing it by local fund-holding consortia of GP practices who will discharge their own objectives. The PCT will therefore not be present to see through its strategy, however the status of the above strategy is not clear cut either, as the successor fund-holding consortia may not have their own equivalent strategy to the PCT's, or be required to produce one.

4.3 As a result of this potential strategic vacuum, the PCT strategy may retain some validity in the future, as guidance to the new organisation as it beds-in. A consistency check with the LTP is therefore considered a sensible exercise to carry out. This is preceded below by a full summary of the PCT strategy.

Key elements of the PCT Strategy

4.4 The core purpose of the PCT is stated simply as: "…to enable everyone in Western Cheshire to live longer, healthier lives".

4.5 This is translated into four high level corporate objectives

To influence lifestyle choices, particularly the impact of obesity, smoking and alcohol

To identify ill health and its risk, earlier

To focus commissioning activity on procuring high quality, responsive services

To manage services efficiently in delivering national and local health policies

4.6 In turn the strategy sets goals (outcomes sought) which directly shape the healthcare actions carried out by the NHS.

Best possible healthcare for babies and children
Reduced rates of smoking and excessive drinking
Enjoying good health into old age
Promoting positive mental health
Close life expectancy gap through cancer identification / prevention
Close life expectancy gap by preventing heart attacks & strokes

4.7 Of the high level objectives, that referring to lifestyle choice has an obvious connection with transport, but a linkage may also exist in the planning and management of healthcare, to maximise synergies aimed at achieving the corporate goals.

4.8 Similarly for the operational goals, a linkage may be discerned between lower obesity rates and promotion of active lifestyles, however the wellbeing impacts of transport improvements may be related to some of the other goals, such as healthier old age and mental health.

Baseline health position

Main contributors to ill health:
4.9 These are mental health problems, heart disease and stroke and cancers. It is estimated that mental health accounts for 24% of the ill-health, cardio vascular disease for 23% and cancers 14%.

Demographic information:
4.10 Western Cheshire has an older age profile compared with the national profile. There is a higher proportion of people aged 40+, particularly 55-59 years. Some 17% of the population are over 65 years compared to 16% nationally.

4.11 Over the next 10 years, the population is expected to increase by 17,300 people. Large increases in the number of older people in the area are forecast. By 2016, the number of people aged 85 or over will increase by 40%, an additional 2,800 people in a potentially vulnerable group. The number of young people aged 5 to 15 years will decline by nearly 3%, however the birth rate is increasing and the number of children under five is set to increase by nearly 7%, an additional 1,100 children.

4.12 13% of residents live within areas described as being in the 20% most deprived areas in England. People living in these communities experience a disproportionate amount of poor health.

Life expectancy:
4.13 In western Cheshire, comparing 2001- 2003 with 2006 – 08, overall life expectancy increased by 1 year in women and 1.3 years in men. Early death rates in men are lower than the national average, but early death rates in women are similar to the national average.

4.14 In women, early death rates have fallen in cardio vascular disease but have risen in respiratory infections, digestive diseases and accidents such as falls. In men, death rates have fallen substantially in cardiovascular disease, cancers and respiratory diseases, however, small increases are evident in digestive diseases and non-transport related accidents.

Health inequalities:
4.15 There is a gap between population groups with the best health and those with the worst. This is the 'health inequalities gap' and it is widening locally particularly amongst men. To measure the gap the population is described nationally in five groups, called quintiles.

4.16 Populations in both our most deprived and second most deprived quintiles have significantly higher death rates compared to the national average. In the period 2006-08, the gap in life expectancy in western Cheshire between the most deprived two quintiles and the rest of the population was 6.3 years in men and 4.3 years in women. Around 61,760 (26%) people live in the two most deprived quintiles.

Heart disease and strokes:
4.17 Coronary Heart Disease accounts for the largest share of the gap in early death rates in men and this gap is widening. In women the gap is dominated by the impact of Chronic Lung Disease.

