

**A Screening for Health Impact Assessment for the  
provisional Darlington Local Transport Plan (2)**

**Final Report**

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## SUMMARY

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Darlington Borough Council are developing their second Local Transport Plan (LTP). The LTP sets out the vision and plans for transport development across the borough from 2006 to 2011. Government guidance requires that these plans are to be developed in accordance with accessibility planning principles, and to be formulated in partnership with a range of other agencies and organisations. Most policies within the strategy have the potential to improve health and increase access to health services but more work needs to be carried out to ensure there is a positive impact on addressing inequalities, particularly for vulnerable groups.

In order to investigate this potential further, a Health Impact Assessment (HIA) event took place in Darlington on 7<sup>th</sup> December 2005. (A list of participants can be found in Appendix 1) The aims of this event were to assess the Darlington Provisional LTP in relation to:

- Impacts on health.
- Impacts on inequalities.
- Impacts on health services and health policy.
- Identify key themes.
- Make recommendations on subjects that could be taken to the scoping stage.

## DARLINGTON CONTEXT

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Located in the North East of England, Darlington is a compact Borough covering an area of approximately 198 square kilometres (76 square miles) and a population of around 98,000 of whom 85,000 live in the town itself. The River Tees and North Yorkshire lie to the South, the former coalfield areas of County Durham to the North and Teesdale to the West. The land to the Eastern side of Darlington is made up of the boroughs of Stockton, Middlesbrough, Redcar and Cleveland and Hartlepool, who along with Darlington make up the Tees Valley Sub-Region.

In relation to the subject of this report, Darlington has an aging population, with a higher than average proportion of retired people (17.0% Darlington, 16.0% England and Wales). According to the Index of Multiple Deprivation, 40% of wards in Darlington are among the worst 20% nationally. Consequently the burden of ill health in the local population is significantly poorer than the national average, (Darlington Social Issues Map 2004). The overall death rate in Darlington is statistically significant in comparison to the national average with the greatest causes of premature death be as a result of cancer, stroke and circulatory disease (Darlington Health Check 2003). People in Darlington experience a higher percentage of health problems than the national average. The determinants of health are many and varied, covering fixed factors such as age and gender, as well as factors that we can influence, such as employment, housing, education, the environment – and transport.

The purpose of this report is to support the development of the second Local Transport Plan (LTP) for Darlington, by ensuring that issues relating to public health, health inequalities and health care are acknowledged and, hopefully, incorporated into the final plan.

## INTRODUCTION TO THE DARLINGTON LTP2

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The LTP2 is an important document for everyone who lives and works in Darlington. It sets out the vision and plans for transport development across the borough from 2006 to 2011 and beyond. It picks up on issues from the first LTP for 2001 – 2006, and introduces new proposals to contribute to the long-term vision for Darlington, to sub-regional and regional objectives, and to national shared priorities. Darlington has amongst the best data on travel patterns of any UK transport authority and there has been wide scale community participation and stakeholder involvement in the development of LTP2. The information gained through these data capture processes demonstrate that:

- Darlington is a compact market town, well served by national and regional transport links. Quality of life and accessibility for all are seen as key drivers in promoting economic prosperity, which is the top priority for all partners.
- In national terms Darlington has lower than average levels of car ownership and relatively high levels of bus patronage. There is a concern that increasing economic prosperity in Darlington could result in substantial increases in car travel and traffic unless alternatives are planned for and promoted, and appropriate demand management pursued.
- Promoting accessibility from deprived wards and for key population groups will help achieve social inclusion and economic targets.
- Reducing road traffic congestion, improving actual and perceived road safety (particularly for pedestrians and cyclists), improving accessibility for specific groups and purposes, and managing demand, transport networks and car parking are key challenges for the Plan, to support the economy
- Darlington residents would like to see emphasis placed upon improving infrastructure for the three sustainable travel modes (walking, cycling and bus), as well as improving the effectiveness of the existing transport network.
- The outcomes achieved through Darlington's first Local Transport Plan provide a strong base from which to build.
- Darlington's Excellent record of partnership working and integrated planning, together with the Council's Leading Edge approaches to procurement will ensure that transport objectives are integrated into and achieved through other service planning – and that transport planning helps to achieve other, broader objectives.
- A Town on The Move, the national Sustainable Travel Town demonstration project enables Darlington to implement a wide range of solutions to transport problems in an integrated way, with a better prospect of achieving outcomes through best value-for-money approaches.
- The Cycling Demonstration Town project provides £1.5 million of external funding to be matched with the same amount from Darlington Borough Council and other sources, with the aim of increasing cycling levels from 1% to 3% of all

trips. The project will comprise development of the cycle network and increased provision of cycle parking. These infrastructure improvements complement the marketing, training and events being put in place by the Town on the Move project.

## Objectives of the Darlington LTP2

The objectives of the Darlington Provisional LTP2 are stated as follows.

- To provide the framework for sustainable development of new and existing businesses, housing and services in Darlington.
- To improve access to employment, education, health, fresh food and leisure, particularly for those without access to a private car, those with a disability and those that have greatest need.
- To tackle traffic congestion on key corridors and its potential effects on the economy and environment by making the most effective use of the transport network.
- To improve travel safety and security for all by addressing the real and perceived risks.
- To provide and promote travel choices to all, in particular to reduce the proportion of car drivers.
- To improve the health of the community through increasing levels of sustainable travel and improving access to health, leisure and food.

