Appendix E: Health Impact Assessment Toolkit

What is Health Impact Assessment?

Health Impact Assessment (HIA) is defined as:

"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 those effects within the population" (WHO, European Centre for Health Policy, 1999).

What are the Aims of Health Impact Assessment?

Health Impact Assessment is a planning tool for use by the statutory, private and voluntary sectors in assessing the potential impact on health of key policies, strategies and major service developments. It aims to:

• Inform and influence decision-making by considering and taking into account any effects on health and health inequalities of a policy, strategy or major service development, before decisions are made.

• Enhance the positive health impacts of a policy, strategy or major service development.

• Reduce (or eliminate) the negative impacts of a policy, strategy or major service development.

• Inform trade-offs between positive and negative impacts.

• Involve stakeholders in the process.

• Achieve changes in policies, strategies or major service developments to improve health and reduce health inequalities.

What are the Fundamental Principles of Health Impact Assessment?

Health Impact Assessment is both underpinned and approached practically by the adoption of a 'social model' of health:

• An acceptance that health is determined and influenced by a wide range of factors, e.g. employment, housing, educational attainment. These determinants of health are considered as part of the application of this toolkit (See Appendix 1, Figure 1).

• An acceptance that HIA should be concerned with addressing health inequalities.

• The involvement of key stakeholders and communities in the HIA process.

When should you carry out a Health Impact Assessment?

For guidance purposes, it is recommended that the HIA exercise should be carried out on proposals involving all of the essential criteria and a minimum of one suggested minimum criterion as below:

Essential Criteria

• Policies, strategies and major service developments which are at an early stage of development as the key purpose is to influence decision-making. The policy or development should be at project initiation or report formulation stage, but well ahead of any political consideration when there is enough information about the proposals to enable options to be considered.

• Policies, strategies and major service developments which the County Council has both the influence and time available to change, amend or reverse based on findings and recommendations.

• A good understanding of the key elements and content of the Policy, Strategy and/or major service development to be screened.

Minimum Criteria

- Policies, strategies and major service developments which involve significant size of population.

- Policies, strategies and major service developments involving service delivery timescales ≥ of 3 years.

- Policies, strategies and major service developments involving significant expenditure.

- Policies, strategies and major service developments which involve significant populations of vulnerable children and/or vulnerable adults.

- Policies, strategies and major service developments which involve populations, communities and vulnerable groups experiencing health inequalities.

- External developments, including major capital, transport, roads and estates programmes, under the criteria above, which the County Council has been asked to respond to as a Statutory Consultee, and involving Staffordshire residents and service users.

- The preparation of external funding bids involving significant funding.

- External tendering process: as a statutory requirement for HIA screening to be built in to bidders expressions of interest for tenders of significant funding.

Who should carry out the exercise?

The toolkit should be used by the lead Senior Officer. For simple, single issue proposals the Senior Officer responsible should be able to complete the assessment as a desk-top exercise. For more complex reports covering a range of issues, strategies, or composite proposals, it may be helpful to bring together a small group of key people who know about the various areas covered in more detail. This should include colleagues with a special interest from other Directorates, and two Health Impact Assessment Champions from the Corporate Health Working Group.

How to Act on your Findings and Results?

(i) Where positive and negative health impacts are identified, and where proposals can be re-focused to have a positive impact, please record and summarise your key findings and recommendations for amendment

and forward the document to the two Health Impact Assessment Champions from the Corporate Health Working Group.

(ii) Where the HIA Exercise identifies any of the following issues below, consideration needs to be given to further research and investigation, or a full Health Impact Assessment:

- For some of the determinants of health, are some of the effects of the proposal still unknown?

- Does the proposal have a serious impact on health inequalities, i.e. increase or reinforce them?

- Do you need to understand more about the potential impacts on health of the proposal to be confident of going ahead with it?

- Does the policy affect in a negative way any vulnerable groups?

Under these circumstances the HIA exercise findings need to be considered by the Corporate Health Working Group, who will consider recommendations for further investigation and possible full HIA. This will include consideration of resource implications, multi-disciplinary involvement, methodology, timescales, evidence gathering and appraisal, and key relevant stakeholders.

What are the Basic Requirements of the Health Impact Assessment?

There are three basic requirements for the assessment:

- A **description of the proposed policy**, strategy or major service development, including any background analyses and other preparatory documents, and

- A **broad knowledge of the determinants of health** on different population groups and of the potential of the proposal to affect the determinants **(see Appendix 1 for prompts).**

- The exercise should consider explicitly whether the proposals are likely to have a disproportionate impact on vulnerable groups and what can be done to ensure that inequalities are not widened.

Health Impact Assessment Exercise

Title of the Proposal, Policy or Programme being assessed:
Staffordshire's Local Transport Plan 2011

Aims and Objectives of the Proposal, Policy or Programme being assessed:

1. Supporting growth and regeneration
2. Maintaining the highway network
3. Making transport easier to use and places easier to get to
4. Improving safety and security
5. Reducing road transport emissions and their effects on the highway network
6. Improving health and quality of life
7. Respecting the environment

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STEP 1: What are the potential impacts of the proposal, policy or programme on the following determinants of health? If positive, consider how you will maximise the advantages. If negative, consider how the proposal could be re-focused to have a positive impact. Please indicate if the impact is High **(H)** Medium **(M)** or Low **(L)** as well as Positive **(P)**, Negative **(N)**, No **(O)** or Neutral **(NL)**

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
1. Poverty and Income	**HP**	Two of the LTP's objectives will directly help to ease the transport problems faced by people living in poverty or on a low-income. These are objectives 1 and 3. Also, objective 6 will have an indirect impact. Information on the barriers to transport of people living in poverty or on a low income is mixed. The former Social Exclusion Unit (SEU - disbanded in 2006) suggested that a high proportion of those households with the lowest incomes do not have access to a car. This group is more likely to rely on other modes of transport, in particular buses, walking, taxis, and lifts from family or friends. The SEU suggested that this group have five main barriers to travel: 1. availability and its physical accessibility 2. safety and security 3. cost 4. limited travel horizons 5. location of services. A report about the travel choices and needs of low-income households published in 2009 and commissioned by the DfT, suggests the opposite to the SEU study. It suggests that there are high levels of car ownership amongst low-income groups. The car was seen to offer the freedom, independence, convenience and personal space that public transport does not. It went on to say that car costs are given a consistently high level of priority compared to other household costs. In Staffordshire, only 6 of the 525 Lower Super Output Areas (LSOAs) are in the top 10% most deprived areas in England (2007) for multiple deprivation. This equates to just over 8,000 people. However, a further 60,000+ people live within the 40 LSOAs which fall in the next most deprived group (10%-20% most deprived areas). The percentage of Staffordshire people living in the 20% most deprived areas of England (2007) is less than the national average, i.e. 8.5% compared to 19.9%.	**1a.** Create an integrated transport network, e.g. provide attractive convenient walking links between public transport interchanges and jobs, services, shopping centres and other facilities. **1b.** Improve access to labour markets, training and education opportunities, e.g. work with local planning authorities to encourage the location of residential areas near to employment and training opportunities. **1c.** Increase access to services (e.g. social and healthcare services) and facilities, including recreational facilities, cultural facilities and green spaces by walking, cycling and public transport, e.g. provide cycle routes linking services to residential areas. **1d.** Widen travel choice, e.g. provide young people with mopeds in order that they can access jobs and training opportunities. Also see recommendations 12a-g and 12l.
2. Affordable Housing, Housing Conditions	**MP**	Objective 3 will have an indirect impact. The relationship between location of affordable housing and GPs surgeries is currently unknown.	**2a.** Land use planning to ensure that new housing is located in places accessible to public transport, jobs and services, e.g. work with local planning authorities to ensure developers provide Transport Assessments alongside planning applications. **2b.** Provide public transport to major centres from residential areas, e.g. use computer software to identify gaps within the bus service networks. **2c.** Increase opportunities for shared use of the local road network in order to encourage a range of other activities, e.g. play, recreation, social interaction. This could be achieved through the introduction of home zone features on new developments. **2d.** Use computer software to investigate the location of GP surgeries in relation to tenure type and health (N.B. data from Census so certain groups will be under-represented).

