West Northamptonshire Health Impact Assessment

Local Transport Plan

West Northamptonshire Council

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Version 2.0

West Northamptonshire Local Transport Plan Health Impact Assessment

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1. Introduction

Background

West Northamptonshire Council was formed in April 2021 merging three local authorities – Daventry District, Northampton Borough and South Northamptonshire Councils. The Local Transport Plan (LTP) for West Northamptonshire will be the Council's first and will cover its full region of responsibility. Transport plays a crucial role in providing opportunities for participation in society, sustainable development, preventing injuries and promoting health as well as the quality and liveability of the environment¹.

A Health Impact Assessment (HIA) has been undertaken to assess the likely health effects of the LTP and to identify measures to avoid negative impacts and / or promote opportunities to maximise the benefits. This HIA informs the Integrated Impact Assessment (IIA), a combination of several sustainability appraisal processes, so that environmental and social impacts are identified and mitigated as part of plan development. Similarly, factors relating to health are assessed in the IIA, such as biodiversity, air quality and noise, and the HIA will also draw on these assessments. An Equality Impact Assessment has also been prepared as part of the IIA, and the HIA will draw on information relating to people with 'protected characteristics', for example age, race, disability, gender etc.

West Northamptonshire Local Transport Plan

The vision and objectives for the LTP set out the overall direction, approach, and ambition for the LTP and are shown in Table 1.1 below.

Table 1.1 Vision and Objectives for the LTP

LTP Vision

West Northamptonshire has moved rapidly to achieve a net zero emissions transport system by 2045. Working together with our communities we have made travel by active modes like walking and cycling the natural first choice for short trips, travel by public transport has become increasingly attractive and accessible, and communities are less dependent on private cars. Our transport system is both safer and cleaner, benefitting our health and the environment, and supporting the access needs of everyone in our community to foster social inclusion and wellbeing. More resilient infrastructure and services increase opportunities for people to live their best lives by facilitating vibrant town and local centres, and a thriving local economy.

LTP Objectives

- Improve the accessibility of the public transport, walking and cycling networks, to promote a system that is fair and provides attractive travel alternatives to key destinations.
- Create thriving communities through local investment in a more resilient transport network, services and the public realm in urban and rural towns and villages across West Northamptonshire.
- Improving road safety and reducing pollution, while expanding active travel networks and supporting infrastructure that facilitates public health outcomes.
- Enhance local environments and further reduce carbon emissions from transport by investing in low carbon and electric modes, without compromising local heritage.
- Reducing inequalities through better transport connections to key employment and education opportunities, to support local socio-economic growth.
- Maximise the benefits to communities and businesses through use of technology and innovation.

¹ World Health Organisation: Health 2020: transport and health: sector brief on transport. https://iris.who.int/handle/10665/363314

Health Impact Assessment

The LTP comprises both 16 policies and 135 interventions transport interventions to deliver these objectives. This HIA will assess the LTP policies as at this stage, there is insufficient project information to assess individual interventions. However, a broad assessment of health is provided for intervention in the Integrated Impact Assessment (under Sustainability Objective 9).

2. Approach to the HIA

Determinants of Health

A wide range of factors can contribute to a person's health including the physical, social and economic environment, in addition to a person's individual characteristics and behaviours. The World Health Organisation states that to a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact².

The Socio-Environmental Model of Wellbeing (Figure 2.1) considers that health and well-being are a result of external influences, where an individual or population experiences a combination of adverse external factors (determinants) which could result in health inequality.

Education

Agriculture and food production

Living and working conditions

Living and working conditions

Unemployment

Unemployment

Unemployment

Unemployment

Water and sanitation

Water and sanitation

Heath care services

And hereditary

factors

Housing

Figure 2.1 Socio-Environmental Model of Health and Wellbeing³

A diagram showing all the things that impact on a person's health and wellbeing, with age, sex and genetics at the centre and external influences such as housing, work environment and education for example.

² https://www.who.int/news-room/questions-and-answers/item/determinants-of-health#:~:text=The%20determinants%20of%20health%20include,person's%20individual%20characteristics%20and%20behaviours.

³ Dahlgren, G. and Whitehead, M. (1991) *Policies and Strategies to Promote Social Equity in Health*. Stockholm, Sweden: Institute for Futures Studies.

Health inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society⁴. They are linked to determinands of health, for example these can be linked to:

- socio-economic factors, for example, income;
- geography, for example, urban or rural;
- specific characteristics or excluded groups including those protected in law, such as sex, ethnicity or disability.

It is therefore important to identify determinands of health that can be affected by the LTP, in order to predict effects on health and any related inequalities.

Health and Wellbeing in West Northamptonshire

West Northamptonshire Council has produced a Joint Local Health and Wellbeing Strategy for 2023 to 2028. This document explains how the Health and Wellbeing Board intends to play its part in responding to health challenges and improve the health and wellbeing of people living in West Northamptonshire. Of particular relevance to LTP are physical and mental health challenges related to low physical activity, overweight or obese adults, in addition to incidents of self-harm as an indication of mental health.

Five key approaches shape the Strategy and the LTP can support these.

- Prevention as a priority The LTP can promote positive health and wellbeing through interventions such as active travel, improving transport safety and reducing traffic and improving air quality.
- Tackling health and wellbeing inequalities LTP can reduce or increase unequal social, economic, and environmental conditions.
- The importance of place and local assets LTP can support people and access to services (schools, parks, health care etc).
- An evidence-based and community insight led approach The Joint Strategic Needs
 Assessment (JSNA) is a summary of data related to health and wellbeing across
 Northamptonshire that provides a view of local health and wellbeing information alongside
 national data. This data can be used by the HIA as a baseline against which to assess
 impacts.
- Co-production Co-production is a way of working were service providers and service users work together to reach a shared outcome.

The Strategy sets out 10 ambitions and 28 key outcomes for health and well-being in West Northamptonshire (Appendix A).

⁴ https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/

Assessment of Health for the LTP

The assessment of health for the LTP focuses on determinants of health likely to be affected by the LTP and desired outcome for health. This is aligned with health ambitions and outcomes in West Northamptonshire.

Table 2.1 LTP Health Determinants and Outcomes

Health Factor	LTP health determinand and outcome	Alignment with West Northants Health Ambition & Outcome
Socio-	Education and employment	Access to best education and learning
economic	Transport needs to provide access to education and	 Schools serve all children and young people well and nobody misses out on learning.
	employment opportunities	 Adults have access to learning opportunities which supports employment and life skills.
Socio-	Accessibility (including	To be accepted and valued simply for who you are
economic	affordability)	Diversity is respected and celebrated.
	Transport is accessible to a range of different people,	 People feel they are a valued part of their community and are not isolated or lonely.
	including excluded groups, people with protected characteristics and people on different incomes.	People are treated with dignity and respect.
Socio-	Safety	Safe in your homes and when out and about
economic	Transport is safe from accidents and crime.	 People are safe in their homes, on public transport and in public places
Socio-	Community connectivity	Connected to families and friends
economic	Transport supports social interactions.	 People feel well connected to family, friends and their community.
	interactions.	 Connections are helped by public transport and technology.
		 Improving outcomes for those who are socially excluded.
Physical	Environmental quality	Good housing in places which are clean and green
Environment	Transport plays a role in improve air quality, reducing noise and providing access to greenspace.	The local environment is clean and green with lower carbon emissions.
Health	Exercise	Opportunities to be fit, well and independent
Behaviours	Transport encourages active travel.	 Adults are healthy and active and enjoy good mental health.
		 People experience less ill-health and disabilities due to lung and heart diseases.
Health	Access to health care	Opportunities to be fit, well and independent
	Transport supports access to a range of health services.	Timely access to all health and social care services when it is required

Health Impact Assessment

The remainder of this document follows the following steps:

- Establish health evidence and baseline for West Northamptonshire
- Assessment of the 16 policies in the LTP against health determinands set out in Table 2.1 above.
- Recommendations have been made for negative effects and in addition, enhancement measures proposed where identified.