## Proposed outcome indicators for 2006/2011

The provisional plan goes on to recommend 11 key outcome indicators to evaluate progress on delivering the objectives. They are:

- Develop an accessibility indicator and target to be set in the light of a full Accessibility Strategy to be completed by March 2006.
- 25% of all trips in Darlington being made on foot (compared with 22% currently).
- 7% increase in public transport patronage from 2003/4 to 2010/11.
- 37% of trips being made by a car driver (compared with 41% currently).
- Increase cycling from 1% of all trips in Darlington to 3%.
- Increase from 68% to 74% of the share of journeys to school made by sustainable modes.
- Restrain traffic growth at peak periods to 3% over the period, with a reduction in peak period traffic generated by local trips by Darlington residents.

- Develop a target for area-wide traffic flows.
- Improve road safety resulting in 20% fewer killed and seriously injured accidents by 2010 compared with 2004, and a 50% reduction for children compared with the 1994-98 average.
- Develop a bus punctuality target agreed with bus operators.
- Improvement in road maintenance conditions.

There are clear statements in the objectives and the outcome indicators about the link between the LTP and health improvement, underlining the contribution health service agencies have had in the development of the LTP2 and the Accessibility Strategy.

# **WHAT IS SCREENING IN HEALTH IMPACT ASSESSMENT (HIA): AND WHAT WAS SCREENED FROM DARLINGTON LTP2?**

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## **What is screening in HIA?**

Screening is the first stage in HIA. It is a selection procedure whereby a decision is made on whether or not to undertake HIA on a project, plan, programme or policy. Screening allows for a quick judgement on the potential impacts of a policy on the health of the population in general and on different population groups. It can also provide sufficient information to inform policy making and resource allocation.

## **Methods**

In order to undertake screening in a systematic way, various tools and checklists have been developed in the UK and internationally. Examples include the screening tools of the Greater London Authority (Ison, 2001); the Merseyside Guidelines (Scott-Samuel et al, 2001) and the Netherlands School of Public Health Screening Checklist (1998) (EC, 2001).

## **Who undertakes Screening?**

Screening is likely to be more effective if it is undertaken in the context of a wider multi-sector process. Involving stakeholders and decision makers in this HIA process as early as possible ensures their commitment from the start and ownership of the process.

## **What happens after screening?**

Following the screening process one of two things can take place. First of all, it might be deemed that there is little or no impact on health, inequalities and health services and therefore there would be not benefit in tacking the process to the scoping phase. Second, a scoping phase can be initiated if there are specific issues that would benefit from further investigation. This would usually be the case if the potential health impacts were judged to be unknown, complex, or significant (Ison, 2001). The benefits of proceeding to scoping lie in that existing research and evidence based practice can be analysed and the findings brought to bear on a more specific area of policy or implementation in a local setting.

## **Methods used in screening for HIA of the LTP2**

The screening for HIA was carried out on the morning of 7<sup>th</sup> December 2005 with a group of people from a range of organisations (Appendix 1). It had been agreed prior to the event that the areas of LTP2 to be screened would be the 6 Strategy Objectives as outlined in Table 3.1 in the provisional LTP2, the 6 sections of the Accessibility Strategy (comprising 58 elements) and an additional recommendation on initiating 20 mph speed limits which was added to the list of Strategy Objectives. A list of these is contained in Appendix 3 as part of the 'Table of Results'. Participants were placed in 3 groups. All groups screened the Strategy Objectives and the 20 mph recommendation, and then the 58 elements of the Accessibility Strategy were divided across the 3 groups ensuring that all elements were considered. Details of the screening criteria can be found in Appendix 2 and matches the one used in the

screening of the pre-consultation draft of the Regional Spatial Strategy (North East Public Health Observatory, 2004). These criteria are:

- Health impact.
- Inequality impact.
- Impact on access to health services and health policy.

# FINDINGS

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## General Comments on the Strategy

### *Overall*

The commitment to screen the LTP for the health impact was incorporated into the provisional plan submitted to the Department of Transport in July 2005 as a result of discussions between Darlington Primary Care Trust and Darlington Borough Council. The screening process demonstrated that the general thrust of most policies had the potential to improve health, and increase access to health services. Many of the policies could also have a positive impact on addressing inequalities, particularly for vulnerable groups, if targeted and delivered equitably in the development and implementation stage.

The groups found it difficult to score some of the policies or recommendations because of lack of detail, they were aspirational statements or that some of the recommendations were to conduct further feasibility studies and did not contain firm proposals.

### *Summary of Results*

A full transcription of the feedback on the 7 Strategy Objectives and 58 initiatives under the 6 sections of Accessibility Strategy can be found in Appendix 3. The overall summaries of each section are as follows.

### *LTP Strategy Objectives*

1. All strategic objectives have the potential to improve health, reduce inequalities and have a positive impact on health services and health policy.
2. Any policy that is implemented across the Borough without specific thought on how to target areas of disadvantage is likely to have a negative impact on health inequalities, that is, increase the gap in health experience between those living in the poorest areas of Darlington compared to those living in the most affluent areas.
3. All policies need to take the above (2) into account in how they are delivered.
4. Access to services, food, work, and leisure opportunities is a key issue in relation to improving health and reducing social exclusion.