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
3. Health Inequalities	MP	Objective 6 will have a direct impact in reducing and increasing health inequalities. The effects of a transport policy do not fall evenly on all sectors of society. Pedestrians and cyclists are more prone to fatal and serious injuries than drivers. Children in the lowest socio-economic group (SEG) are five times more likely to die as pedestrians than their higher SEG counterparts. People with higher incomes tend to have more choice about where they live and therefore are able to choose to live away from main roads, areas of air pollution, noise or community severance. Those with easier access to leisure facilities have the opportunity to exercise more, and the provision of traffic calming may lead to increases in pollution and noise from traffic.	**3a.** Help to create culture of active travel, e.g. encourage people to walk and cycle more by providing them with the necessary infrastructure to ensure they are able to do this. **3b.** Reduce the number of people affected by air pollution, dust, vibration and fumes, e.g. provide measures in Air Quality Management Areas that reduce congestion and idling traffic. **3c.** Undertake road safety measures where accident clusters exist. **3d.** Ensure the highway network is maintained to a high standard. **3e.** Through partnership working with health partners, help to ensure Staffordshire's most vulnerable residents are able to access health services, healthy food and leisure/social activities. **3f.** Design of traffic calming schemes should minimise impact of the scheme on pollution and noise, using traffic calming techniques suitable to the traffic mix.

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
4. Community Safety **N.B. Section 17 of the Crime and Disorder Act (SCC has a Statutory Responsibility Duty):** **"to do all it reasonably can to prevent crime and disorder", incl.**		Three of the LTP's objectives will have an indirect impact on Section 17. These are objectives 3, 4 and 6.	
(i) anti-social behaviour	**MP**	Actual crime and perceived fear of crime, and anti-social behaviour all impact on how and when someone chooses to travel, especially vulnerable members of the community. This is particularly true for women, minority ethnic groups, the young and the elderly. The Safer and Stronger Staffordshire Strategic Assessment 2009 reported that rowdy and inconsiderate behaviour makes up over two thirds of all anti-social behaviour in Staffordshire. Of recorded anti-social behaviour incidents by LSOA, the top 8 are in town/city centres (the top two are in Newcastle-under-Lyme and Stafford). During 2007/8 there were 93 incidents of anti-social behaviour reported on buses within Staffordshire. The recorded incidence against the person crimes per 1000 of the population, at 16.7, is less than the national average of 17.6. For further information please see the Equalities Impact Assessment.	**4a.** Provision of and upgrading of street lighting and other measures to make walking routes and other transport types more attractive to vulnerable road users. **4b.** Building safety into design of new developments. **4c.** Partnership working, e.g. with Police and the Crime and Reduction Partnerships. **4d.** Traffic calming/traffic management, e.g. provide speed reducing features to deter speeding traffic. **4e.** Communicate to residents how safe Staffordshire is and the safety improvements that are being made.
(ii) behaviour adversely affecting the environment	**LP**	The main types of behaviour on transport and in using the transport network that can adversely affect the environment include vandalism of subways, bus shelters, alleyways and other transport interchanges.	**4f.** Partnership working, e.g. with Police and the Crime and Reduction Partnerships (as above). For example, implement local campaigns to reduce incidence of drink/drug driving. **4g.** Subway removal where possible and where there would be no adverse effect on road safety. These will need to be assessed on a case by case basis.
(iii) substance misuse	**0**		

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
5. Education and Attainment	HP	Two of the LTP's objectives will indirectly help efforts to increase education and attainment levels. These are objectives 1 and 3. The ability of an individual to access education can significantly improve their quality of life and their life chances by supporting educational attainment. The County Council transport around 14,000 pupils, who are entitled to transport assistance, safely to school and college. The County Council offer children, in full-time further education, assistance with their travel to college or sixth form. Assistance is mainly in the form of a travel pass for public buses or a rail pass. The outcome from the "Shape It and Speak Out" conferences held in March and November 2009 respectively and the Big Bruvver project highlighted that some of the barriers to independent travel included the need to feel safer on the roads, together with the cost and availability of public transport. The main outcome of the "Speak Out" conference was that young people would also like free transport or reduced rates that could also be used at evenings, weekends and during the school holidays. In response to this the County Council will launch a Young Person's Travel Card in June 2011. It will assist the under 20's to travel across Staffordshire by bus, at any time of the day for just £1 per journey throughout the day. The right for parents to choose schools outside the catchment area in which they live, can exacerbate accessibility and congestion problems. Research undertaken by the Directorate for Children, Young People and Families indicates that in total, just over 40% of pupils do not attend their own catchment school. This figure rises to over 50% for children attending primary schools in the county. (N.B. Figures based on January 2010 School Census Data and includes pupils attending from outside Staffordshire). The County Council works in partnership with schools, colleges and other community organisations, to provide learning opportunities for families and individuals over the age of 19 years. These mainly occur in the evening at schools, colleges, community and leisure centres, and village halls. Individuals, especially those without access to a car or who live in rural communities, can be excluded from participating in these activities.	**5a.** Improve access to labour markets, training and education opportunities within and outside the county, e.g. work with bus companies to ensure that the bus network includes routes between residential areas and employment, education and training opportunities. **5b.** Work with partners to help ensure that educational and training facilities, including facilities catering for pre-school education are located in areas that are accessible by walking, cycling and public transport. **5c.** Introduce a countywide Young Person's Travel Card. **5d.** Continue to offer travel assistance to children in full-time further education, where they live three miles or more from their educational establishment.