Cancers:
4.18 Deaths from cancer in people under 75 locally are similar to the national average. Cancer death rates and are falling but this is happening more slowly than the national average especially in women.

Smoking and drinking:
4.19 This is a rising health problem in the North West, and there is there is a higher percentage of people binge drinking locally compared to the national average. Deaths from digestive disorders related to alcohol are rising and are significantly high in our most deprived areas.

Infant health:
4.20 There are a number of infant health indicators that show adverse trends or 'no improvement' across the area.

4.21 The number of children who are overweight or obese is a concern. In 2008/09, 9.7% and 16.7% of children measured in the Reception Year and Year 6 were obese. Although this proportion is similar or lower than the national average, the concern is what this means for future health. In addition, outcome indicators for child health such as obesity are considerably poorer in more deprived localities.

Road casualties
4.22 The issue of road safety is not covered in the PCT strategy but is important enough to mention here. The number killed or seriously injured on the authority's roads in 2009 (the most recent data available) was 178, representing a sizeable reduction over the average level seen in recent years, although the headline figure disguises a worse position for vulnerable road users and children, where casualties have not reduced by such a large extent and therefore remain a cause for concern.

Comparative Consistency

4.23 The strategy sets out a series of actions aimed at changing having a positive impact against each of the above scenarios. These are shown in the table below, with those of direct link with the transport strategy highlighted in red and the indirect linkage in yellow.

4.24 As may be seen, there is a correspondence between the strategies, which cannot be said to be inconsistent, but the transport areas of action highlighted in LTP chapters 7 and 8 only impacts on a limited range of PCT health priorities.

Table 2: PCT strategy - LTP consistency

Initiatives	Component health strategy actions
1. Promote a healthy start for children, young people and their families	Developing services for disabled children
	Reducing childhood obesity
	Improving access to maternity services
	Developing sexual health services
2. Close the gap in life expectancy caused by cancer and cardiovascular disease, by preventing ill health	Reducing smoking
	Reducing the numbers of overweight adults and reducing obesity
	Proving a Health Check targeted at those where the benefit of early action would have the most effect
3. Reduce the harm caused by Alcohol	Providing brief interventions to identify hazardous levels of drinking
	Developing comprehensive alcohol services
	Developing alcohol liaison services
4. Improve health by detecting ill health earlier	Making use of sophisticated analytical information tools
	Managing Hypertension
	Detecting cancer earlier
	Improving access to general health care for people with learning difficulties
5. Encourage active ageing and provide better care for older people	Preventing falls and fractures
	Developing end of life care
	Redesigning the pathway for stroke and TIA
6. Improve Mental Health and Wellbeing and Manage Dementia	Promoting positive mental health and reducing the stigma of mental health
	Improving access to Psychological Services
	Improving child and adolescent mental health services
	Improving dementia care

4.25 Areas where the LTP argues for health and wellbeing benefits, but which are not obviously included in the PCT approach are:

Road safety health benefits – arguably this is part of the inclusion agenda aimed at reducing inequalities between communities, although it does not support any of the PCT actions directly

Access to healthcare, which may indicated either or both of where appropriate services are delivered and transport accessibility. Access is mentioned in respect of maternity care, but it isn't clear whether "access" to the PCT is mainly about the spatial distribution of service provision rather than the physical means of access.

The benefits of improved air quality may be anticipated to bring about improved respiratory health. There is an relationship between this and the "cardio-vascular" and detecting ill-health objectives, but it is indirect and not readily capable of monitoring.

The wellbeing benefits of reduced crime rates and fear of crime, which are also strongly associated with the social inclusion and equalities agenda

4.26 For those areas (greyed out above) where the LTP and PCT strategies do not obviously interrelate, it is not straightforward to see how the LTP may be better oriented to address the health objectives. A more fruitful avenue to pursue is to see how the respective transport and health objectives are to be monitored, to ensure that a high degree of correspondence exists between the strategies and that the opportunities for synergy in monitoring and evaluation are identified and exploited.