### *Accessibility Strategy 1: Travelling to work - measures for commuters*

1. Improving measures for commuters in general will improve the health outcomes for people in terms of accessibility, promoting cycling and walking.
2. These measures will only benefit those taking advantage of them.
3. Recognition that improving journeys made by car could widen the inequalities gap.
4. Having a job is one of the elements that contribute to having better health outcomes. Part of this section focuses on measures for people at work. Although improving these will have a positive impact on the general health of the population they are likely to improve the health of those at work disproportionately to those out of work.

### *Accessibility Strategy 2: Doing business in Darlington*

1. The majority of assessments and responses in this section were rated as only marginally improving health, unlikely to impact on inequalities and unlikely to have an impact on health services or health policy.
2. Most of the suggested initiatives are in relation to movement of goods and people aimed at growing the economy while reducing the impact of congestion.
3. The initiatives that focus on travel planning and accessibility were deemed to have a small positive impact on health and inequalities.

### ***Accessibility Strategy 3: Going to school or college***

1. Summary of responses in this section indicate small positive effect on health status of the population, strong impact in relation to reducing health inequalities, and little effect on health services or health policy.
2. Overall recognition that improving access to educational opportunities will reduce inequalities. Strong support for continued emphasis on supporting alternative modes of transport to and from school other than car.

### ***Accessibility Strategy 4: Shopping for food and goods***

1. Summary of responses in this section indicate small positive effect on health status of the population, possibility to reduce inequalities and limited impact on health services and health policy.
2. Possibility of reducing inequalities is dependent on how schemes are developed and introduced.
3. Comments indicate that there is a need for action in these areas.
4. Potential policy conflict between 'growing' the local economy through encouraging car use into the Town Centre and reducing congestion by supporting people to travel into town via different modes.

### ***Accessibility Strategy 5: Leisure and recreation***

1. Summary of responses in this section indicate positive impact on health, strong impact in relation to reducing health inequalities, and strong positive impact on health services and health policy.
2. Responses clearly indicate greater participation in recreation and leisure activities is beneficial for the health of the local population.
3. Initiatives that do not reduce health inequality relate to long distance travel, but those that do include an element of targeting to people who would benefit from concessionary arrangements.

### ***Accessibility Strategy 6: Access for health services and caring for others***

1. Summary of responses in this section indicate positive effect on health status of the population in relation to developing the cycle network, strong impact in relation to reducing health inequalities, and positive impact on health services and health policy.

### **Key themes arising from overall responses**

In terms of improving health 35 were thought likely to have a small or major positive effect on health, 16 unlikely to have much effect and only 1 policy (Eastern

Transport Corridor) was judged to have a possible small negative effect on health. However, it should be noted that all 7 strategy objectives were rated as having a strong positive impact on improving the health of the local population. This was seen as a positive affirmation of the overall thrust of the LTP2. The sections that were considered to have the most benefit to improving health were 'Measures for commuters' particularly in relation to measures encouraging walking and cycling, 'Going to School or college', again with the emphasis on developing more sustainable methods of transport to and from educational establishments, and 'Leisure and recreation' with its emphasis on addressing social exclusion and rural issues. The section that was dominated by 'little effect' on improving health was the 'Doing business in Darlington' with 7 out of 11 for that section being rated as such, (representing 7 of 11 across all strategy objectives/initiative). The likely explanation for this is that the majority of the initiatives are in relation to issues such as improving the road infrastructure, helping businesses be more competitive and creating car clubs etc. Although there are clear links between employment and health, this section was more concerned with the transport related elements rather than job creation and economic prosperity.

Responses in relation to reducing health inequalities rated 44 policies or initiatives would contribute to reducing health inequalities with 21 unlikely to have an impact on reduction. 1 policy could be considered to have a potential negative effect on inequalities, which again was the Eastern Transport Corridor. The 2 strategy objectives that were rated as 'unlikely to impact inequalities' related to car use and congestion. As with the health impact section, the set of initiatives that were deemed to have least impact on inequalities were to be found in the 'Doing business in Darlington' section. The comments made in the paragraph above also apply here.

In relation to access to health services and health service policy, responses were split fairly evenly between having little or no impact on access and policy, and having a positive impact on access and policy. There was only 1 response that suggested a negative impact, which was in relation to developing the night time economy. The specific comment indicated that the reason for scoring accordingly was as a result of the potential increasing demand on health services as a result of an increase in economic activity.

## CONCLUSIONS

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The Provisional Darlington LTP2 recognises the mutual impact that transport and health have in relation to each other. There are specific references to this throughout the document and in sections other than those considered in this screening process. This is to be welcomed and built upon.

In summary the key conclusions were:

- *Health impact.* Overall the majority of the proposals were judged to have a beneficial impact on the health of the people in Darlington.
- *Health inequalities.* The majority of the proposals would contribute to a reduction in health inequalities, if applied in targeted way, see below for further comment.
- *Access to health services and impact on health policy.* The responses to this section were split more evenly between having a positive effect on access to health services and 'unlikely to have an effect' on access. The most probable reason for this was the way in which the Accessibility Strategy was compiled, for example the section on 'Doing business in Darlington' had a number of proposals on car clubs, travel plans and infrastructure to support business development many of which were deemed to have a neutral impact on this section.
- *Social Inclusion.* The emphasis on increasing the range of travel opportunities for people with disabilities was welcomed as a key element of increasing social inclusion and supporting people back into work.
- *Reducing health inequalities.* A strong theme running throughout the responses and the discussion on the day was that much would depend on the way policy is implemented. If this is done in a population-based way, that is, with no account taken of issues such as who is likely to benefit most, who will be able to make the most of the new opportunities, one size fits all approach, then the net result will be that while the overall health of the population might increase, the gap in health inequalities will grow. For example, if a particular initiative is publicised only by way of written information, there will be a large number of people who will not be aware of what the new opportunities might be. All policies need to have implementation plans that address the communication needs of the whole community.
- *Possible policy clashes with other key objectives.* The screening process recognised that there are other high level strategic objectives that could clash with the core aims of the accessibility strategy. For example, the strategic economic aims of increasing patronage of town centre shops and developing the night time economy.