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
6. Employment	**HP**	Two of the LTP's objectives will directly help to get people to work. These are objectives 1 and 3. The ability of an individual to access employment can significantly improve their quality of life and their life chances by supporting the transfer from welfare to work. The County Council runs a Wheels to Work scheme, which aims to help people who cannot access employment (or work based training) because of a lack of public or private transport. The transport solutions offered include moped loan, bicycle loan, car sharing advice, and personal travel plans. The County Council administers Staffordshire Share a Lift scheme that provides free access to an online database of other people searching for someone to share their journey to work. The County Council works with partners to ensure that new developments and existing companies, devise and implement travel plans. A travel plan includes a package of measures (such as incentives to promote walking and cycling, car sharing, e.g. secure cycle storage and showers) that aim to reduce the need to travel by private car.	**6a.** Work with partners to ensure that new developments devise and implement travel plans. In addition, encourage companies to develop and implement travel plans as part of their commitment to social or environmental responsibility. **6b.** Promote and support the Wheels to Work scheme. **6c.** Continue to develop and promote Staffordshire Share a Lift, which is a countywide car share database that matches commuters travelling similar routes or to the same railway station. The database also has a facility for locating walking or cycling buddies and a facility for the public to car share to events and places of interest. **6d.** Encourage employees and employers to use the cycle loan scheme. **6e.** Work with health partners to share good practice on our healthy workplace programme. **6f.** Develop a partnership workplace health and well-being award scheme for businesses across Staffordshire. Also see recommendation 5a.
7. Work Environment	**LP**	Objective 4 will have a direct impact and objective 1 will have an indirect impact. Road traffic collisions whilst at work are the single largest cause of occupational fatality in the UK. Research suggests that company car drivers in the UK are 49% more likely to be involved in an accident than an ordinary driver. Data relating to road traffic collisions whilst at work have only been recorded since 2005. During the three year period from April 2006 to March 2009 there have been a total of 2020 casualties resulting from road traffic collisions where a vehicle involved was being driven for business purposes. Of these 7% were either killed or seriously injured. 10% of the casualties occurred on motorways and 47% on A Roads. Although the overall level of casualties involving business users has decreased across the county during the last three years, the variation in change across the districts is significant. Cannock Chase and Newcastle-under-Lyme have experienced the largest reductions, whereas Staffordshire Moorlands has recorded an increase. Casualties involving business users occur more frequently on week days than weekends and experience peaks between the hours of 08:00 and 09:00 and between 17:00 and 18:00. When analysing the post-codes of the driver of the vehicle driven for business use, 56% reside within the county, 12% within 10km of the county boundary and 23% from outside of this area. 9% are unknown.	Seek to assist employers in addressing their legal responsibilities in relation to the Health and Safety at Work Act 1974: **7a.** Health and Safety packs are available for businesses to assist them with developing a policy for work related journeys (N.B. this is a requirement for any business employing more than five people). **7b.** Work with key businesses to investigate and deliver their training needs and requirements with respect to driving for business purposes. **7c.** Undertake road safety road-shows on business parks. **7d.** Work with partners (e.g. Michelin, Highways Agency) to undertake campaigns for businesses and tourists on M6 services. **7e.** Encourage alternative ways of working that reduce the need to travel, e.g. home working, video conferencing.

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			E. 9
8. Leisure/Culture	**MP**	Objectives 3, 4 and 6 will have an impact on increasing access to leisure and cultural activities.	**8a.** Help to create a culture where active and healthy travel modes are seen as leisure pursuits not just means of travel.
		The management, maintenance and development of the transport network is crucial to encourage higher levels of walking and cycling as means of leisure activity.	**8b.** Increase opportunities for shared use of the local road network in order to encourage a range of other activities, e.g. play, recreation, social interaction. For example, encourage home zone style designs on new residential developments.
		Concerns are often expressed that encouraging more walking and cycling may lead to more accidents. However, research suggests that policies that increase the numbers of people walking and cycling appear to be an effective route to improving the safety of people walking and cycling.	**8c.** Support areas of tourist activity in order to stimulate/support the local economy.

8d. Ensure the highway network, including Rights of Way, is maintained to a high standard and provides an integrated system. |
| | | Access to leisure centres, clubs, and other activities for young people are also important. Staffordshire's Children and Young People's Plan suggests that there are issues associated with accessing leisure centres and that it is a high priority for young people. In November 2009, over 200 young people attended the Youth Action Kouncil Speak Out event to discuss the issues that were important to them. Many of the young people stated that transport to activities they wanted to attend was poor. Many would like to see free transport or reduced rates for 5-18 year-olds that can be used evenings, weekends and during school holidays. In response to this the County Council will launch a Young Person's Travel Card in June 2011. It will assist the under 20's to travel across Staffordshire by bus, at any time of the day for just £1 per journey throughout the day. | **8e.** Support and encourage partners to provide measures that promote walking for leisure purposes, e.g. along canal towpaths, through local parks and gardens, and work with partners to encourage sustainable means of access where possible.

8f. Work with health partners on joint social marketing campaigns that promote active travel.

See also recommendations 5a and 5c. |
| | | Staffordshire has a comprehensive network (4,400km) of Rights of Way, including public footpaths, cycle tracks, public bridleways, and restricted byways. Users of the network were surveyed and it was found that 98.5% of respondents cited pleasure, together with health and recreation, as being the main reason for accessing the countryside. In 2008/09, 80% of the network was assessed as easy to use. | |
| | | Access to the Peak District National Park and AONB is also important as they provide a valued landscape to both residents and visitors, where active pursuits like walking and cycling can be undertaken, often away from the main road network. However, there is a requirement for the provision of sustainable means of access to these locations. | |

Determinant of Health	Impact	Comments	Recommendations / Actions
General Socio-economic and Cultural Conditions			
9. Accidents	**HP**	Objective 4 directly impacts on reducing the number of road accidents. In 2009 there were 3406 road traffic casualties involving an injury in Staffordshire. 45 of these were fatal casualties, 216 were a serious injury and 3145 had a slight injury. This equates to nearly 5 people killed or seriously injured every week on Staffordshire's roads and represents a cost to the community of approximately £244 million. Further analysis of accident data can be found in Chapter 4 'Improving Safety and Security' of the Local Transport Plan. Perceived danger from traffic restricts an individual's travel choices, such as when, where, mode, etc. This is especially so for the elderly and the young. For these groups, it can have implications for their physical and mental well-being.	**9a.** Improve upon the excellent road safety record on the highway network, through a combination of engineering, education, enforcement and partnership measures. **9b.** In partnership with stakeholders, reduce crime, fear of crime, and anti-social behaviour, e.g. speeding traffic, which can act as a deterrent to using Staffordshire's transport network. **9c.** Ensure the highway network and associated structures are maintained in a state that is 'fit for purpose'. **9d.** Continue to introduce new walking buses. **9e.** Implement the Network Management Plan to reduce delays to emergency service vehicles.
10. Community Severance	**MP**	Objective 6 impacts on community severance. Transport can create or help overcome community severance problems. Community severance may be as a result of busy main roads with lack of safe crossing points or it may occur as a result of crime or fear of crime.	**10a.** Reduce incidence of community severance e.g. through the provision of pedestrian crossings, seating, street lighting, and filling in of subways. See also recommendations 4a- 4g.
11. Urbanisation		The way that the LTP can impact upon urbanisation has been discussed within other sections of the HIA.	