3. Community Profile, Evidence and Baseline

This section sets out the baseline and sources of evidence relating to socio-economic, physical, and health related determinands identified. Further evidence is also available in the evidence base for the LTP.

Community Profile

Key indicators for West Northamptonshire are available from the Local Insights database⁵. The 2021 Census recorded 425,725 residents in West Northamptonshire⁶, an increase of 13.5% from 2011, which is higher than the overall rate of increase for the East Midlands and England of 7.7% and 6.6% respectively⁷. The population is fairly evenly split between male and female (49.5% male and 50.5% female). The age profile is shown in Table 3.1 below:

Table 3.1 Age profile in West Northamptonshire

Age	Number	Percentage
Under 16	82,220	19.3
16-24	42,986	10.1
25-64	227,843	53.5
65+	72,677	17.1

In terms of diversity (including protected characteristics under the Equalities Act, 2010) in the 2021 Census:

- 49% identified themselves as Christian, 38.2% as no religion, 3.5% Muslim, 1.3% Hindu, with less than 1% for Buddhist, Jewish, Sikh, or other religions.
- 86% of residents identified themselves as white, and 14% other or mixed ethnic groups.
- 10.2% identified themselves as a sexual orientation other than heterosexual.
- 0.6% identified themselves a different gender than registered at birth⁸
- 15.2% of people are considered disabled under the Equality Act, with a further 7.1% reporting long term physical or mental health conditions, but day-to-day activities are not limited.

The Joint Strategic Needs Assessment (JNSA) for West Northamptonshire provides information on the social factors that affect people's health, behaviours and health inequalities⁹.

⁵ https://westnorthamptonshire.localinsight.org/#/dashboard

⁶ https://www.nomisweb.co.uk/sources/census 2021/report?compare=E06000062

⁷ https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000062/

⁸ A further 6.1% did not answer questions on gender identity and religion.

⁹ West Northamptonshire Council, January 2024, Joint Strategic Needs Assessment: Summary Document: https://www.westnorthants.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment-jsna

Socio-economic

The 'Marmot Review' identified links between particular social and economic features of society and the distribution of health among the population and the impact of health inequalities in the UK¹⁰. Research into transport and inequalities in the UK has shown that where transport is available and affordable, it can provide access to different opportunities:

- Transport is an important facilitator of social inclusion and wellbeing, which can affect economic and social outcomes, and therefore inequality.
- Transport barriers can be intimately related to job opportunities, but in areas of socio-economic disadvantage, even where local transport is available there may be limited educational and job opportunities for people to access.
- If transport is (or is perceived to be) too expensive, then people are not able to make the journeys they need to get into work or move into education/training.

The way transport and inequality are experienced varies by group and location but is linked socioeconomic disadvantage. This can include:

- Disabilities people with disabilities are at greater risk of poverty and less likely to physically access transport.
- Ethnicity Black, Asian and minority ethnic (BAME) households also consistently have the highest rates of poverty.
- Age Poverty levels are higher amongst pensioners and children.
- Education The more educated a person is, the more likely they are to be in work and earning a higher wage than someone with low or no qualifications.
- Household composition Poverty is twice as high for lone parents and for children in lone parent families as for those in couple families¹¹.

The Equality Impact Assessment, prepared for the LTP provides baseline information on some of these characteristics, including age, disability, pregnancy and maternity, gender and socio-economic deprivation.

¹⁰ Michael Marmot, Peter Goldblatt, Jessica Allen , et al, 2010, Fair Society, Healthy Lives (the Marmot Review); available at: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

¹¹ Dr Sivine Gates et al, NatCen Social Research 2019, Transport and inequality: An evidence review for the Department of Transport:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953951/Transport_and_inequality_report_document.pdf

Education and employment

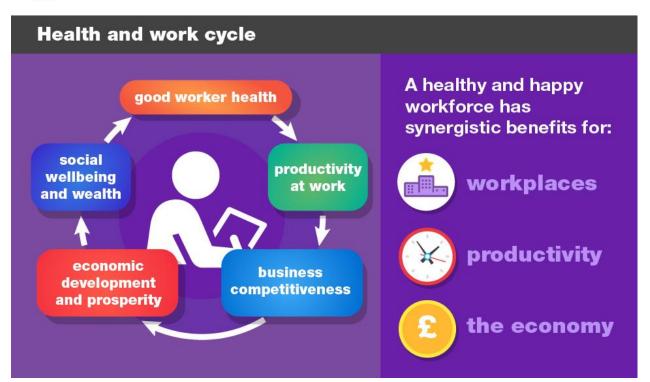
Studies have shown direct links between education and factors such as health and life expectancy rates, with academic achievement playing a potentially significant role in reducing health inequalities by shaping life opportunities¹².

There is clear evidence that having a secure job with good working conditions improves health and wellbeing and protects against social exclusion through the provision of income, social interaction, a core role identity, and purpose. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity, including, limiting long-term illness, cardiovascular disease, poor mental health, suicide and health-harming behaviours ¹³. Figure 3.1 below demonstrates the interactions between employment, economy and health.

Figure 3.1 Health and work cycle¹⁴

Public Health England

Health Matters



Infographic illustrating the 5 stages of the health and work cycle and the benefits of a healthy and happy workforce.

¹² https://www.healthactionresearch.org.uk/tackling-obesity/the-role-of-education/

¹³ Public Health England, January 2019, Health matters: health and work: https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work/health-an

¹⁴ Based on the WHO healthy workplace framework and model, 2010: https://apps.who.int/iris/handle/10665/113144

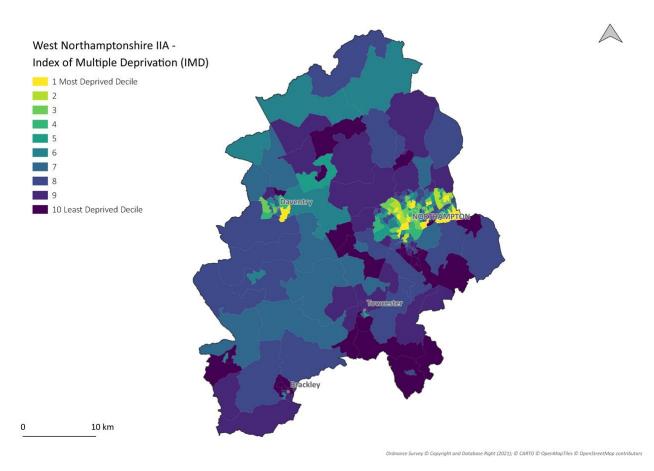
In 2022 in West Northamptonshire, 81.7% of working-aged adults (16-64 year olds) were in employment, higher than the average in England (75.8%). Conversely, 2.9% of adults aged 16 and over were unemployed in 2022, compared to 3.6% in England (JSNA).