4.27 The development of the LTP monitoring framework in the implementation plan will enable a second stage of assessment to be carried out.

The Sustainable Community Strategy 2010

4.28 The Council's Sustainable Community Strategy "Together we can aim high" covers the period 2010-2026 and was launched in April 2010.

4.29 The document is similar to LTP, in that it is high level and sets out a series of aspirations (objectives) under various topic statements, including health. Each objective is accompanied by text describing the ambition and the route to achieving that objective.

4.30 The vision statement includes the following, which is relevant:

"Our communities will benefit from the right services that are delivered
in the right place at the right time: we will appreciate and meet the health and
wellbeing needs of all our residents wherever they live, particularly those who have been socially excluded"

4.31 Amongst the detailed objectives, the following are particular to health:

Reducing health inequalities and encouraging people to live longer,
healthier and active lives. The ambition is that:

"Our communities will be more active and healthy and everyone will have accessible healthcare provision" and.

"We will reduce the gap in life expectancy between the affluent and poorer parts of our area".

Aiming to eliminate the impact of poverty and deprivation. The ambition is that:

"Everyone in all our communities will be able to enjoy a good quality of life".
The actions noted under these objectives are assessed for consistency with the LTP in the following table (colour scales as before).

Comparative Consistency

4.32 Despite the SCS being expressed in high level terms, it is possible to draw out a comparative view of its consistency with the LTP, as shown below.

Table 3: Sustainable Community Strategy - LTP consistency

Headline actions	LTP comments
Use the Cheshire West + Chester Joint Strategic Needs Assessment to access the latest information on health inequalities to ensure that interventions are targeted at the identified priority areas.	*Targeting is intended in the LTP, although it is not clear if JSNA data has been used*
Tackle the underlying causes of ill health through improving	*Air quality aspects of health*

educational attainment, housing, getting local people into jobs and creating a safe and healthy environment.	*are included in the LTP*
Develop a range of actions to promote healthier lifestyles, focusing on reducing smoking, obesity and harmful or hazardous drinking.	*LTP addresses the physical fitness benefits of walking & cycling*
Focus on the health of older women and ensure access to good preventative and treatment services such as flu immunisations and stroke services.	*No clear direct linkage*
Use health education and access to services and facilities to support earlier intervention and promote good health.	*LTP action on clycling & walking and accessibility planning is directly relevant*
We will support a wide range of community self-help and empowerment activities.	*No clear direct linkage*
We will support measures to address low self esteem and low aspiration issues, particularly around the long term unemployed.	*No clear direct linkage*
We will work to narrow the gap in attainment outcomes for young people across our area.	*No clear direct linkage*
We will work to improve access to health care and other key services, jobs and training across the borough, focusing particularly on rural areas.	*LTP addresses this through focus on access to services (accessibility planning)*

4.33 As with the PCT strategy, there is a reasonable degree of compatibility on transport's ability to impact health issues and that there is nothing in the LTP that appears contrary to the SCS.

4.34 Note that these headline policies are cascaded down the organisation, with articulation being through the Local Areas Agreement mechanism. This includes a set of indicators and targets for progress monitoring. A further level of consistency check will be possible one the LTP monitoring proposals are finalised.

LDF Core Strategy Issues and Options report

4.35 The Local Development Framework is the series of documents forming the basis for planning decisions in an area and sets out the Council's vision and objectives for the borough. As a spatial plan, it will be an important instrument when judgements on changes in access to healthcare are planned.

4.36 As at autumn 2010, the LDF Core Strategy has not been finalised: the most recent relevant documents placed in the public domain being an Issues and Options paper and a Sustainability Appraisal (SA) Scoping Report. Both documents concentrate on looking at the baseline information and key trends for the future, which the spatial plan will have to address and are not therefore, policy documents in themselves.