Determinant of Health	Impact	Comments	Recommendations / Actions
Social and Community Networks			
12. Social Exclusion	**HP**	Whilst all the LTP's objectives have an impact on social inclusion, objective 3 is the main one. Transport both creates social exclusion and helps to alleviate it. However, it not just about the availability of transport that creates social exclusion and reduces independent living, it is also the location of transport, its cost and availability, fear of crime, physical barriers, information provision etc. With regard to transport, the groups most prone to social exclusion are the young, the elderly, those with mobility needs and those living in rural areas. Prior to April 2011 concessionary travel was limited to travel between 9:30 and 23:00 in Cannock, East Staffordshire and Tamworth. This was more of a problem for vulnerable adults attempting to access job opportunities. From April 2011 the County Council will be taking over responsibility for the concessionary travel scheme, reducing travel time inconsistencies across the districts. Anecdotal information suggests that accessibility by public transport between North Staffordshire and East Staffordshire can be problematic, e.g. attempting to access the New Toyota development in East Staffordshire can be a problem. However, there has been no evidence gained through the development of the area transport strategies to suggest this is an issue. Anecdotal evidence also suggests that disability groups in Tamworth have difficulty accessing employment opportunities in Birmingham.	**12a.** Help to ensure most vulnerable residents are not excluded from jobs services and facilities because of the transport network and ensure they are able to fully participate in society, e.g. provide street lighting at transport interchanges. **12b.** Continue to support and operate the Wheels to Work Scheme. **12c.** Promote and, if possible, expand the concessionary travel scheme. **12d.** Introduce a countywide Young Person's Travel Card. **12e.** Target resources at improving transport links for socially excluded groups, where need and return on investment are significant. **12f.** Where possible support rural bus and community transport services. **12g.** Maintain the role of community transport in providing a more flexible, demand responsive public transport service. **12h.** Work with partners to help to ensure that transport information (e.g. bus maps, signage) and transport facilities (e.g. bus interchanges) are not a barrier to travel. **12i.** Work with partners to reduce crime and the fear of crime wherever it occurs in the transport system. **12j.** Be prepared for the introduction (in 2015) of accessibility regulations for trains, buses and coaches under the Disability Discrimination Act 1995 (DDA). **12k** Help disabled and older drivers to continue to use their car as a means of accessing the services they require. **12l.** Help to create a culture where service providers make decisions having considered equality (e.g. disability and age) and social inclusion (e.g. accessibility and affordability) issues. **12m.** Ensure the highway network is maintained to a high standard. **12n.** Work with neighbouring authorities to address cross boundary accessibility issues.

Determinant of Health	Impact	Comments	Recommendations / Actions
Social and Community Networks			
13. Community Development	**HP**	Objective 3 will have a positive impact upon community development. The transport network provides the opportunity for people to participate fully in society, whether that is by providing foot and cycle ways, roads or bus services etc.	**13a.** Provide support to community transport and commercial Sunday and off peak bus public transport services.
14. Social Services - Provision and Access	**HP**	Objective 3 will have a positive impact on Social Services provision and access. The ability of an individual to access key services can significantly improve their quality of life, as well as their life chances. Good access can increase levels of social inclusion, improve health and social care inequalities, and enable individuals to live independently as full and active members of society. At the time of writing the County Council provides transport to day centres (predominantly for the elderly) and day services (predominantly for those with learning difficulties). However, these services are currently under review as part of the Changing Lives agenda and as such there may be changes to how these services are financed and/or provided within the first years of LTP3.	**14a**. Help prevent the most vulnerable residents from being excluded from jobs, services and facilities because of the transport network and help them to fully participate in society, e.g. Wheels to Work Scheme, support community transport schemes. **14b.** Work with partners to encourage the provision of local services where there is a need for them closer to home. See also recommendations 12c, and 12e-12l.
15. Health Services - Provision and Access	**HP**	Objective 3 will have a direct positive impact upon access to health services. In the UK, the main issues preventing effective transport delivery for health include the geographically dispersed location of services, inadequate public and community transport services serving the main sites of healthcare delivery, compounded by changes in NHS services that tend to restrict transport solutions to the short or medium term. For primary and community care (which makes up 90% of all NHS interactions with the public), there is often an assumption that access to healthcare services is not a problem, with most people living close to, or within easy reach of healthcare sites. However, for those living in rural areas and on the outskirts of urban areas it can be a problem. In addition to those seeking healthcare services, these service sites attract trips from a number of other groups including families, staff, friends and other visitors, who make up a significant proportion of those for whom transport provision must be considered.	**15a.** Improve access to health services, e.g. provide subsidy to community transport schemes, work with partners to ensure good transport links to hospitals, provide bus timetables that state which services are accessible. See also recommendation 14b.

Determinant of Health	Impact	Comments	Recommendations / Actions
Environmental Conditions			
16. The Built Environment and Open Space	HP	Objective 7 will have the greatest impact upon the built environment and open space. It is recognised that the highway network and wider public realm are also places to exercise, play, relax and socialise. The quality of the public realm (i.e. areas to which the public has open access) is vital in creating environments that people want to live and work in. This is particularly the case for areas of deprivation or decline, where investment, proper maintenance, ongoing stewardship and restoration of civic pride are needed to raise standards. Noisy traffic-dominated streets, ugly buildings, unusable spaces and barriers to movement are all indicators of a poor public realm. There are three areas of Green Belt within Staffordshire, which cover a round 35% of the county's land area. One area surrounds the North Staffordshire Conurbation (37,919ha); the second area is north and west of the West Midlands Conurbation (54,387ha); and a further 39ha is located near to Burton upon Trent in East Staffordshire. Staffordshire also contains one AONB (Cannock Chase) and 14% of the Peak National Park, which are both important assets offering opportunities for leisure purposes. The Cannock Chase AONB Peace and Tranquillity Study 2010 has mapped peace and tranquillity within the AONB area. The least tranquil areas include the area between Milford and Brocton, the area around Shooting Butts Centre, west of Rugeley and the Visitor centre at Brindley Heath. The reasons for their being the least tranquil are noise and traffic and above all, other people.	**16a.** Increase opportunities to improve the natural and built environment through the management and maintenance of transport network, e.g. through working with partners to implement Air Quality Action Plans. **16b.** The needs of all users and in particular those with reduced mobility, and visual and hearing impairment will be taken into account by ensuring the design and maintenance of streets as a minimum is fit for purpose. **16c.** Through working with the AONB, help further the aims of the AONB Management Plan and minimise the impact of the LTP on the AONB.
17. Accessibility, Mobility, Transport	HP	Objective 3 will have a direct and positive impact upon accessibility, mobility and transport. Access to education, work, shops, healthcare and social networks are important determinants of health. In Staffordshire, 19% of households do not have access to a car, 50,805 (6.1%) of people are registered blue badge holders and 18.3% of the County's population suffers from a limiting long-term illness. At the County Council Your Voice 2009 Conference we were told that transport needs to be made more available, affordable and accessible. Transport in the evenings was also a problem, as was lack of taxis in rural areas. Persons with physical impairment disabilities often use mobility aids such as crutches, canes, wheelchairs and artificial limbs to obtain mobility, and these can create additional problems when attempting to make journeys. For further information see section 12 on Social Exclusion above.	**17a.** Help to ensure most vulnerable residents are not excluded from jobs services and facilities because of the transport network and ensure they are able to fully participate in society e.g. subsidy to commercial bus services to ensure weekend and late night services. **17b.** Widen travel choice e.g. through provision of new cycle routes. See also recommendation 5c.