According to the 2021 Census, 17.41% of the population over 16 had no qualifications, compared to 18.08% in England. However, there are local disparities in terms of education and employment, with some groups worse than the national average.

Accessibility

The Index of Multiple Deprivation (IMD) measures relative deprivation in England. The distribution of IMD scores across the region in Figure 3.2 show the most deprived areas centre around Northampton and Daventry. In comparison Towcester and Brackley mostly consist of the comparatively least deprived areas. According to the 2021 Census, 33.2% of households in West Northamptonshire were classified as deprived on one dimension of deprivation, and 15% on multiple dimensions (equivalent of 25,869 households).

Figure 3.2 Indices of Multiple Deprivation



A map of West Northamptonshire showing the most deprived areas in yellow/green around Northampton and Daventry with the least deprived areas in darker blue in the surrounding areas.

In West Northamptonshire, average life expectancy at birth for males was 79.8 years, similar to England, and 82.8 years for females (significantly lower than England). Males living in the 20% most deprived areas can expect to live 9.0 years less than those living in the 20% least deprived areas; for females, this difference was 7.7 years (JNSA). The top three causes of death that contributed most to the gap in life expectancy between the most and least deprived areas of West Northamptonshire were circulatory disease, cancer, and respiratory disease.

The Equality Assessment for the LTP notes that disabled people as well as older people are more likely to be reliant on private vehicles as a result of reduced mobility. However, not all these groups will have access to a private car. For example, of those households in West Northamptonshire with no access to a car or van, more are likely to have residents that are disabled (29%) than of those households with access to 1 or more car or van (12%). This means that there is a significant portion of disabled people that rely on public transport and other alternative modes to travel.

Safety – Accidents and crime

Over the last thirty years, the UK has a good record of reducing casualties. The UK ranked third in Europe and second in the European Union (EU) in terms of safety in 2017, as ranked by number of road deaths per million inhabitants. However, since 2010 the fatality statistics for road accidents have flatlined¹⁵.

Motorcyclists, cyclists and pedestrians are particularly susceptible to road collisions as they are not protected by a vehicle body in the same way car users are and tend to be harder for drivers to see¹⁶.

Groups disproportionately affected by accidents comprise:

- Young car drivers (17-24) statistically over-represented in road collisions;
- Males make up the majority if (83%) of cyclists KSI casualties from 2011-2016; 80% of distance travelled and 73% of trips were made by men in the same period. Young male cyclists are the most over-represented groups for KSI casualties compared to distance cycled.
- Children and young people who live in more deprived areas are at a much greater risk of injury on roads than children from the most affluent¹⁷.
- Older drivers over 70 years and particularly over 80 years are more likely to be at fault when they crash¹⁸.

In 2021, 223 people in West Northamptonshire were killed or seriously injured (KSI) on Northamptonshire's roads. The KSI rate of 68.1 (per billion vehicle miles) in West Northamptonshire and 95.6 in England (JSNA).

¹⁵ Department for Transport, The Road Safety Statement 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817695/road-safety-statement-2019.pdf

¹⁶ Department for Transport, March 2018, Pedal cycling road safety factsheet:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686969/ped al-cycle-factsheet-2017.pdf

¹⁷ PHE, 2018, Reducing unintentional injuries on the roads among children and young people under 25 years: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_roads_among_children_and_young_people_.pdf

¹⁸ ROSPA, June 2021, Older Drivers Policy Paper: https://www.rospa.com/media/documents/road-safety/older-drivers-policy-paper.pdf

In 2021 the government launched a call for evidence to provide information personal safety measures on streets to help inform the update of the Manual for Streets¹⁹. Streets are an essential part of people's journeys, but it has become clear that many people, particularly women, feel unsafe using the street and experience harassment, intimidation or unwanted sexual behaviour in public spaces. Measures such as keeping streets and transport locations (bus, taxi, rail stations) clean and good repair, clear sightlines, windows and doors and active street frontages with movement of people in the day and evening all have a positive effect on personal safety.

Crime recorded on public transport can range from sex offences, robbery, violence, criminal damage, theft and can also include hate crime. Nearly all protected groups are vulnerable to crime on transport systems including women, a range of disabilities and ethnic or religious groups, older people and children, LBGT+.

While crime on transport systems is not reported separately in West Northamptonshire, the 12 month total of neighbourhood-level incidents of criminal offences, and as a rate per 1,000 residents in 2021 was 127.3 compared to 131.3 for England²⁰. Bicycle theft was 1.0 and vehicle theft 8.6, compared to 1.3 and 8.6 for England respectively.

Community Connectivity

Research shows that social connectedness can lead to longer life, better health, and improved well-being²¹. This applies to social connectivity at an individual level but also at a community level. When people are socially, they are more likely to make healthy choices and to have better mental and physical health outcomes. They are also better able to cope with hard times, stress, anxiety, and depression. A sense of community belonging and supportive connections in neighbourhoods, schools, workplaces, and other settings are associated with a variety of positive outcomes.

In West Northamptonshire 51.2% of people aged 16 and over travelled to work by a car or van in 2021 (compared to England 44.5%); 6.9% of people walked to work (England 7.6%); 3.5% travelled to work by either a bus, minibus or coach (England 4.3%); 1.5% cycled to work (England 2.1%). In West Northamptonshire 15.9% of households (27,457) did not have a car or van based on the 2021 Census, compared with 23.5% in England (JSNA). Car ownership and use is therefore higher than the national average, this limits opportunity for community connectivity, compared with other forms of transport such as active travel and public transport.

The Community Needs Index measures the cultural and social factors that can impact upon people's outcomes²². In 2023 there were lower levels of community need reported in West Northamptonshire when compared with England (JSNA).

https://www.gov.uk/government/consultations/reviewing-personal-safety-measures-on-streets-in-england-call-for-evidence/reviewing-personal-safety-measures-on-streets-in-england-call-for-evidence
 https://westnorthamptonshire.localinsight.org/#/dashboard

²¹ Summarised at: https://www.cdc.gov/emotional-wellbeing/social-connectedness/affect-health.htm#:~:text=Social%20connection%20with%20others%20can,being%2C%20and%20quality%20of%20life.

²² https://ocsi.uk/2023/05/24/community-needs-index-2023/#:~:text=news%20and%20analysis.-,Geography,its%20"community%20need"%20characteristics.

Environmental quality

Air quality

Poor air quality is the largest environmental risk to public health in the UK²³. In 2010, the Environment Audit Committee considered that the cost of health impacts of air pollution was likely to exceed estimates of £8 to 20 billion²⁴.

Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer²⁵. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function; exacerbation of asthma; increases in respiratory and cardiovascular hospital admissions; and mortality.