4.37 The former considers the key points where health and spatial planning intersect as:

Supporting the delivery of regeneration projects, to improve the environment and quality of life

Reducing deprivation in the most deprived areas and in the Borough as a whole (including providing access to rural services and reducing obesity, smoking and binge drinking)

Improving access to open spaces, play areas, green infrastructure and other opportunities for active recreation

Improving community safety

4.38 With all of the above, no options are identified, it being assumed that the need to address these aspects will produce a solution at the time the opportunity presents itself.

4.39 These topics are entirely consistent with the LTP's identification of similar topics, although road safety is not particularly mentioned in the spatial plan as an issue.

4.40 The purpose of the SA Scoping Report is to provide a framework for appraising the sustainability of Core Strategy proposals as they emerge. As may be seen, this has not happened yet, however the SA goes further, by developing the identified health related issues into an appraisal framework.

4.41 The following three key issues are identified when thinking about "human health" impacts:

Ageing population putting strain on health infrastructure and community services, as well as reducing the tax revenue: this will have an impact upon the numbers and type of housing need in the Borough

Increase in the percentage of LSOAs within the borough in bottom 20% nationally

Some areas of high levels of population with limiting long term illness, smokers, binge drinking, and classified as obese.

4.42 A suggested objective is included – "Improve health and social inclusion, whilst reducing inequality, and valuing diversity and equality".

4.43 As before, there is nothing to remark on here. The SA Scoping Report was itself subject to a Health Appraisal which commented thoroughly on the overall report plus the Issues & Options Paper and its supporting Topic Papers, however the issues picked up by that assessment do not extend the scope of transport and health discussion beyond what appears in the LTP draft to start with, as tabulated below.

Table 4: Spatial plan transport issues

Transport Core Strategy issues needing to be addressed	Main health study comments
Transport impact on equality target groups (health inclusion issue)	A desire to see the spatial impacts of change on excluded groups mapped out thoroughly
Air quality in urban areas	This is an important issue particularly for the Growth Point proposals
Need to promote cycling as widely as possible	There is value in bringing more people into cycling as well as increasing cycling mode share for journey to work
Need to promote and protect green infrastructure	The value of green infrastructure is recognised, but there is a need to ensure good access
Access to healthcare facilities	An issue of particular importance for access times, possibly affected by the scale of development.
No detail on working with the PCT	The uncertain future is not considered a

	reason for the Core Strategy not to map out more detail on how this might work.
No targets included	Monitoring proposals and indicators are included but not the final piece of the jigsaw, i.e. targets

Comparative Consistency

4.44 The critical areas of correspondence are shown in the table below. There is in fact a very close correspondence between the issues identified in the emergent spatial plan and the draft LTP, although this is entirely at the strategic level.

4.45 This is a promising platform for the future and as the LTP is on a faster development track than the spatial plan, it should mean that development of relevant health-oriented details in the spatial plan should turn out to add value to the LTP and vice versa. This can be articulated in the LTP monitoring and benefit evaluation strategy.

Table 5: Spatial plan - LTP consistency

Headline spatial plan issues	Consistency with LTP *(comments)*
Supporting the delivery of regeneration projects, to improve the environment and quality of life	*Air quality / environmental and crime / fear of crime LTP objectives*
Reducing deprivation in the most deprived areas and in the Borough as a whole (including providing access to rural services and reducing obesity, smoking and binge drinking)	*Promotion of walking and cycling to improve health*
Improving access to open spaces, play areas, green infrastructure and other opportunities for active recreation	*Promotion of walking and cycling to improve health*
Improving community safety	*Road safety and crime objectives*
Ageing population putting strain on health infrastructure and community services	*Access to health services*
Increase in the percentage of LSOAs within the borough in bottom 20% nationally	*(Addressing social inclusion aspects of health)*

5. Draft recommendations

5.1 The process of developing the LTP has involved a generally effective attempt to achieve two critical elements that are required of a Health Impact Assessment. These are:

Quantifying the most likely impacts of the plan; and,
Consulting with the main health stakeholder (the PCT) on the plan's development.