Determinant of Health	Impact	Comments	Recommendations / Actions
Environmental Conditions			
18. Clean City and Recycling	LP	Objective 5 will have the greatest impact upon clean city and recycling. Objective 2 will also have a positive impact. Street cleanliness, including graffiti and fly-posting, can impact on a person's travel choices, such as when, where and how. Staffordshire residents have identified 'clean streets' as one of the top three factors that make somewhere a good place to live. Clean streets also ranks as the fifth most important issue for improvement in Staffordshire. Two thirds of residents agree that local public services are working to make Staffordshire cleaner and greener. The National Highways and Transport Public Satisfaction Survey 2009 found that in Staffordshire: • Cleanliness of roads – 58.73% satisfied. • Deals with mud on road – 44.52% satisfied. • Deals with abandoned cars – 50.63% satisfied. • Deals with illegally parked cars – 39.52% satisfied. • The state of bus stops - 55.9% satisfied. • Condition of Rights of Way - 54.72% satisfied.	**18a.** Maximise efficient use of vehicles, e.g. through promotion of car sharing scheme. **18b.** Raise awareness about impact of travel choice on climate change. **18c.** Minimise areas declared as having poor air quality as a result of road transport emissions, e.g. through working with partners to implement Air Quality Action Plans.
19. Waste	LP	Objective 7 will have a positive impact upon waste. Staffordshire continues to increase the amount of waste recycled and composted and the percentage of Staffordshire's household waste sent to landfill continues to reduce.	**19a.** Minimise waste from highway works. **19b.** Recycling of highway planings.
20. External Air Quality, Air Pollution	MP	Objective 5 directly links to air quality, traffic emissions and pollution levels etc. Motor vehicles are responsible for nitrogen dioxide, carbon dioxide and PM emissions. Air pollution can have a serious effect on people's health and quality of life. Poor air quality can exacerbate respiratory problems such as asthma, bronchitis, and pneumonia. The Government estimates that up to 24,000 people in Britain die prematurely every year as a result of exposure to air pollution. Air pollution also contributes to climate change. In Staffordshire there are eight sites that have been declared Air Quality Management Areas as a result of exceedences in certain pollutants as a result of road transport. These locations are: • South Staffordshire (4 locations). • Cannock Chase District (1 location). • East Staffordshire (2 locations). • Lichfield District (1 location). For further information see the Environment Report of the LTP.	**20a.** Encourage efficient use of vehicles. **20b.** Work with partners to help minimise areas declared as having poor air quality as a result of road transport emissions. See also recommendation 18b.

Determinant of Health	Impact	Comments	Recommendations / Actions
Environmental Conditions			
21. Noise	**NL**	Objective 6 indirectly relates to noise. Motorised transport is a common source of noise pollution, with road traffic being the most common. Other sources of transport noise, such as rail and air traffic, are less common in terms of people affected but may be regarded as a serious cause of noise pollution for those living or working near a rail or air network. In 2000 the World Health Organisation guidelines report on Community Noise highlighted a range of health effects related to noise pollution including: • Noise induced hearing impairment. • Interference with speech communication. • Disturbance of rest and sleep. • Psycho-physiological. • Mental health and performance effects. Maps produced by the Campaign for Rural England shows that there are few truly tranquil areas within Staffordshire. Noise maps produced by Defra show the following locations as areas requiring Noise Action Plans as a result of noise from roads: • A34 between Trentham and Cross Heath – various locations. • M6 – various locations. • A34 at Tittensor and through Stone. • A34 between Stafford and Stone – various locations. • A50 at Uttoxeter and at Burton upon Trent. • A449 – various locations. • A5 – various locations. • A453 – various locations south of Tamworth. • A38 – various locations throughout county. • A460 – various locations between Cannock and Featherstone. Locations requiring Noise Action Plans as a result of rail noise include: • Baldwin's Gate. • Coldmeece. • Little Bridgeford. • Stafford – various locations. • Penkridge – various locations. • Four Ashes. • Slade Heath. The Cannock Chase AONB Peace and Tranquillity Study 2010 has mapped peace and tranquillity within the AONB area. The least tranquil areas include the areas between Milford and Brocton, the area around Shooting Butts Centre, west of Rugeley and the Visitor centre at Brindley Heath. The reasons for their being the least tranquil are noise and traffic and above all, other people. Further consideration of noise can be found in the Environment Report of the LTP.	**21a.** Work with Staffordshire's Environmental Officers and Environmental Engineers, and the Highways Agency to reduce the impact of traffic related noise on households close to the road network. **21b.** Work with Defra, District Councils and other partners to address Noise Action Plans.
Determinant of Health	Impact	Comments	Recommendations / Actions

Determinant of Health	Impact	Comments	Recommendations / Actions
Environmental Conditions			
22. Water Quality and Pollution	LP	Objective 7 is likely to have a positive impact upon water quality and pollution. Transport networks contribute to water pollution primarily through contaminants washed from road surfaces and parking areas. This can occur by diffuse pollution discharge from hard surfaces into the surrounding environment or through storm drainage systems and discharged through pipes. The main pollutants include fuel leakages, motor oil, suspended soils, heavy metals, road salting run-off and herbicide used to control grass verges. Further consideration of water quality and pollution can be found in the Strategic Environmental Assessment.	**22a.** Minimise flooding, soil erosion and pollutants entering watercourses through the delivery of LTP Policy 7.4.
23. Air Quality in Buildings	0		
24. Energy Consumption	HP	Objective 5 is likely to have the biggest impact on energy consumption. Petrol and diesel are fossil fuels used to power motorised transport but they produce emissions when they are burnt. Future choices are likely to favour more efficient fuels. A report on air pollution by the European Environment Agency noted that the transport sector has grown to become the largest energy consuming sector, accounting for approximately 31% of final European energy consumption in 2004. In comparison, the industrial sector used 28% and households 27%. The potential for transport related air pollution caused by road vehicles is therefore increasing.	**24a.** Increase opportunities to use sustainable modes of travel. **24b.** Encourage efficient use of car. **24c.** Reduce energy needed to power our lighting stock and energy needed to provide lighting to signs and bollards. **24d.** Promote alternative fuels. **24e.** Source a proportion of the authority's electricity supply from sustainable sources. See also recommendation 18b.

Determinant of Health	Impact	Comments	Recommendations / Actions
Lifestyle			
25. Diet/Healthy Eating/Access to Healthy Food	LP	Objectives 3 and 6 are likely to have an impact on diet/ healthy eating/access to healthy food.	**25a.** Work with health partners on healthy lifestyle campaigns.
		Unhealthy diet and physical inactivity are the main determinants of obesity - one of the greatest public health challenges of the 21st century.	
		Levels of obesity in England are increasing significantly. The 2008 Health Survey for England reported the prevalence of obesity as 24% for men and 25% for women compared with 13% and 15% for men and women respectively in 1993.	
		The 2010 Health Profiles produced by the Association of Public Health Observatories (APHO) and the Department for Health estimate that between 2006 and 2008 there were 26.6% of adults in Staffordshire that are obese compared to the national average of 24.2%.	
		People on low incomes, the elderly, disabled, and other transit-dependent populations, have difficulty accessing fresh, nutritious food. Those food stores that are located in low-income neighbourhoods are often smaller, with less selection in general, and less and lower quality produce. Residents from these areas have to travel further to shop for food.	
		National trends show that some of the greatest nutritional inequalities are found in fruit and vegetable consumption. Children growing up in less affluent families are about 50% less likely to eat fruit and vegetables than those in high income families.	
		Using the 2008 Health Survey for England, 19% of boys and 20% of girls aged 5 to 15 years ate five or more portions of fruit and vegetables per day.	
		Using 2000-2002 synthetic estimates it is estimated that for Staffordshire, 37% of children eat three or more portions of fruit and vegetables daily.	
		Dietary habits of some ethnic groups living in the UK are likely to become less healthy as individuals increase consumption of processed foods that are energy dense and contain high levels of fat, sugar and salt. Such products often replace healthy dietary components of the native diet, such as fruits, vegetables, nuts and grains. Mixed food habits are emerging mainly amongst younger people in the second and third generations, most likely due to acculturation and adoption of a Western lifestyle.	
		Age and immigration are the major factors accounting for changes in dietary habits, whilst income, level of education, dietary laws, religion and food beliefs are also important factors. Obesity, cardiovascular disease, diabetes and hypertension present major problems for the mainstream UK populations. However, the risk of chronic disease is reported to be higher in ethnic populations, particularly South Asian and Afro Caribbean populations.	