Particulate matter (PM) and nitrogen dioxide (NO²) are both major components of urban air pollution. Both are emitted from combustion of fossil fuels from vehicle engines, but PM is also caused by tyre and brake wear on road surfaces.

Figure 3.3 below shows how air pollution affects people's health throughout their lifetime. Groups that are more affected by air pollution include:

- older people
- children
- individuals with existing CVD or respiratory disease
- pregnant women
- · communities in areas of higher pollution, such as close to busy roads
- low-income communities, likely to have existing medical conditions, live in urban areas with higher pollution and other factors which contribute to poor health.

Figure 3.3 Health effects at different ages (PHE, 2018)²⁶

https://www.gov.uk/government/publications/nitrogen-dioxide-effects-on-mortality

²³ PHE, 2018, Health matters: air pollution, <a href="https://www.gov.uk/government/publications/health-matters-air-pollution/heal

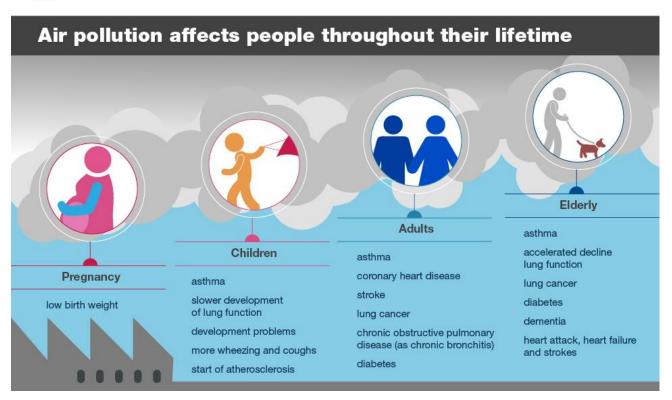
²⁴ House of Commons, Environmental Audit Committee, 2010: https://publications.parliament.uk/pa/cm200910/cmselect/cmenvaud/229/229i.pdf

²⁵ COMEAP Report, Nitrogen Dioxide effects on mortality

²⁶ PHE, 2018 Health matters, based on Royal College of Physicians, 2016, Every breath we take the lifelong impact of air pollution.



Health Matters

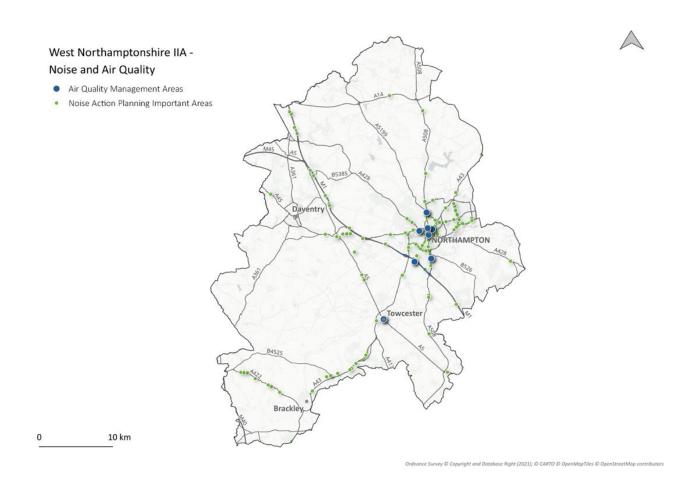


Infographic showing how air pollution affects people through their lifetime

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Figure 3.4 shows the Air Quality Management Areas (AQMAs) and Noise Action Planning Important Areas (NIA) within West Northamptonshire (see below for noise). While this doesn't represent all the location where air and noise causes health issues, it provides an indication where standards are being exceeded in relation to transport. AQMAs for nitrogen oxide emissions are within and around Northampton and Towcester, and Noise Action Planning Important Areas are primarily focused on the strategic road network including the M1, A422, A5 and A508.

Figure 3.4 Transport-related Noise and Air Quality Issues



A map of West Northamptonshire showing Air Quality Management areas as blue dots in Northampton and Towcester.

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Noise

Reviews of the interactions between health and transport noise have shown that this can cause both physical and wellbeing effects. These include hypertension, cardiovascular disease, sleep disturbance stress and annoyance²⁷.

Groups more vulnerable to noise include²⁸:

- Children, they are more exposed to night-time noise as spend more time in bed.
- Elderly and chronically ill are more sensitive to disturbance.
- Shift workers are increased risk due to sleep structure is under stress.
- Less affluent who cannot afford to live in quiet residential areas or have insulated homes.

Noise Important Areas relating to the transport network in West Northamptonshire are shown in

²⁷ Cooper, E et al. (2019) *Transport, health, and wellbeing: An evidence review for the Department for Transport.* Accessed online:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport_health_and_wellbeing.pdf

²⁸ WHO Noise factsheet 2010: https://www.who.int/europe/news-room/fact-sheets/item/noise

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Figure 3.4 above.

Greenspace

Green and blue spaces have been linked to positive effects on human health and wellbeing: physical, mental and social. The natural environment is beneficial for all aspects of human health and is often used as a quality of life indicator. Urban green and blue infrastructure can include parks, woodlands, wetlands and coastal areas, rivers, allotments, and playing fields which provides space for city dwellers to spend time outdoors in natural or semi-natural environments. Access to green infrastructure has human health and wellbeing benefits such as increased levels of physical activity, reduced symptoms of poor mental health and stress, increased levels of communal activity, and greater opportunities for active transport by encouraging walking and cycling²⁹.

Evidence shows that there continues to be disparities among groups in both quality and quantity of greenspace. Analysis of MENE survey data³⁰ found that infrequent users of greenspace tend to be people who are female, older, in poor health, of lower socio-economic status, with a physical disability, ethnic minorities, people living in deprived areas, those with less local access to greenspace and people living further from the coast.

²⁹ UCL, Green Infrastructure: health and Wellbeing, A factsheet on urban green and blue space: https://www.ucl.ac.uk/engineering-

exchange/sites/engineering exchange/files/119746 ucl green inf fact sheets health.pdf

³⁰ Natural England's National Survey, the Monitor of Engagement with the Natural Environment (MENE) as reported in PHE, 2020, Improving Access to Greenspace, A new review for 2020: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

A Strategic Sustainable Movement Network has been mapped for West Northamptonshire's Local Plan³¹ and comprises:

- Accessible natural greenspace: Country parks, wildlife sites, access land and public open space.
- Green ways: public rights of way network and cycle routes; and
- Blue ways: routes along canals and rivers or navigation.

Sub-regional and local corridors have been mapped to provide a green infrastructure network, and opportunities for enhancement have been identified.

As of 2021, West Northamptonshire is the 15th least densely populated of the East Midlands' 35 local authority areas, with around two people living on each football pitch-sized area of land³². However, there are disparities in access to greenspace in areas of population density at a local scale with West Northamptonshire.

Health and behaviours

In terms of health, the majority of residents reported themselves in fair to very good health, 17,560 people reported themselves in bad or very bad health, as shown in Table 3.2 below.