5.2 The scope of likely impacts is as one would expect of an LTP and is similar to that seen in previous plans. Having said this, there are a number of points that remain to be addressed before the current health impact work can be truly thought of as complete:

5.3 More details of the expenditure plans, monitoring / evaluation and risk assessments are needed. These will follow with work underway on the LTP implementation plan, but its absence means that the present work cannot be called a full HIA. The opportunity to complete this will occur in the future, therefore CW+C are asked to consider doing so when the opportunity arises.

5.4 Concerning LTP health objectives, prioritisation and quantification, the final development round for the LTP in early 2011 should give some thought to different plan options, which have not been identified hitherto. If there are no practical alternatives, some consideration of why this is would be worthwhile.

5.5 Details of health related monitoring and the way in which they relate back to the objectives are advised, using the SMART principles as far as possible

5.6 Joint working with the Spatial Plan team is going to be important as both plans are developed. Strong liaison will ensure that the plans to contribute to each other as far as possible and that synergies are explored (such as in monitoring activities) as far as possible.

5.7 There is evidence of working with health stakeholders in the LTP, however with the imminent demise of the PCT, it will be necessary for the authority to (re)construct its relationship with the new health organisations as they are set up. A degree of joint working with this sector is advisable, although this is not going to be a straightforward matter in the immediate future.

6. HIA conclusions

6.1 The methodology normally followed when undertaking an HIA would involve the five stage process described previously. Undertaking this is intended to provide helpful evidence for decision making in developing an effective LTP, promoting health and well being and mitigating any negative effects.

6.2 So far, the work undertaken does not, for understandable reasons, entirely fill the brief set out in the Dept for Health's guidance, therefore we advise producing a second report, with work to take place between the conclusion of LTP consultation and deposit of the final document in March 2011.

Annex -
Health Impact Checklist

The following checklist has been developed from the Healthy Urban Development Unit's "Core Strategy" health checklist.

This aims to simply evaluate the Local Transport Plan (LTP) in terms of how it meets health requirements and is appropriate and effective in what it says about health issues.

The main distinctions from the predecessor LDF checklist arise, as the LTP is not a land use or spatial plan although it affects both.

The checklist tables use a 'yes, no, don't know' format. The assessment and comment box enables a qualitative response to be appended to each entry.

There is no pass or fail score to be obtained from the exercise, which is instead aimed at identifying any serious omissions or problems in the plan, for the sponsor to address in ongoing plan development. The assessment work will be appended to the Strategic Environmental Assessment of the LTP.

Legislation and policy requirements

Main requirements	Response	Assessment / Comments
National Planning Policy		
Does the LTP recognise the connections between health and transport, as set out under the DaSTS framework?	Yes	The framework has been used to structure the LTP
Does the LTP promote healthier communities, addressing health inequalities and access to health services?	Yes	This is approached under the safety security & health quality of life and equality of opportunity chapters. The lack of implementation plan details means the support is "in principle" only.
Strategic Environmental Assessment		
Has the LTP been subject to a Strategic Environmental Assessment (SEA)?	Yes	No further comment needed
Has the SEA identified information sources and gaps on health topics?	Yes	The LTP/LDF baseline report has been used for this
Were any gaps that were discovered, filled?	Don't know	"Partly" would be a more accurate response. More information will be forthcoming with progress on the implementation plan
Has the SEA identified the health impacts of the LTP?	Yes	"Partly" as above. The LTP Guidance suggests the more in-depth Health assessment should be a part of the SEA (appended to it in this case)
Have any adverse health impacts of policies been addressed?	Don't know	Potential adverse impacts ideally need evaluation. The SEA identifies areas of potential conflict.
LDF Core Strategy		
Are the Core Strategy's health-related		The LDF Core Strategy is only at