Determinant of Health	Impact	Comments	Recommendations / Actions
Lifestyle			
26. Physical Activity	**HP**	Objectives 3, 5 and 6 are likely to have the greatest impact upon physical activity. Physical inactivity is a leading risk factor for ill health; for example it will contribute to obesity and increased levels of circulatory disease. In Staffordshire 9.9% (+/- 0.6%) of school children in Reception are obese, with 17.8 (+/- 0.8%) of children in Year 6 obese (2009/10 National Child Measurement Programme). Mortality rate from all circulatory diseases (under 75s) is 71.6 per 100,000 of the population under 75. At the individual level, the challenge for many people is how to reintroduce a physically active lifestyle into their lives. Cycling and walking as a means of transport, separately or in conjunction with public transport, offer significant positive health gains. There are a number of wider benefits of prompting physical inactivity such as reduced congestion, air pollution etc. However, there are a number of barriers to increased levels of cycling and walking. In addition, we are unclear whether promoting cycling and walking will lead to an increase in road traffic accidents involving these modes. Research demonstrates that the more people walk and cycle in an area, the safer it becomes to do so. In 2008/09 in Staffordshire, the following percentages of children walked to school: Aged 5 -10: 51.4% Aged 11 - 15: 49.3% Aged 5 - 15: 50.47% The following percentages of children cycled to school: Aged 5 - 10: 0.43% Aged 11-15: 2.6% Aged 5 - 15: 1.4% During 2007/08 the percentage of physically active adults in Staffordshire was 10.4%, slightly less than the national average (10.8%). The main source of information available on physical activity levels for adults in Staffordshire is the Active People Survey (APS), an annual survey carried out by Sports England, which includes 250 sport and recreational activities and now includes dancing and gardening. In 2008/09, the survey reported that in Staffordshire, 12% of men and 9% of women achieved the recommended levels of physical activity of 30 minutes moderate activity, five days of the week, similar to the national average of 13% of men and 10% of women. The Sport England target of 30 minutes moderate participation three days a week was achieved by 25% of men and 20% of women across the county (compared with 25% and 19% for England). When considering ethnicity the survey found that 22% of white adults met the target compared to 28% of non-white adults. The survey also found that 48% of men and women were inactive in Staffordshire (similar to England).	**26a.** Create a culture of healthy and active travel, particularly for shorter journeys, e.g. promote walking and cycling as a means of travelling to work and other activities as well as a means of leisure. **26b.** Improve measuring techniques for the monitoring of walking and cycling. **26c.** Implement the County Council Walking and Cycling Strategies. Also see recommendations 1c 2c 8a 8f 8g 17b 24a and 25b.

Determinant of Health	Impact	Comments	Recommendations / Actions
Lifestyle			
27. Alcohol	**LP**	Objective 4 will have a small positive impact upon alcohol. One in six of all deaths on Britain's roads are alcohol-related. This means that, in this country, approximately 11 people are killed each week by drunk drivers. Despite high-profile government campaigns targeting drivers, and ever harsher penalties imposed on those who drink before driving, thousands of people continue to flout the law, putting theirs, and the lives of others, at grave risk. In Staffordshire during 2008, there were 134 injury road traffic collisions where the driver was recorded as being impaired by alcohol/drugs.	**27a.** Introduce measures to reduce road casualties caused by alcohol consumption, e.g. continue to undertake local and targeted campaigns such as the Don't be a Loser website, continue to support the national THINK campaign.
28. Smoking	**0**	Driving distractions, such as smoking, are a major contributor to road accidents, and can result in a delay in processing information and assessing risk. Since July 2007 it has been illegal to smoke in any public space or workplace in England. This includes smoking in vehicles that are used to transport members of the public or for the purposes of work. Since 2006 smoking whilst driving in Scotland has been banned as part of the Scottish Highway Code.	**28a.** Ensure that no smoking occurs in County Council vehicles.
29. Drugs	**LP**	Objective 4 will have a small positive impact upon drugs. Government estimate that one in five drivers or riders killed in road accidents may have an impairing drug - legal or illegal - in their system. Young men aged between 17 and 29 years are thought to be most likely to drive while on illegal drugs such as cannabis, cocaine, amphetamines, and ecstasy. In Staffordshire during 2008, there were 134 injury road traffic collisions where the driver was recorded as being impaired by alcohol/drugs. For further information see section 4 on Community Safety.	**29a.** Educate young men about the dangers of driving whilst under the influence of drugs. **29b**. Continue to undertake local and targeted campaigns such as Driving the Buzz. See also recommendation 4f.
30. Sexual Health	**0**	Recent surveys (2009) undertaken by the County Council have not indicated that prostitutes are a problem at truck stops and/or laybys. Young people may prefer to access sexual health services that are not local.	See recommendation 5c.

STEP 2: What population groups will the policy, proposal or programme impact upon?

If positive, consider how you will maximise the advantages. If negative, consider how the proposal could be re-focused to have a positive impact.

	Yes/No	Comments	Recommendations
31. Older People	**Yes**	Currently around 18% of Staffordshire's population is aged over 65 years. By 2029, it is expected that approximately 30% of the county's population will be aged 60+ years compared to just over 20% now. Over the next 25 years the number of people aged 85 years and over will be almost treble, increasing by around 30,300 people. Just fewer than 10% of households (43,494) in Staffordshire are lone pensioner households and of these 66% do not have access to a car or van. Barriers to travel include functional impairment (e.g. motion of limbs, anthropometrics, co-ordination and dexterity), vision, hearing, language and speech, intellectual/psychological, allergies, living in a rural area, lack of accessible information, cost and concern over personal safety. In April 2008, the new national concessionary fare scheme was introduced, enabling those over the age of 60 or eligible disabled to travel free during off-peak travel times. Since its initial introduction, some elderly residents have argued that they are disadvantaged as they live in rural areas where public transport tends to be more limited, and under the previous concessionary fare arrangements they were allowed to use travel tokens, which could be used to pay for taxis. Prior to April 2011 the majority of district councils in Staffordshire funded free travel throughout the day. Pass holders living in those districts that only offered off-peak travel were disadvantaged. From 2011 the County Council will take over the administration of the scheme and these inequalities regarding time of travel will no longer exist. Over 140,000 concessionary passes have been issued to older people within Staffordshire. Staffordshire's elderly population (60+) was estimated to have been 203,485 in 2008 (24.4% of the total). For further information see the Equality Impact Assessment of the LTP.	**31a.** Improve accessibility and reduce social exclusion, e.g. improve access to public transport, partnership working with train operating companies and bus companies, concessionary travel. **31b.** Provide infrastructure needed for low-floor buses. **31c.** Advertise in timetables which bus services use low-floor vehicles. **31d.** Ensure good footway maintenance to reduce falls and trips. **31e.** Provide driving courses suitable for older people. "Sure Drive" is a two-hour training/assessment supplied on demand on a 1:1 basis. Older drivers also attend our National Driver Alertness course. See also recommendations 2d 3e 12a 12c 12e 12g 12h 12i 12j 12k 12l 13a 15a and 17a.