Table 3.2 Health status in West Northamptonshire (2021 Census)

Health	Count	Percentage	
Very good health	209,457	49.2	
Good health	149,226	35.1	
Fair health	49,482	11.6	
Bad health	13,891	3.3	
Very bad health	3,669	0.9	

In 2021/22, 3.5% of adults aged 16 and over reported a low life satisfaction score, similar to the England average of 5.0%, 3.5% of adults reported a low worthwhile score, (4.0% in England) 7.8% of adults reported a low happiness score (8.4% in England) and 19.5% of adults reported a high anxiety score (22.6% in England) (JSNA).

³¹ West Northamptonshire Council, 2022, West Northamptonshire Strategic Plan, GI & Natural Capital Evidence. Available at: https://www.westnorthants.gov.uk/planning-policy/new-local-plan-west-northamptonshire

³² https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000062/

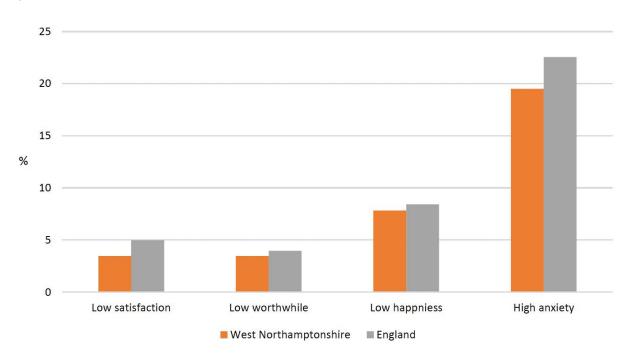


Figure 3.5 Life satisfaction in West Northamptonshire³³

A bar graph showing life satisfaction in West Northamptonshire compared to England as a whole.

Exercise and travel behaviours

Regular physical activity, including walking and cycling, provides significant benefits for health. These include:

- · improving muscular and cardiorespiratory fitness;
- improving bone and functional health;
- reducing the risk of hypertension, coronary heart disease, stroke, diabetes, dementia and various types of cancer;
- reducing risk of falls as well as hip or vertebral fractures;
- · helping maintain healthy body weight;
- improving cognitive health and mental health by reducing the symptoms of anxiety and depression.³⁴

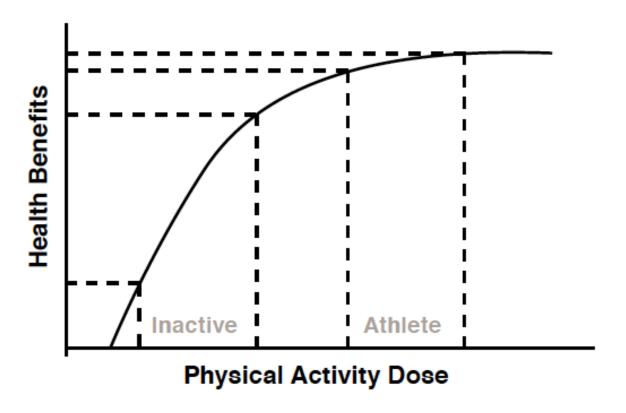
Evidence compiled by Sustrans to support active travel, shows that while there are increased benefits from large quantities of intensive activity, helping people move from inactivity to low or moderate activity will produce the greatest benefit as seen in the dose-response curve in Figure 2.1³⁵. This includes incorporating walking or cycling into transport, either as a primary means or to access public transport.

³³ Source: Public Health Outcomes Framework. Office for Health Improvement and Disparities

³⁴ https://www.who.int/news-room/fact-sheets/detail/physical-activity

³⁵ Sustrans, Dr Adrian Davis, The TAS Partnership and Living Streets, 2017, Active Travel Toolkit, Part 1: https://www.sustrans.org.uk/media/4471/pdf





Infographic showing the incremental health benefits of being more active for those inactive to athletes.

Evidence suggests that switching to active travel for short motor vehicle trips could save £17bn in NHS costs over a 20 year period, although benefits would accrue within two years for some conditions. The largest cost savings would come through reductions in the expected number of cases of type 2 diabetes (annual cost to NHS from diabetes is £9bn).³⁶

Car journeys can give rise to boredom, social isolation and stress, so switching to active travel can also provide mental health benefits from relaxation, exercise, enjoyment and greater social interaction. Use of public transport can also facilitate active travel, through walking or cycling to transport hubs.

Physical inactivity is generally higher in the following groups³⁷:

- People with learning disabilities, both adults and children;
- People living in more deprived areas, with links to socio-economic factors including income, employment and education; and
- Some ethnic groups.

³⁶ Jarrett, J., Woodcock, J., Griffiths, U. et al 2012 Effects of increasing active travel in urban England and Wales on costs to the National Health Service. The Lancet, 379: 2198-2205.

³⁷ Public Health England, Health inequalities: Physical activity

In 2021/22, 65.3% of adults were physically active similar to the England average of 67.3%. Nearly 7 out of every 10 adults aged 18 and over (69.4%) were classified as either overweight or obese in 2021/22, similar to the England average (63.8%); which is significantly higher than the national average (JSNA).

Encouraging, promoting and providing good travel and transport is important for enabling people to access essential health, social care and leisure services, to support social connections, and to enable people to be physically active through engaging safely in recreational and sports activities.

Findings from the 2021 Census show that 6.9% of people in West Northamptonshire walked to work (England 7.6%) and 1.5% of people cycled to work (England 2.1%), also refer to 'Community Connectivity' above.

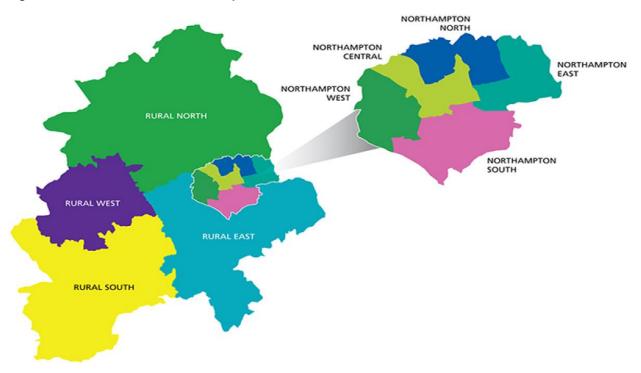
Access to healthcare

According to the Robert-Wood Johnson Model, healthcare only represents 20% of determinands affecting health, with the other 80% attributable to wider factors, such as those described above.

The impact of COVID-19 pandemic continues to be felt and experienced today, particularly in regard to the closure of non-essential services and changes in the delivery of health care (JNSA). Facilities include Northampton General Hospital and a network of local NHS, social and community care services.

Figure 3.7 below shows the nine Local Area Partnerships, also known as LAPs in West Northamptonshire. Each of the LAPs cover communities of between 30,000 and 50,000 people with the aim to work together to ensure health and care services are better co-ordinated and focused on the needs of each area. Table 1.1 sets out the key priorities for each LAP.

Figure 3.7 Health Local Area Partnerships



Infographic showing the each of the Local Area Partnerships across West Northamptonshire.

Table 3.3 West Northamptonshire LAPs and Priorities

LAP	Priorities
Rural West	Social isolation - residents, particularly older adults or individuals living alone, may experience limited social interaction because geographically they live too far from services, they have mobility issues or lack transport. This can lead to feelings of loneliness and a sense of disconnect from their communities.
	 Children and young people children and young people make up 20% of the population. Young people need to have access to support that will promote healthy lifestyles through regular physical activity and that address poor mental health.
	 Families - Daventry has been identified as an area which will have a Family Hub. This will be a space where integrated services can come together to provide support holistically to families.