policies and those in the LTP/3 draft consistent, in respect of:		"Issues & Options" stage, so does not include draft policy detail. Comments below refer only to the SA.
(1) Health-related objectives	Yes	Some are included: road casualties, crime and fear of crime, access to health and other facilities. Nothing on obesity or quality of life.
(2) Appraisal criteria and / or targets	Yes	As above
(3) Health needs of new development areas	Don't know	Not mentioned in SA
(4) Access to healthcare	Yes	As noted above
Are the issues and options raised, consistent with the LTP?	Yes	Access to services, reducing obesity, improving quality of life and community safety are all mentioned as issues in Issues & Options paper, but not translated into objective - target system in SA.
Sustainable Community Strategy		
Does the LTP strategy clearly identify and complement the objectives and priorities for health in the Sustainable Community Strategy?	Yes	A policy correspondence table is included.
Does the LTP address any targets and outcomes sought for health in the Local Area Agreement?	Yes	The road safety target is most important and directly addressed. Effects on obesity and anti-social behaviour are indirectly influenced by the LTP.
Partnership Working		
Has the PCT been consulted?	Yes	The PCT has been a consultee throughout.
Have key contacts been established	Yes	Regular contacts identified, but may not last very much longer due to reorganisation.
Has any protocol been established	No	Not mentioned in LTP, but subject to

between the health sector and CW+C on dealing with the transport implications of healthcare?		future NHS changes and spending context.
Have key health issues and PCT priorities been communicated to the Council and have any policy interventions been discussed?	Yes	The key health issues are understood from links with the PCT, but policy interventions await progress on the implementation plan.
Have regular contacts been established in developing the Local Transport Plan?	Yes	Detailed in consultation summary document.
Have opportunities for shared working arrangements been explored?	No	This is not possible due to future uncertainties.
Is organisational change within the Health Service reflected in development of the LTP?	Don't know	Not in present document, but there is great uncertainty on what future health service arrangements will be.

Evidence Base

Main requirements	Response	Assessment / Comments
Is the LTP Integrated Transport Strategy Justified?		
Has population and demographic change been estimated and forecast?	Yes	This information is been included in the LTP/LDF baseline study report.
Have the transport implications of longer term demographic change been identified and addressed?	Yes	The likelihood of there being implications is noted, but solutions are not identified at this stage.
Have the wider determinants of the community's health been explored in the LTP?	Yes	The importance of deprivation, road safety and environmental quality to health are mentioned.
Health and wellbeing		
Have the health issues most susceptible to transport planning interventions been identified in the LTP?	Yes	The contributions of interventions on road safety, air quality, metabolic modes and crime (wellbeing) are noted.
Has any spatial dimension to those issues been covered and addressed in the LTP?	Yes	The access to key facilities, including health, is covered in the LTP.
Have potential intervention options been identified and agreed, including targeted interventions in parts of CW+C?	No	This would be developed as part of the implementation plan LTP element.
Are the relevant policies and interventions compatible with local health plans and strategies?	Yes	This is covered within the main health impact study report. The parallel health policies are the Sustainable Community Strategy, the Corporate Plan and the PCT strategy.
Healthcare facilities		
Has the distribution of existing facilities been identified and mapped?	Yes	This was undertaken as a follow up to the strategic accessibility review conducted by JMP. Details are not provided in the LTP, but may be found in the background documents.
Has transport accessibility to existing facilities been mapped and analysed?	Yes	Carried out as part of the above work.
From the analysis, have any issues of	Yes	Issues have been identified from the

poor accessibility been identified?		analysis and the LTP consultation exercises.
Has the future demand for health services and facilities been mapped against accessibility to the current supply network?	No	This would be developed as part of the implementation plan LTP element.
Have options for future developments in health facilities been considered?	No	As above - note that the pending abolition of the PCT may make this a protracted exercise.
Does the LTP complement the policies of the Local Development Framework Core Strategy in respect of access to health?	Yes	This is covered in more detail in section 4 of the main document.