	Yes/ No	Comments	Recommendations
32. Children	**Yes**	In 2008, it was estimated that around 20.6% of Staffordshire's population were aged 0-17 years. During 2008/09 walking was the most frequent mode of transport to school for both primary and secondary school children, followed by the private car for primary school children and public transport for secondary age children. Local data from five high schools across the county shows that the four main barriers to walking were: • "it's too far to walk" – 35% • "I don't have enough time" – 21.6% • "I have too much to carry" – 9% • "It's too dangerous" – 8.4% Anecdotal evidence suggests that whilst actual numbers of children cycling to schools are low (0.4% to primary and 2.6% to secondary schools), many more would like to cycle to school because of the independence it gives them. The main barriers to cycling identified were: • "It's too far to cycle" – 16.4% • "I don't have enough time" – 14.3% • "It's too dangerous" – 9.7% • "I don't have a bicycle" – 9.1% The main outcome of the Speakout conference held in November 2009 was that young people would like free transport or "reduced rates" that can be used at evenings, weekends and during the school holidays. In response to this the County Council will launch a Young Person's Travel Card in June 2011. It will assist the under 20's to travel across Staffordshire by bus, at any time of the day for just £1 per journey throughout the day. For further information see Sections 5 and 26 above and the Equalities Impact Assessment.	**32a.** Reduce numbers of road casualties involving children, e.g. through delivery of Safer Routes to School projects, provision of traffic calming measures, education, training and publicity initiatives, promotion of active travel (walking and cycling). Also see recommendations 3c 5a 5b 5c 5d and 12d.
33. Families	**Yes**	The LTP has an impact on the family through measures to increase accessibility to healthy food and amenities. For further information see Sections 12, 17 and 25 above.	**33a.** Provision of facilities for leisure activities suitable for families, e.g. through the implementation of the Rights of Way Improvement Plan.

	Yes/No	Comments	Recommendations
34. People with Disabilities	**Yes**	The Disability Rights Commission identified that people with disabilities have extremely poor levels of access to the transport network and to key services and facilities. They undertook a study in 2002 on the attitudes of disabled people to public transport which suggested that transport issues were the "single most prominent concern at the local level". The study identified that: • People with disabilities were unable to use 70% of buses and 40% of the rail network. • 60% of people with disabilities had no car in the household compared to 27% of the general population. • 52% of respondents expressed some difficulties in accessing all essential services such as GPs and hospitals; and • 56% of people with disabilities would like to go out more. For information please see section 12 above and the Equalities Impact Assessment of the LTP.	**34a.** Measures to improve facilities for disabled, e.g. more low-floor buses, ramps, disabled parking places, dropped kerbs. See also recommendations 1c 2b 2d 12a 12c 12e 12g 12j 12k 12l 13a 14a 14b 15a and 17a.
35. People with Chronic Illness	**Yes**	For information please see Section 26 on Physical Activity above.	**35a.** Promotion of active travel – measures to encourage walking can have a positive impact on these groups. Measures of partners can also have a positive impact, e.g. walking for health initiative. See also recommendations 26a 26b and 26c.
36. People on a Low Income	**Yes**	For information please see Section 1 on Poverty and Income. In terms of school age children from low-income families, as a local transport authority we offer an additional entitlement to either: • one of the three nearest suitable schools to where they live that is more than 2 miles, but less than 6 miles from their home, or • the nearest school that is more than 2 miles but less than 15 miles from their home, preferred on the grounds of the parent's religious or philosophical beliefs. Average gross earnings for the County's residents are below national. In 2009, average gross earnings in Staffordshire were 95% of the national average, yet 3% higher than the regional average.	**36a.** Reduce social exclusion by providing better access to jobs, education and training and others services, e.g. Wheels to Work scheme, provision of safe and attractive walking and cycling routes. See also recommendations 1a-d 12a-g and 12l.
37. People who are Homeless	**No**	There is only rare anecdotal evidence that bus shelters/interchanges are being used by the homeless in Staffordshire.	
38. People with Drug or Alcohol Problems	**Yes**	People with drug and/or alcohol problems: • Need access to clinics, support networks etc. • Can be disruptive on public transport. • Are dangerous when they drive under the influence of drink/drugs.	**38a.** Work with partners in Crime Reduction Partnerships, provision of street lighting, CCTV, measures to reduce casualties resulting from alcohol abuse. See also recommendations 1c and 4a-f.

	Yes/No	Comments	Recommendations
39. Black and Minority Ethnic Groups	**Yes**	The 2001 Census showed that 3.8% of Staffordshire's population was not White British, which is much lower than the regional or national proportion. The BME population in Staffordshire is concentrated within specific areas of the county. Twelve of the county's 174 wards have a BME population of above 5%, with the largest concentrations located in five wards within Burton upon Trent. Language is frequently a barrier to minority ethnic communities. People with limited English have more difficulty in asking for directions or help. They are very concerned about racist attacks and all aspects of personal safety on the transport network, including when walking or waiting at bus stops or in stations. This is both by staff and other passengers. In Staffordshire 2.5% of the population belong to a mixed or minority ethnic group. For further information please see the Equalities Impact Assessment of the LTP.	**39a.** Reduction of social exclusion by providing better access to jobs, education and training and others services, e.g. Wheels to Work scheme, provision of safe and attractive walking and cycling routes. See also recommendations **3**e 4a-f 10a 12a 12e 12i 12l 17a and 36a. For further information please see the Equalities Impact Assessment of the LTP.
40. Refugees and Asylum Seekers	**No**	Project officers working with refugees have highlighted the difficulty of getting them to specific services. For further information please see the Equalities Impact Assessment of the LTP.	
41a Non-Residents - Workers	**Yes**	Foreign drivers unfamiliar with UK roads and driving vehicles that are not roadworthy are responsible for a disproportionate number of road accidents. The Vehicle and Operating Services Agency (VOSA) found that 47% of foreign-registered vehicles it stopped had dangerous defects, compared with 37.5% for UK vehicles. The Association of British Insurers says that the number of crashes caused by all types of foreign vehicle has increased by 47% in the past five years. The say that foreign lorries are three times more likely, per mile travelled, to be involved in collisions than British lorries, according to an insurance industry study of the risks posed by the rapid increase in foreign drivers on British roads. In 2008 there were 36 (1 fatal, 2 serious, 33 slight) injury accidents involving a foreign registered vehicle. This represents 1.4% of the total.	**41a.** Measures to improve access to employment, education and services should include cross boundary measures.