## NEXT STEPS

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Following the screening workshop, a further meeting was held on 12<sup>th</sup> January 2006 to evaluate the responses and determine next steps. The outcome of the meeting was that the screening process had fulfilled what is set out to do and would be presented formally at the meeting of the Town on the Move Steering Group meeting of 3<sup>rd</sup> February 2006, and the Transport Forum on 6<sup>th</sup> February 2006.

From the information contained in the screening process 2 possible subjects were identified for tacking to the scoping stage. They were:

1. Investigate the link between implementing 20 mph speed limits and potential impact on increasing numbers of people walking and cycling in such areas
2. Impact of a targeted approach to implementing area-wide approach workplace travel plans with specific reference to links to helping people back into work.

A third possibility was discussed, namely the Darlington Eastern Transport Corridor, but this was dismissed because of the proximity of implementation and the lack of time to develop an effective contribution.

The results of the HIA screening process will be written into the final second Local Transport Plan to be submitted to the Department for Transport in March 2006.

## RECOMMENDATIONS

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This HIA screening exercise and subsequent meetings has led to a number of recommendations. These are as follows.

1. That Darlington Borough Council take into account the findings from this screening exercise when completing the final LTP, to be submitted in March 2006.
2. That the Borough Council consider building Health Impact and Health Inequalities Assessments into future transport planning and policy development across the range of strategies.
3. That Darlington Primary Care Trust in partnership with the wider health sector should continue to support the Borough Council by providing assistance and expertise in HIA.
4. Recommendations for further scoping be presented to the relevant bodies with a view to securing funding to conduct screening on the agreed topic.

## SOURCES OF INFORMATION

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Scott-Samuel, A., Birley, M., Ardern, K., (2001). *The Merseyside Guidelines for Health Impact Assessment*. Second Edition, May 2001. 20 pages. International Health Impact Assessment Consortium. <http://www.ihia.org.uk/document/merseyguide3.pdf>

## **APPENDIX 1 ATTENDEES AT SCREENING MEETING**

**The meeting was held on 7<sup>th</sup> December 2005, Dr Piper House  
Darlington**

Mary Applegarth	Public representative
Harry Alderton	Darlington Borough Council
Ruth Brown	Well at Work Co-ordinator
Paul Davison	Darlington Primary Care Trust
Sue Dobson	Darlington Borough Council
Peter Hardy	Transport & Health Consultant, JMP Consulting
Martin Higgitt	Steer Davis Gleave
Andrew Hush	Darlington Borough Council
Rosemary Mitchell	Public representative
Steve Rose	Darlington Partnership
Jonathan Smith	Darlington Primary Care Trust
Claire Sullivan	Easington Primary Care Trust
Rosie Thornton	Community Development Worker
Grace Walli	Durham County Council
Owen Wilson	Darlington Borough Council

## APPENDIX 2 - SCORING MATRIX

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**Health impact-** does the policy affect any of the determinants of health such as, behavioural/lifestyle (e.g. diet, physical exercise, means of transport), physical environment (e.g. air quality, pollution, land use) socioeconomic environment (social cohesion, income, education).

Health impact	Score
Judged to have a major positive effect on health	++
Judged to have a small positive effect on health	+
Unlikely to have much effect on health	0
Judged to have a small negative effect on health	-
Judged to have a major negative effect on health	--

**Inequality impact** – what impact does the policy or recommendation have on health inequalities?

Inequality impact	Score
Likely to decrease inequality	↓
Unlikely to impact inequality	→
Likely to increase inequality	↑

**Impact on health services** – what impact does the policy or recommendation have on access to health services or on health services policy?

Likely to have a negative impact on NHS:-

**Access (A-) Policy (P-) Both (-)**

Unlikely to have an impact on NHS

**Access (A0) Policy (P0) Both (0)**

Likely to have a positive impact on NHS:

**Access (A+) Policy (P+) oth (+)**

## APPENDIX 3 - TABLE OF RESPONSES

### Strategy Objectives - Delivering the national shared priorities in Darlington

#### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓		Unlikely to impact inequality →		Increase inequality ↑
	<b>5</b>		<b>2</b>		<b>0</b>
Likely to have negative impact on NHS	Access (A-)		Policy (P-)		Both (-)
			<b>0</b>		<b>0</b>
Unlikely to have an impact on NHS	Access (AO)		Policy (PO)		Both (O)
			<b>1</b>		<b>0</b>
Likely to have positive impact on NHS	Access (A+)		Policy (P+)		Both (+)
			<b>1</b>		<b>5</b>

#### Major themes arising from responses

5. All strategic objectives have the potential to improve health, reduce inequalities and have a positive impact on health services and health policy.
6. Any policy that is implemented across the Borough without specific thought on how to target areas of disadvantage is likely to have a negative impact on health inequalities, that is, increase the gap in health experience between those living in the poorest areas of Darlington compared to those living in the most affluent areas.
7. All policies need to take 2 into account in how they are delivered.
8. Access to services, food, work, and leisure opportunities is a key issue in relation to improving health and reducing social exclusion.