Northampton North Priorities • Older people, social isolation, long term health

- Older people, social isolation, long term health conditions & supporting carers - nearly 20 per cent, or 1 in 5, of people are over the age of 65 in the locality. Older residents struggle, financially, with long term health conditions, or with social isolation and loneliness.
- Anti-Social behaviour and youth provision - a higher than expected number of children who live in relative low income families. Well organised youth provision can help young people to develop skills and confidence, give opportunities to build friendships, foster a sense of cohesion, and improve health and wellbeing.
- Children and young people, mental health and supporting families - social isolation can reduce overall feelings of life satisfaction, and happiness. Anxiety, depression, and sleep disturbances are common.
 Feeling disconnected from others can have a negative impact on mental health and well-being.

LAP	Priorities
Rural North	Carers support for people who care for a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.
	Older people - the population of the LAP is 53,300 of which 21% is aged 65yrs and over. It is the aim of the LAP to ensure people are able to live fulfilled lives as independently as possible by providing them with access to the services they require to live their best lives.
	 Tackling social isolation focusing on access and transport – introduction of welcoming spaces and good neighbour scheme.
Northampton West	Provision for children and young people - increased access to youth provision across the locality means young people have access to regular clubs and activities, adventures away from home, as well as creating volunteering opportunities.
	 Multi-agency education team focusing on children and families, helping children to access school, feel safe and to deal with wider family and societal issues.
	 Age friendly communities - an active lifestyle, a sense of belonging and good relationships are factors that increase quality of life, in addition to social interaction.

LAP	Priorities
Northampton Central	A multiagency team to collectively agree how best schools can be supported and other education providers to help children access school, feel safe and to deal with wider family and societal issues.
	To put in place a programme of support for people with respiratory problems including those with Chronic Obstructive Pulmonary Disease.
	Improve access to community spaces for children and young people so that young people have access to regular clubs and activities, adventures away from home, as well as creating volunteering opportunities.
	Women's Hubs that are accessible to all.
Northampton East	Community safety - making sure that people feel well connected and that the places where we live are safe spaces for everyone.
	Youth provision - Northampton East has the highest population of people aged between 0-16 and is a priority so that young people have access to regular clubs and activities, adventures away from home, as well as creating volunteering opportunities.
	Cost of living / anti-poverty - ensuring the local communities are benefiting from support that is available, as well working together to share skills and resources.

Rural South

- Ageing population Rural South has the highest proportion of persons aged 75 and over amongst the WN LAP areas. Rural areas have distinct characteristics that can exacerbate social isolation among older residents. These factors include greater reliance on car ownership, especially for visiting family or accessing essential services like grocery shopping.
- Supporting children and young people, mental health.
- Rurality and social isolation

 living in rural, remote
 areas is associated with
 poor transport, reduced
 local activity choices, social
 isolation of minorities, poor
 digital connectivity, and lack
 of opportunities to socialise
 outside of school, which
 increases risk of loneliness.
 - a) Limited Social
 Opportunities:
 Fewer
 recreational
 facilities,
 community
 places and
 organised
 activities.
 - b) **Transport** Challenges: In rural areas, public transportation options are often limited. Residents may struggle to access social gatherings, events, or activities due transportation barriers, leading to

LAP	Priorities	
		feelings of isolation.
	с)	Digital Connectivity: Poor internet connectivity in rural regions resident`s ability to connect virtually. Limited access to online platforms, social media, and educational resources can exacerbate social isolation.
Northampton South	families when not their first Early years – community we children to has start in life. Active travel aims to unlock of active travel considering a local transpolomake active and more active travel business to perform the couraging change to entravel by proving the couraging change to proving the couraging change to proving the couraging change to entravel by proving the couraging change to proving the couraging change change the couraging change ch	language. Creating a which supports ave the best This priority sk the potential el by and developing rt plans to travel easier cessible, work are and local promote the scheme, r and more ironment for as well as behaviour able active viding nd incentives

LAP	Priorities
Rural East	Rurality and social isolation - living in rural, remote areas is associated with poor transport, reduced local activity choices, social isolation of minorities, poor digital connectivity, and lack of opportunities to socialise outside of school, which increases risk of loneliness. (Limiting social opportunities, transport challenges and digital connectivity as above).
	Families, children and young people - roll out the Family Hub in Towcester to support children, young people and their families. The number of children in relative low income lone parent families is higher than the England average.
	Ageing population - With Rural East there is a higher proportion of people aged over 75 years than in other WN LAPS and the England average by comparison. Rural areas have distinct characteristics that can exacerbate social isolation among older residents. These factors include greater reliance on car ownership, especially for visiting family or accessing essential services like grocery shopping.

4. Health Assessment

The assessment of LTP Policies is presented in Table 4.1 below, it uses the following criteria:

Symbol	Assessment of effect (also see Table 2.1)
✓	Policy supports a positive health outcome
X	Policy supports a negative health outcome
0	No or negligible change to health outcome
?	Uncertain effect on health outcome

The assessment should be read in conjunction with Section 3, which provides the supporting evidence for health outcomes.

Table 4.1 Health Assessment

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
1. Sustainable transport hierarchy	≯	✔	0	*	*	✓	*	A transport hierarchy and People-Place-Movement framework will guide investment prioritisation and space allocation in different types of transport environments based on the most appropriate modes of transport for the given community, business, and wider network needs, providing socio-economic benefits. Use of a hierarchy means that all possible modes are considered, including making alternatives to traditional road capacity projects a priority. Active travel and public transport, provide physical and mental health benefits, are more affordable and likely to improve environmental quality. LAP priorities: Northampton South has identified active travel as a priority. There may be indirect benefits to LAPs experiencing social isolation in rural locations including Rural West, Rural North, Rural South and Rural East. There are benefits to young people, where active travel and public transport can promote access and improve mental health (LAPs already listed but also including Northampton North).
2. Connected and accessible networks	*	✓	*	*	*	*	*	The policy seeks to address shorter or regular journeys (e.g. for work), which are frequently driven instead of using more sustainable forms of transport like walking, cycling, bus, or rail. There are socio-economic benefits to extending routes and services in areas of poor public transport and active travel network accessibility, in addition to providing alternatives that improve environmental quality and promote exercise. Planning and delivery of road capacity and junction improvement projects for all users will improve safety. Assistance in reducing costs for journeys that may otherwise be unreliable, not easily accessible for a given user, will improve accessibility and community connectivity. LAP priorities: Northampton South has identified active travel as a priority. There are benefits to older people or those experiencing rural isolation, through improved safety at junctions and extending public transport services (Rural West, Rural North, Rural South, Rural East, Northampton West, Northampton North).
3. Improved interchanges and mobility hubs	✓	✓	?	✓	✓	✓	✓	A network of mobility hubs would include customer facilities, wayfinding, and access options including integration of journey planning and service information that will improve accessibility for different users, and potentially personal safety. The policy will provide connectivity for communities to education, employment and services, particularly if