Policy framework

Main requirements	Response	Assessment / Comments
Vision		
Does the vision for transport in the LTP align with the current (PCT) aspirations for health and health services?	Yes	There is a general consistency of vision, but the strength of alignment can only be determined in the light of the respective detailed objectives.
Does the transport vision support the Sustainable Community Strategy and give a transport interpretation of its aims and policies?	Yes	A compatibility matrix is included in the LTP showing the linkages. The LTP is high level policy, as is the SCS, and there is no discrepancy between them.
Strategic objectives		
Have objectives been identified to address the health issues and deliver positive health outcomes from the transport policies?	Yes	These are included in the LTP.
Are the objectives SMART-based?	Don't know	The objectives have not been translated into proposals so far.
Do the LTP policies fully address the health objectives and set out realistic and measurable actions to achieve the objectives?	Don't know	The answer is "partly", as the policies address the objectives, but the measurable actions are at the emerging stage, as part of the implementation plan.
Has a matrix been used to demonstrate the conformity and compatibility of national and local policy, the community strategy and transport policies?	Yes	Yes - as noted above.
Have all the key health issues been explicitly dealt with, either by interventions or reasoning for an alternative approach?	Yes	The health issues most susceptible to actions in the transport field appear to have been identified.
Do the transport policies: -		
Reflect best practice, guidance and current research on links between transport and health?	Yes	The policies are guided by current best practice rather than research, but the LTP is in accordance with the Government's guidance.

Address local health issues?	Yes	The importance of health is recognised and a suitable overall approach is identified.
Identify the health implications of associated policies, such as open space?	Yes	The value of open space is recognised, but impacts are not estimated, as this would not be possible in a high level strategy.
Avoid or mitigate developments that may be detrimental to health?	Yes	This issue is identified and addressed in policy terms, though there may be some conflict between the outcomes environmentally and economic development objectives.
Identify ways of reducing health inequalities?	Don't know	The policies are not framed according to social inclusion principles, but may have a beneficial effect.
Facilitate provision of health services and access to health?	Yes	This is identified as a priority.
Are the transport policies locally distinctive, targeting interventions in specific areas where needed?	Don't know	The policies are more general, with area-specific content to be included in implementation plan.

Implementation and monitoring

Main requirements	Response	Assessment / Comments
Implementing the LTP		
In respect of health issues:		
Has a joint approach to delivery of health infrastructure, involving transport issues, been developed with the PCT?		The PCT has been involved so far as a stakeholder - consultee, but issues of delivery are to be addressed as part of developing the implementation plan. Note, the joint approach is at risk due to abolition of PCT.
If yes, does this identify scale, location and timing of the interventions?		LTP development has not advanced sufficiently to facilitate this type of planning.
If yes, does this identify sources of funding?		As above.
If yes, are responsibilities for delivery identified?		As above.
Have risks to delivery been identified and assessed?		It is understood that the final LTP will include a risk assessment, but this has not been included in the consultation draft thus far.
Monitoring		
Have arrangements for monitoring the health impacts of the LTP been included in the monitoring strategy?	No	Monitoring arrangements will be included in the LTP implementation plan, not the integrated transport strategy element.
Do the monitoring arrangements cover the main transport impacts of health adequately?	N / A	Present answer = no, but this will be resolved by the action noted above.
Have relevant targets and indicators been identified to permit benefit evaluation?	N / A	As above.

Is the Health Service (currently the PCT) involved in the monitoring activities as a stakeholder and potential information provider?	No	The PCT is not likely to be involved, due to its impending abolition. Arrangements with successor bodies will be explored, but cannot be guaranteed in the LTP at this point.