	Policy	Scoring - Aggregate	Comment
<b>0</b>	To provide the framework for sustainable development of new and existing businesses, housing and services in Darlington.	++	Positive impact on improving health, reducing inequalities and on health service policy and provision. This will be dependent on geographical locations identified for new business and housing developments. Policies need to be targeted at area of disadvantage/linking to the work taking place with Community Partnerships
<b>1</b> <sup>A</sup>		↓	
<b>1</b>		(+)	

B	To improve access to employment, education, health, fresh food and leisure, particularly for those without access to a private car, those with a disability and those that have greatest need.	++ ↓ (+)	Very positive impact on improving health, reducing inequalities and on health service policy and provision. More detail required in relation to how this will take place – how the policy will be applied
C	To tackle traffic congestion on key corridors and its potential affects on the economy and environment by making the most effective use of the transport network.	++ → (+)	Very positive impact on improving health, reducing inequalities and on health service policy and provision. Established link between poor air quality and conditions such as asthma and chest complaints: improved safety, creating green environments encouraging use of cycling, walking: need to examining ways of making better use of existing transport networks such buses.
D	To improve travel safety and security for all by addressing the real and perceived risks.	++ ↓ (+)	Positive impact on improving health, reducing inequalities and on health service policy and provision. Policy needs be more specific in relation to how it will tackle inequalities – need to engage the right groups of people to inform process.
E	To provide and promote travel choices to all, in particular to reduce the proportion of car driver trips.	++ → (A+) (PO)	Potential for positive impact on improving health, but uncertain about impact on inequalities as this will be dependent on take up of different travel modes. Possibility that it might increase inequalities if car owner take more exercise by walking instead of using car, but this might be a necessary requirement to reduce congestion and encourage more people to walk and cycle. As with other policies, if targeted at areas of most disadvantage these concerns could be ameliorated.
F	To improve the health of the community through increasing levels of sustainable travel and improving access to health, leisure and food.	++ ↓ (+)	Very positive impact on improving health, reducing inequalities and on health service policy and provision. Need to target specific groups eg. Literacy levels, culture, location. Depends on the how implemented. Access to leisure/food more important than to GP due to frequency. Affordability also an issue.

#### Additional Strategy Objective

7	Introduce area-wide 20 mph speed limits in the urban area and one pilot site in a rural location	++ ↓ (AO) (P+)	Positive impact on improving health, reducing inequalities and on health service policy and provision. AS with above responses, this will depend on how and where this is implemented and monitored.
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## 6 Key themes from the Accessibility Strategy

### 1. Travelling to work - Measures for Commuters

#### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>6</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓		Unlikely to impact inequality →		Increase inequality ↑
	<b>11</b>		<b>3</b>		<b>1</b>
Likely to have negative impact on NHS	Access (A-)		Policy (P-)		Both (-)
			<b>0</b>		<b>0</b>
Unlikely to have an impact on NHS	Access (AO)		Policy (PO)		Both (O)
			<b>5</b>		<b>1</b>
Likely to have positive impact on NHS	Access (A+)		Policy (P+)		Both (+)
			<b>1</b>		<b>8</b>

#### Major themes arising from responses

- Improving measures for commuters in general will improve the health outcomes for people in terms of accessibility, promoting cycling and walking.
- These measures will only benefit those taking advantage of them.
- Recognition that improving journeys made by car could widen the inequalities gap.
- Having a job is one of the elements that contribute to having better health outcomes. Part of this section focuses on measures for people at work. Although improving these will have a positive impact on the general health of the population they are likely to improve the health of those at work disproportionately to those out of work.

Initiatives for commuters within Darlington		Scoring	Comment
<b>0</b> <b>1.1</b> <b>5</b>	Select junction improvements and other schemes that tackle congestion and benefit all transport users arising from the Network Congestion Study, including West Auckland Road/Cockerton Green, North Road (Whessoe Road junction – initially through linked signals, with the possibility of more substantial works to the junction if this would then be a value for money way of achieving outputs), and Houghton Road (McMullen Road junction).	+ → (A+) (PO)	How its executed is key. All modes of transport. Potentially a small positive but also have some unforeseen negatives impacts.
1.2	Revised Corridors of Certainty programme, concentrating first on sections where congestion most needs tackling, and on where bus services, cycling and walking accessibility can be most improved.	+ ↓ (slightly) (+)	Positive inequality impact if people could move across town.