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
								integrated ticketing is possible. Provision across all modes, ranging from major railway station hubs to rural bus stops will reduce car dependency and encourage multi-modal journeys, supporting a reduction in traffic, increasing opportunities for social interaction, improved environment and exercise. LAP priorities: Mobility hubs will benefit those travelling without a car, such as families, older people, young people (Rural West, Rural North, Rural South, Rural East, Northampton North, Northampton West- age friendly communities). They can reduce social isolation, particularly in rural areas and increase community safety (Northampton East). They are likely to help reduce congestion and improve air quality, benefitting people with COPD (Northampton Central).
4. Bus, coach and mass transit	*	✓	*	✓	✓	✓	*	Buses are critical to those living and working in West Northamptonshire, providing accessibility for those unable or not wanting to drive. They also provide important connections between rural areas, villages, and market towns of which for there is no existing rail connectivity and the distances may be too far for cycling on traditional or electric bicycles. Improvements to the accessibility of bus stop infrastructure, including legible signage, raised pavements, up-to-date timetables, and well-maintained shelters and lighting will increase accessibility and personal safety of different users. Working with bus and coach operators to improve service provision including frequency, reliability and considering ticketing (fares, multi-modal options), can improve access to education, employment, health services and social interaction. There is also potential to improve air quality and noise emissions, by providing viable alternative to private car. LAP priorities: like mobility hubs, public transport will benefit those travelling without a car, such as families, older people, young people (Rural West, Rural North, Rural South, Rural East, Northampton North, Northampton West - age friendly communities). They can reduce social isolation, particularly in rural areas, and increase community safety (Northampton East). Mobility hubs are likely to help reduce congestion and improve air quality benefitting people with COPD (Northampton Central).

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
5. Rail services and stations	*	*	0	0	*	*	*	The policy advocates working with Network Rail and operators, as well as GBRTT, East West Rail Company, England's Economic Heartland, and other local authorities to improve the accessibility of, to and from existing railway stations, with step free access, improved wayfinding, service information, customer support, better connectivity with other modes to encourage first and last mile access. Working with operators to consider how to lower rail fares, tackle the complexity of different fare structures, and consider multi-modal ticketing, supports access for all users and affordability. Advocating and safeguarding for the development of new rail infrastructure, stations and services to better connect the region and reduce car dependency will improve access to employment, jobs and services, community connectivity is likely to be more limited with this mode as it focuses on urban centres. LAP priorities: not aligned with any particular priorities but may have indirect benefits to young people accessing further education or older people accessing wider services.
6. Active travel network	0	*	4	*	*	4	0	Working collaboratively on Local Cycling and Walking Implementation Plans (LCWIPs) and Northamptonshire Public Right of Way Plan removes barriers and obstacles to encourage walking, wheeling, cycling, scooting and horse riding activity, protecting and supporting the most vulnerable users. The policy includes maintenance of routes, provision of connectivity for new developments, existing neighbourhood centres, access to greenspaces and water, and circular routes for leisure. Benefits of include physical health and mental well-being, reducing emissions, whilst advancing the vitality of local streets and the liveability of community spaces. Improvements in safety include lighting and surfacing, as well route-finding. There may also be benefits for walking routes to access employment, education and services, although the assessment assumes that these are negligible in relation to existing access. LAP Priorities: aligned with Northampton South and active travel; Northampton West and age-friendly communities; Northampton Central and access to community spaces. There are also indirect benefits where there are priorities for young people, mental health and older people Rural West, Rural North, Rural South, Rural East, Northampton North)

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
7. Network operation and maintenance	*	*	*	>	*	*	*	Networks are impacted through both natural and human influences, including the weather patterns and extreme weather events and traffic characteristics which degrade surfaces, bridges, and other structures and assets. The impact of poorly maintained highways, footpaths, public realm and rights of way can affect the structural integrity of vehicles, cause avoidable injuries or even deaths, particularly for vulnerable road users such as those walking, wheeling, cycling, scooting, riding or motorcycling. The policy includes an Asset Maintenance Plan and other mechanisms to ensure footpaths, other active travel routes and public realm are well maintained along with highways. There are benefits for accessibility, safety, environmental quality and encouraging people to use active travel modes. LAP priorities: Northampton South has identified active travel as a priority.
8. Road and transport safety	0	0	✓	0	0	*	0	The policy involves working across the Council to deliver a road safety programme to focus on reducing collisions involving the most vulnerable groups and improve personal security on our active travel and public transport networks for all users. This includes working with public transport operators to address anti-social behaviour on services, introduce safety measures and policies to handle incidents and working with communities to identify safety issues and how they can be addressed, aiming to reduce collisions and support healthier lifestyles through promoting modal shift to walking and cycling. LAP priorities: Northampton East has identified community safety as a priority.
9. Climate change mitigation and adaptation	*	*	*	*	*	*	*	Existing transportation infrastructure will need to be resilient against the impacts of climate change such as road drainage being able to handle more intense periods of heavy rain, railways that can operate in record heatwaves, and active travel routes not being obstructed by falling debris from higher wind gusts. The policy will identify opportunities to increase the 'greening' of transport assets and sustainable urban drainage and flood management systems in and around transport infrastructure to improve resilience; consider location of new infrastructure and materials use, and programme of repair and renewal to increase resilience. These measures will have socio-economic health benefits, maintaining community connectivity and access to education, employment and health services. LAP priorities: not aligned with any particular priorities but may have indirect benefits to most.

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
10. Biodiversity and access to nature	0	0	0	0	4	4	0	The policy seeks to protect and enhance biodiversity through both new transport infrastructure and existing highways and rights of way. It promotes tree planting, and access to greenspace with benefits for environmental quality and exercise. LAP Priorities: Northampton Central aims to improve access to community spaces; and Northampton West has prioritised age-friendly communities. Also likely to be indirect benefits for priorities associated with families, older people, young people, and mental health.
11. Air and noise pollution	0	0	0	0	✓	pollution, ensure that transport associated with new developments does not increase impact on communities. The Council will work with stakeholders including Highways England to address areas reduce air and noise pollution.		pollution, ensure that transport associated with new developments does not increase the impact on communities. The Council will work with stakeholders including Highways England to address areas reduce air and noise pollution. LAP priorities: reduced air pollution would benefit Northampton Central and support with
12. Reducing isolation and improving rural access	*	*	0	*	0	0	In rural areas, poor transport connectivity can restrict access to high-quality employment and training opportunities, as well as services such as healthcare. The policy looks at identifying transport-related areas of social exclusion, and work with partner bodies such as the NHS and Public Health England to identify individuals and households at particular risk of isolation, and identify potential measures to improve acce and include them in programmes and investments. There are socio-economic and health well-being benefits for people living in isolated areas. LAP priorities: there are benefits for those experiencing social isolation as a result of rur locations (Rural West, Rural North, Rural South and Rural East).	