	Yes/ No	Comments	Recommendations
42. Non-Residents - Visitors	**Yes**	Visitors tend to have a greater reliance on public transport and their greatest barriers include availability and accuracy of public transport information, the language it is provided in, and a lack of services to where they want to visit. During 2008 there were over 18 million visitors to Staffordshire, of which, 94% were day visitors. (N.B. figures include Stoke-on-Trent). A survey undertaken of visitors to the county in 2010 revealed that 80.1% had travelled to the county by private car. Analysis of data involving road casualties to business users shows that 35% of the drivers of the vehicle involved lived outside of the county boundary.	**42a.** Introduce measures to reduce congestion, e.g. through the use of Urban Traffic Control, better co-ordination of road works, signing to attractions etc. **42b.** Prioritise road casualties involving business users.
43. Mental Health		In Staffordshire mental health is a major cause of ill health. It is estimated that around 435,823 people suffer with a mental health problem and almost one in four attend primary care for mental health related problems. Those with more severe mental health illnesses are recorded on "GP Register of Severe Mental Health Illness". Between 2007 and 2008, there were 4,374 people in Staffordshire recorded. However, in Staffordshire, the prevalence of severe illness is generally lower than the England average, except for in Newcastle-under-Lyme and the Staffordshire Moorlands. Use of public transport can be a problem for some people affected by cognitive impairment and poor mental health. Confidence is a key issue and, when supporting sufferers, three factors are crucial – routine and planning, safety and control and affordability/finance. It is important that when planning the transport network, these factors are considered. For further information, see the Equalities Impact assessment.	

STEP 3: What are the characteristics of the policy, proposal or programme? What impact are these likely to have?

If positive, consider how you will maximise the advantages. If negative, consider how the proposal could be re-focused to have a positive impact.

Duration of proposed activity	Please tick	Comments
Weeks		
Months		
Years		
Entire life		
Unclear	x	
Reversibility of the proposal	**Yes / No**	**Comments**
Do you have the opportunity to influence or reverse the proposal?		Opportunity to review and also to produce new implementation plan every three years

STEP 4 Key Findings:

Please summarise your main findings and if further research, investigation or full HIA is recommended:

Please see table 1

N.B. Whilst the HIA did not highlight any negative impacts of the LTP on health it is recognised that the existing transport network can impact negatively on health. These impacts are discussed within the LTP Chapter 6 'Improving Health and Quality of Life' and in Appendix P.

	YES	NO
For some of the determinants of health, are some of the effects of the proposal still unknown?		x
Does the proposal have a serious impact on health inequalities, i.e. increase or reinforce them?		x
Does the policy affect in a negative way any vulnerable groups?		x
Does the policy, proposal or programme have any serious or complex negative effects through any of the determinants of health which cannot be re-focused or amended?		x
Do you need to understand more about the potential impacts on health of the proposal to be confident of going ahead with it?		x
Do you have the opportunity to influence or reverse the proposal?	NA	NA

STEP 5: Send a copy of this completed toolkit to HIA Champion denise.vittorino@ staffordshire.gov.uk and Corporate Health Working Group

Appendix 1: Toolkit prompts for possible Health Impacts for the Determinants of Health

Some determinants have both positive and negative impacts, e.g. changes in transport might make fresh food more accessible but might also contribute to poorer air quality and reduce the amount of physical activity people take.

Determinant of Health	Impact on health and well-being	Possible solutions
Poverty	Causes exclusion to goods, services, activities	Promote employment opportunities, training, increase benefit take-up
Housing Conditions	Access to well-maintained homes that are safe and warm is essential for health and well-being	Ensuring that social housing meets the decent homes standard. Provide help to vulnerable people living in the private sector to make their homes decent
Health Inequalities	Disadvantaged socio-economic groups have poorer health than the more advantaged groups	Target those with the most to gain/the most deprived and ensure inequalities are not worsened. Many determinants of health can be tackled by policies which combine different approaches in reducing health inequalities
Community Safety	Fear of crime causes stress	Ensure all measures are taken to screen out crime and provide controls where there are hot spots.
Crime	Violence against the person and property has both physical and emotional impacts on health	Enforcement of criminal systems The design of buildings to reduce crime
Education	Education is the key to opportunities for active participation in all walks of life and promotes well-being	Ensure that particularly deprived areas or groups have access to good quality and training.
Employment	Work plays a major part in reducing poverty and promoting health and well-being	Ensure there are training and employment opportunities particularly in deprived areas for excluded groups
Work Environment	The work environment affects people's physical and mental well-being	Ensure health and safety measures are in place and measures to reduce stress.
Leisure	Participation in activities promotes health and well-being	Ensure activities are affordable and easily accessible
Accidents	Accidents in the home as well as roads, workplace etc. cause death or disability	Ensure health and safety measures are in place and make people aware of the causes of accidents.
Community Severance	A decrease in community cohesion can cause social isolation which can lead to depression and loneliness	Promote community, social and neighbourhood activities.
Urbanisation	Can lead to urban housing problems, communicable diseases, road trauma, psychosocial disorders and urban waste	Appropriate housing provision and support; promotion of community, social and neighbourhood activities; road safety measures and waste management etc.
Social Exclusion	Isolation leads to depression and loneliness	Promote community and social activities
Community Development	Being part of a community promotes health and well-being	Promote community and neighbourhood activities.
Social Services	Being able to maintain independence is important for health and well-being	With partners, seek integrated solutions to meet the needs of the person.

Determinant of Health	Impact on health and well-being	Possible solutions
Health Services	Easy access to health-care when people need it prevents health conditions becoming worse, or ensures they get the right treatment	Ensure people are informed about how and where to access healthcare
The Built Environment and Open Space	The quality of the built environment and access to open space has an effect on physical and emotional well-being	Create better, safer local environments, particularly in disadvantaged areas so that people are more able to engage in social and physical activities in public spaces close to where they live and work, in pleasant clean surroundings, without fear of crime
Accessibility, Mobility and Transport	Access to goods and services that promote healthy lifestyles, cheap healthy food, leisure and community activities have a positive impact on health and well-being	Providing accessible transportation Providing low emission transportation Improving safety of travel routes
Clean City	Cleanliness of the local environment prevents disease and has an effect on physical and emotional well-being	Clean streets, graffiti removal, waste and recycling services Reducing vandalism, vermin reduction
External Air Quality, Air Pollution	Causes respiratory and general health problems and contributes to 'early deaths'	Reduce harmful emissions from transportation, industrial and domestic processes
Noise Nuisance, Containment, Control and Reduction of Noise	Causes stress and inability to concentrate so affects physical and emotional well-being	Better building design Consideration of transport and machinery noise Enforcement of noise legislation
Water Pollution	General health problems and spread of infectious disease	Prevent disposal of waste products and pollutants into water supplies
Air Quality in Buildings	Causes respiratory and general health problems	Reduce emissions from equipment and processes within buildings
Energy Consumption	Ensuring that people live in warm homes that they can afford to heat has a positive effect on physical and emotional health	Reducing fuel poverty Better insulated homes
Diet	Healthy diet promotes optimal physical health by preventing malnutrition and obesity	Ensure particularly deprived areas or groups have access to cheap healthy food and knowledge and skills of how to prepare and use them
Physical Activity	Active lifestyles promote good physical and mental health	Ensure access to recreational and leisure activities
Alcohol	Excessive or binge drinking causes ill-health and anti-social behaviour	Ensure alcohol is only available to those over 18 and good practice in managing sites where drink is sold is maintained
Smoking	Smoking, including passive smoking causes cancer, heart disease, strokes and respiratory problems	Promote non-smoking in public spaces. Provide easy access to stop smoking services
Drugs	Can cause ill-health and anti-social behaviour	Promote access to treatment services
Sexual Health	Can cause the spread of infectious disease Can cause unplanned conceptions	Ensure information is available and access to health services