1.3	Public transport schemes and initiatives, including better printed information at bus stops, real time displays at key locations, more raised kerbs for easier boarding, support for a multi-operator network bus ticket and further bus priority measures (including green “wave” features on traffic signals to help late running buses and helping low floor buses access all areas).	+ ↓ (+)	Will real time displays be for all companies? What can the service deliver? Public transport aimed principally at those of low socioeconomic levels although increasing number of journeys by different methods than car will reduce congestion. Improved access.
1.4	Cycle network development linking home to work including completion of the River Skerne Cycle Route if feasible.	++ ↓ (+)	Could have positive impact on health but mainly for those at or in work. Cycle loan schemes and safety training. Positive for staff.
1.5	Walking route development, linking homes to bus stops, as well as car parks to final destinations.	++ ↓ (+)	
1.6	Car sharing schemes, both within one company and within a business park or industrial estate.	++ ↓ (+)	Air pollution, economic wellbeing, mental wellbeing.
1.7	Individualised travel marketing (ITM) to help people know what travel choices they have.	++ ↓ (+)	More uptake from higher economic groups – aim to reduce number of car owners. Should reduce inequalities but there is a risk.
<b>Commuters from the rural areas</b>		<b>Scoring</b>	<b>Comment</b>
1.8	Develop schemes to provide appropriate parking for commuters, whilst minimising the impacts on residents through residents’ parking zones and on general traffic through decriminalised parking zones and on general traffic through decriminalised parking enforcement and better signage. A special focus will be given to measures to help buses past parked vehicles in narrow streets, as and when required. Also attention will be paid to the parking needs of motorcyclists and the disabled.	O ↓ (A+) (PO)	
1.9	Public transport schemes and initiatives, including Park and Ride.	+ (weak) ↓ (A+) (PO)	If it works. If costed correctly – also education around real costs of car costs.

1.10	Darlington Eastern Transport Corridor.	- ↑ (A+) (PO)	Encouraging more cars in making car journeys more attractive. Likely to benefit people who are car owners and therefore could increase inequalities
<b>Commuters travelling between Darlington and neighbouring areas</b>		<b>Scoring</b>	<b>Comment</b>
1.11	Encouraging more use of existing rail services through improving stations and their surrounding areas, providing better physical walk links with bus services, providing better bus interchange and promoting existing bus/rail through tickets, as well as helping pedestrians, cyclists and car users get to stations.	++ → (A+ weak) (PO)	
1.12	Investigate the possibility of connecting Darlington Railway Station and any future Park and Ride site with major employment areas by direct bus to help all people access employment opportunities.	+ ↓ (+)	
1.13	Investigation, with other Tees Valley local authorities and Tees Valley Regeneration, of the potential for Light Rapid Transit, for example by the conversion of the heavy rail line in the Tees Valley to light rail or trams.	O → (O)	Only have an impact if positive outcomes from investigation
<b>All Commuters</b>		<b>Scoring</b>	<b>Comment</b>
1.14	More use of land use planning controls to ensure a choice of modes is available from the beginning of development of new employment sites.	++ ↓ (+)	Needs to be monitored and quality checked throughout to ensure nothing goes wrong ie. Lack of pedestrian walk way to Lingfield offices.
1.15	Reducing the need to travel through encouragement of home working, flexible hours or other changes to work practices, such as neighbourhood resource centres available to registered users.	+ ↓ (AO) (P+)	Having a choice. Time when people would be commuting could be used for physical activity. Mental health impact (positive). Older people, carers, return to work mothers – should be a tve (how its applied is key).

## 2. Doing Business in Darlington

### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>0</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓	Unlikely to impact inequality →		Increase inequality ↑	
	<b>1</b>	<b>10</b>		<b>0</b>	
Likely to have negative impact on NHS	Access (A-)	Policy (P-)		Both (-)	
		<b>0</b>		<b>0</b>	
Unlikely to have an impact on NHS	Access (AO)	Policy (PO)		Both (O)	
		<b>3</b>		<b>8</b>	
Likely to have positive impact on NHS	Access (A+)	Policy (P+)		Both (+)	
		<b>0</b>		<b>0</b>	

### Major themes arising from responses

- The majority of assessments and responses in this section were rated as only marginally improving health, unlikely to impact on inequalities and unlikely to have an impact on health services or health policy.
- Most of the suggested initiatives are in relation to movement of goods and people aimed at growing the economy while reducing the impact of congestion.
- The initiatives that focus on travel planning and accessibility were deemed to have a small positive impact on health and inequalities.

Initiatives for Business		Scoring	Comment
2.1	Minimising the impact of road works and illegal or inconsiderate parking, through the Traffic Manager role, using powers such as decriminalised parking enforcement.	O → A(+) P(O)	
2.2	Introducing additional land-use planning guidance to ensure that all major developments are accessible by all people and sustainable.	+ ↓ (O)	By all people but addresses specific groups eg. Disabled those without a car.
2.3	Helping businesses develop work travel plans, including support for Cycle and Car Pooling and Work Bus Season Tickets. It is also proposed that a Travel Plan is developed for Darlington and North Road Stations, with an initial focus on the needs of business travellers.	+ → (O)	Improving health of those already in work rather than other groups who are not in work.