Policy	Education & Employment	Accessibility	Safety	Community Connectivity	Environmental quality	Exercise	Access to healthcare	Summary of justification and alignment with LAP Priorities
13. Supporting business and freight movements	*	0	0	0	*	0	0	West Northamptonshire's central location in the UK has resulted in strong warehousing, logistics, and freight capabilities, driving investment and providing employment. The policy seeks to support the growth of the freight and logistics sector, and work with key businesses, operators and stakeholders to make positive contributions to both communities and the environment. For example, working with partners from the public and private sectors to identify and deliver the transport infrastructure required for planned developments, deliver workplace policies and behaviour initiatives to encourage more sustainable patterns of commuting, delivery and other traffic movements. The policy will also explore further use of freight consolidation centres and innovative ways to maximise network efficiency, including use of first and last mile options such as electric cargo bicycles. This has positive outcomes for access to employment and education and improves transport related air and noise. LAP priorities: reduced air pollution would benefit Northampton Central and support with people with COPD.
14. Sustainable developments and embracing technology	4	*	4	4	4	0	*	The policy ensures all planned developments and areas of growth are developed with and are well connected to public and active transport networks to ensure sustainable travel choices are embedded and reduce congestion on the wider network. Emerging technologies like electric and assisted mobility have the potential to improve the efficiency and decarbonisation of existing transport networks across both urban and rural areas and the policy seeks to ensure public safety maintained during implementation of new technology. There are socio-economic benefits including access to employment, education, healthcare and community connectivity. The policy also supports affordable transport options and exercise through active travel. LAP priorities: Northampton South has identified active travel as a priority. There may be indirect benefits to LAPs experiencing social isolation as a result of rural locations including Rural West, Rural North, Rural South and Rural East. There are benefits to young people, where active travel and public transport can promote access and improve mental health (LAPs already listed but also including Northampton North).

Policy	Education & Employment	Accessibility	Safety	Community	Environmental quality	Exercise	Summary of justification and alignment with LAP Priorities of season to provide the sea		
15. Shared and on- demand mobility options	4	✓	0	4	?	4	*	The policy promotes shared and on-demand mobility options to provide alternatives to private car use and ownership, examples include on-demand taxi (Local cab in Northampton), community transport services ('Daventry Area Community Transport'), car clubs (Liftshare) or shared bicycle and micromobility services ('Voi' electric scooter trial in Northampton). The policy seeks to promote and expand these services, which can provide better access to education, jobs, community and health services for those who may otherwise not have ready access to cars, bikes, etc. They also reduce rural isolation. Options for e-bikes and e-scooters promote outdoor exercise, but it is unlikely uptake is sufficient to reduce emissions. LAP priorities: benefits for those experiencing social isolation as a result of rural locations including Rural West, Rural North, Rural South and Rural East. Shared bikes/scooters will also benefit to young people who otherwise may not be able to access these (Northampton North).	
16. Community engagement and collaboration	0	*	4	4	0	0 0		To ensure investments are well designed and target communities, the policy provides communities (including specific groups), workers and businesses with opportunities to make tangible contributions to ensure transport planning decisions. It supports delivery of education and training to better inform residents, workers and schools of available transport choices and their associated benefits relative to private car use. It is considered unlikely that engagement alone will improve environmental quality or access to a range of services, but targeted consultation is likely to reach people with protected characteristics or experiencing health inequalities, with potential for positive outcomes for safety, accessibility and community connectivity. LAP priorities: not aligned with any particular priorities but may have indirect benefits for most people.	

Health Impact Assessment

Recommendations to enhance health and wellbeing:

Air quality: West Northamptonshire Council monitor for nitrogen dioxide on roads across the authority and are preparing a Local Air Quality Management Plan³⁸. Many of the measures proposed such as reducing congestion, encouraging active travel, promoting low emissions vehicles, and planning development to maximise sustainable transport, will also support improved air quality.

Targeted engagement: As part of Policy 16, ensure that targeted engagement is undertaken with local residents and people from seldom heard groups and those that experience inequalities, such as older and younger age groups, disabled people and women. This will enable the Council to capture the views and feedback from these groups and incorporate design measures where necessary.

Design measures: Consideration of design measures in relation to health can include toilets, seating toilets, water points, sources of shade and cooling (preferably green/blue infrastructure) lighting and security and accessibility measures. These can apply for example to rail stations, mobility hubs, active travel routes. They may not be feasible for all interventions, but pro-active consideration will help ensure they are integrated where practicable.

Monitoring: A monitoring and evaluation plan will be developed following consultation on the LTP. This will monitor impacts, both positive and negative of policy measures and interventions.

 $[\]frac{38}{\text{https://westnorthants.citizenspace.com/public-health/have-your-say-on-our-plans-to-improve-air-quality/user uploads/draft-air-quality-action-plan.pdf}$

Appendix A – Extract from West Northamptonshire Joint Local Health and Wellbeing Strategy for 2023 to 2028

Ambition	Key outcomes	Available system priority metrics		
Best start in life	Women are healthy and well during and after pregnancy. Children are healthy from birth. All children grow and develop well so they are ready and equipped to start school. Children in care are healthy, well and ready for adulthood.	>% achieving good level of development at age 2-3		
Access to best education and learning	Children and young people perform well at all key stages. SEND education meets the needs of children locally. Schools serve all children and young people well and nobody misses out on learning. Adults have access to learning opportunities which supports employment and life skills.	Average attainment 8 score of all pupils % of SEND children electively home educated Rate of permanent exclusions (per 100 pupils)		
Opportunities to be fit, well and independent	Adults are healthy and active, and enjoy good mental health. People experience less ill-health and disability due to lung and heart diseases.	Mof adults currently smoke (APS) Madults classified as overweight or obese Adolescent self-reported wellbeing (SHEU) Standardised rate of emergency admissions due to COPD		
Employment that keeps you and your families out of poverty	More adults are employed and receive a 'living wage'. Adults and families take up benefits they are entitled to.	Gap in employment for those in touch with secondary mental health services		
Good housing in places which are clean and green	Good access to affordable, safe, quality, accommodation and security of tenure. The local environment is clean and green with lower carbon emissions.	Number of households owed a prevention duty under Homelessness Reduction Act		
Safe in your homes and when out and about	People are safe in their homes, on public transport and in public places. Children and young people are safe and protected from harm.	Number of re-referrals to MARAC for children experiencing domestic abuse		
Connected to families and friends	People feel well connected to family, friends and their community. Connections are helped by public transport and technology. Improving outcomes for those who are socially excluded.	% adult social care users with as much social contact as they like		
The chance for a fresh start when things go wrong	Homeless people and ex-offenders are helped back into society. People have good access to support for addictive behaviour and take it up.	Number of emergency hospital admissions for those with no fixed abode		
Access to health and social care	Timely access to all health and social care services when it is required, life course from conception to end of life. People are supported to live at places of their residence and only spend time in hospital to meet medical needs. Services to prevent illness (all health screening and vaccinations) are easy to access with quality service provision. People are treated with dignity and respect in all care provisions including end of life.	W Cancer diagnosed at stage 1/2 G of people discharged from hospital to their usual place of residence Rate of emergency department attendances for falls in those aged 65+ G eligible adults with learning disability/severe mental illness receive annual health check		
To be accepted and valued simply for who you are	Diversity is respected and celebrated. People feel they are a valued part of their community and are not isolated or lonely. People are treated with dignity and respect.	Metrics to be developed		

Infographic from the West Northamptonshire Joint Health and Wellbeing Strategy for 2023 to 2028 with the ambitions and key outcomes.