Initiatives for Business		Scoring	Comment
2.4	Helping businesses meet their freight needs efficiently and sustainably, working in partnership with the Tees Valley Freight Group and others to identify relevant measures. Also to promote general road safety as required, including “diesel overfill?” campaign to reduce incidents of spillage from HGV fuel tanks on road.	O → (O)	
2.5	Individualised travel marketing to help people know what travel choices they have.	O → (O)	
2.6	Realising the Tourism Strategy in partnership with the Heritage Line Community Rail Partnership and others, to develop access to and between the rail museums at Darlington and Locomotion, Shildon.	O → (O)	
2.7	Car sharing schemes.	O → (O)	
2.8	Investigate potential for Car Clubs.	+ → (O)	
2.9	Investigate the possibility of connecting Darlington Railway Station and any future Park and Ride site with major employment areas by direct bus to help all people access employment opportunities.	N/A	Feasibility only.
2.10	Investigate the feasibility of contract parking for town centre businesses with operational and effective travel plans.	N/A	Feasibility only.
2.11	Select junction improvement and other capacity increasing schemes that benefit all transport users arising from the Network Congestion Study, including West Auckland Road/Cockerton Green, North Road (Whessoe Road junction – see para 74), and Haughton Road (McMullen Road junction).	O → (O)	
2.12	Darlington Eastern Transport Corridor.	+ → A (+) P(O)	Need walking, cycling infrastructure; reduced air quality problems in Haughton Village, Yarm Road. Improving access to James Cook University Hospital and into Darlington town centre.
2.13	Improving the A66(T) as per the Darlington Gateway Study (with Highways Agency).	+ → A(+) P(O)	As above.

### 3. Going to School or College

#### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓	Unlikely to impact inequality →		Increase inequality ↑	
	<b>8</b>	<b>1</b>		<b>0</b>	
Likely to have negative impact on NHS	Access (A-)	Policy (P-)		Both (-)	
		<b>0</b>		<b>0</b>	
Unlikely to have an impact on NHS	Access (AO)	Policy (PO)		Both (O)	
		<b>1</b>		<b>8</b>	
Likely to have positive impact on NHS	Access (A+)	Policy (P+)		Both (+)	
		<b>0</b>		<b>0</b>	

#### Major themes arising from responses

- Summary of responses in this section indicate small positive effect on health status of the population, strong impact in relation to reducing health inequalities, and little effect on health services or health policy.
- Overall recognition that improving access to educational opportunities will reduce inequalities. Strong support for continued emphasis on supporting alternative modes of transport to and from school other than car.

Initiatives for Schools and Colleges		Scoring	Comment
3.1	More school travel plans, helping staff and pupils health and reducing traffic congestion through projects such as the "walking train".	+ ↓ (O)	Needs to be sustained over a long period.
3.2	College travel plans, including better travel information and ticketing options for students on local bus services.	+ ↓ (O)	
3.3	Physical measures to support Safer Routes to School, including 20mph zones at School Gates (during opening hours as a minimum and at other "conflict" points. Continue to focus on achieving child reduction targets through supporting local safety schemes.	+ ↓ (O)	May lead to more + impact depending on culture change linked to extension of 20mph + "drive slow culture".

3.4	Haughton Road Cycle & Pedestrian Bridge, to serve the new site of Darlington College of Technology.	+ → (O)	
3.5	Accessibility planning used as an integral part of educational planning in Darlington.	+ ↓ (O)	
3.6	Consider the feasibility of providing a “Yellow Bus”- style Home to School bus service, with allocated seats given to each child with a tracking system for security and parental reassurance.	+ ↓ (O)	May have an impact on attendance levels, which are higher in deprived words.
3.7	Environmental improvements through increased maintenance and cleansing as part of the Street Scene initiative.	+ ↓ (O)	Mental health improvements + encourages walking
3.8	Provision of road safety education and training for cyclists, pedestrians and young car and motorcycle drivers, whilst continuing to design and implement local safety schemes to achieve casualty reduction targets. For example, initiatives such as “Handle it or lose it” website/advertising campaign for motorcyclists.	+ ↓ A(+) P(O)	
3.9	Promotional activities such as Walk and Bike to School Weeks to raise awareness.	++ ↓ (O)	
3.10	Consider the feasibility of introducing a 16-19 concessionary fare scheme, as part of the multi-operator ticketing scheme to help young people access education and other facilities, thus contributing to the Social Inclusion and Community Strategies.	N/A	Feasibility.

#### 4. Shopping for Food and Goods

##### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓		Unlikely to impact inequality →		Increase inequality ↑
	<b>3</b>		<b>2</b>		<b>0</b>
Likely to have negative impact on NHS	Access (A-)		Policy (P-)		Both (-)
			<b>0</b>		<b>0</b>
Unlikely to have an impact on NHS	Access (AO)		Policy (PO)		Both (O)
			<b>2</b>		<b>3</b>
Likely to have positive impact on NHS	Access (A+)		Policy (P+)		Both (+)
			<b>0</b>		<b>0</b>

##### Major themes arising from responses

- Summary of responses in this section indicate small positive effect on health status of the population, possibility to reduce inequalities and limited impact on health services and health policy.
- Possibility of reducing inequalities is dependent on how schemes are developed and introduced.
- Comments indicate that there is a need for action in these areas.
- Potential policy conflict between ‘growing’ the local economy through encouraging car use into the Town Centre and reducing congestion by supporting people to travel into town via different modes.

Initiatives for Shoppers		Scoring	Comment
0 4.1 0 2	Balance the need for increased short stay car parking supply in the town centre, with the management of demand for town centre long stay parking, to minimise conflicts with the needs of local residents and to enforce parking restrictions (through decriminalised parking enforcement). Also review and implement improved signage as required to complement existing VMS installations.	O → (O)	Policy conflict! Encourage car shopping, but research shows that shopping trips could be targeted for alternative travel means. Depends on detail of what is “better car parking management”. Potentially could reduce inequalities – residents parking etc. Could go either way depending on what is actually done.
4.2	Examining the potential of more home delivery of food, including to neighbourhood delivery points for collection by local residents.	+ ↓ A+ PO	Doing it rather than talking about would be better!! (Scoring is based on putting this into action).

4.3	Investigate potential for Car Clubs.	+ ↓ A+ PO	Do or Act?
4.4	Examining the potential of home delivery of town centre goods to encourage trade.	O → (O)	Depends on cost of delivery! Needs more definition. What sort of goods?
4.5	Modifications to car parking provision, with more attention to the needs of the disabled, those with young children and motorcyclists (secure storage for bike and/or equipment).	+(ish) ↓ (O)	Needs to include cyclists and cycle parking in town centre – not necessarily in car parks.

## 5. Leisure and Recreation

### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>2</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓	Unlikely to impact inequality →		Increase inequality ↑	
	<b>8</b>	<b>3</b>		<b>0</b>	
Likely to have negative impact on NHS	Access (A-)	Policy (P-)		Both (-)	
		<b>0</b>		<b>1</b>	
Unlikely to have an impact on NHS	Access (AO)	Policy (PO)		Both (O)	
		<b>0</b>		<b>3</b>	
Likely to have positive impact on NHS	Access (A+)	Policy (P+)		Both (+)	
		<b>2</b>		<b>5</b>	

### Major themes arising from responses

- Summary of responses in this section indicate positive impact on health, strong impact in relation to reducing health inequalities, and strong positive impact on health services and health policy.
- Responses clearly indicate greater participation in recreation and leisure activities is beneficial for the health of the local population.
- Initiatives that do not reduce health inequality relate to long distance travel, but those that do include an element of targeting to people who would benefit from concessionary arrangements.

Initiatives for Leisure Trips		Scoring	Comment
5.1 <b>0</b>	Further measures to ensure that the perception of road safety and personal security issues matches the reality (that there are few problems) to encourage a vibrant night time economy in Darlington Town Centre.	+ ↓ (-)	Improving safety/security at night is good regardless of development of vibrant night time economy. Potentially may need more NHS resources.
<b>2</b> 5.2 <b>0</b>	Ensuring that the walking and cycling networks link to green spaces, parks and countryside sites, as well as the National Cycle Network. For example, completing National Cycle Route 14 between Darlington and Stockton, thus linking the South Burdon Community Woodland to the urban area sustainably.	++ ↓ AO P+	Targeted.
5.3	Measures to contribute to the local Street Scene environment.	+ ↓ AO P+	Vague! What sort of measures? Is it to improve the street scene? Older people want to see handrails in street. Less trips and falls.

5.4	Promotion of Darlington Doorstep Walks, to encourage use of the walking network including footpaths and bridleways, to access historical sites, flower displays and other places of interest.	++ ↓ (+)	Targeted
5.5	Working with the taxi trade to help provide the service that the public need.	O ↓ (+)	What measures? More detail. Disabled access, taxis, women taxi drivers. Do we know what the public need? Arts taxi for older people at night.
5.6	Improving community transport provision, including those with a mobility disability, to access facilities.	+ ↓ (+)	
5.7	Investigating solutions to help rural social inclusion such as supporting late buses and shared taxi services.	+ ↓ (+)	Potentially – feeling of well-being.
5.8	Developing ticketing initiative, for example joint leisure centre/bus, fitness centre/bus, theatre/bus or football/bus tickets to encourage sustainable travel.	+ ↓ (+)	Depends on costs/affordability. Marketing will be important. Cheap tickets on bus for NHS visitors/patients.
5.9	Car sharing for Darlington Football Club, including when appropriate, Park & Ride facilities for away supporters.	O → (O)	
5.10	Promotion of rail and coach services for long distance travel where appropriate.	+ → (O)	
5.11	Encourage the promotion of Sky Express 737 Airport shuttle and improvement as required.	O → (O)	Reward the policy action.

## 6. Access to Health Services and Caring for Others

### Analysis of responses

Health Impact	Major positive ++	Small positive +	Little effect O	Small negative -	Major negative --
	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>
Inequalities Impact	Decrease inequality ↓	Unlikely to impact inequality →		Increase inequality ↑	
	<b>8</b>	<b>0</b>		<b>0</b>	
Likely to have negative impact on NHS	Access (A-)	Policy (P-)		Both (-)	
		<b>0</b>		<b>0</b>	
Unlikely to have an impact on NHS	Access (AO)	Policy (PO)		Both (O)	
		<b>0</b>		<b>0</b>	
Likely to have positive impact on NHS	Access (A+)	Policy (P+)		Both (+)	
		<b>0</b>		<b>4</b>	

### Major themes arising from responses

- Summary of responses in this section indicate positive effect on health status of the population in relation to developing the cycle network, strong impact in relation to reducing health inequalities, and positive impact on health services and health policy.

Proposals for Access to Health Services		Scoring	Comment
6.1	Participating in the County Durham Travel Response Centre via the Transport to Health Partnership.	O ↓ (+)	Targeted information.
6.2	Cycle network development.	++ ↓ (+)	
6.3	Implementing Safer Routes to Health (to local health centres and hospitals), in partnership with Sustrans.	+ ↓ (+)	
6.4	Working with the Transport to Health Partnership to ensure that all local people can get to their "out of hours" primary care centre in line with the social inclusion strategy.	O ↓ (+)	

## APPENDIX 4 - EDITORIAL GROUP

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