

**November 2023**

Department: Environmental Protection (Public Protection), Community and Environmental Services

Team or Service Area Leading Assessment: Corporate Delivery Team

Title of Policy/ Service or Function: Air Quality Strategy and Air Quality Action Plan

Lead Officer: Scott Butterfield, Strategy and Climate Lead

**STEP 1 - IDENTIFYING THE PURPOSE OR AIMS**

1. What type of policy, service or function is this?

New/proposed ✓

2. What is the aim and purpose of the policy, service or function?

The Air Quality Action Plan (AQAP) and Air Quality Strategy (AQS) set out the council's plans to improve air quality in Blackpool, reduce the effects of air pollution on public health and the environment, and comply with statutory requirements and Department for Environment Food and Rural Affairs (DEFRA) Technical Guidance.

3. Please outline any proposals being considered.

The AQAP outlines the actions that Blackpool Council will deliver between 2023-2028 to reduce concentrations of air pollutants and exposure to air pollution in the Air Quality Management Area (AQMA) in the Town Centre. Blackpool Council have developed actions that can be considered under six broad topics:

1. Traffic Management
2. Alternatives to private vehicle use
3. Promoting Low Emission Transport
4. Promoting Travel Alternatives
5. Policy Guidance and Development Control
6. Public Information

The AQS sets out the council's approach for the next ten years to achieve healthy air and improved quality of life for all in Blackpool. The strategy sets out current and future actions in Blackpool that will contribute to air quality improvements. These actions are grouped under the following six themes:

1. Reducing emissions
2. Active travel
3. Domestic heating and burning
4. Green infrastructure

- 5. New developments
- 6. Public engagement

4. What outcomes do we want to achieve?

The priorities of the AQAP are:

- Improving air quality in Blackpool AQMA and providing evidence to demonstrate this, so that the AQMA can be revoked in the future
- Improving air quality monitoring and communications, to ensure our residents and visitors are informed about local air quality
- Reducing particulate matter (PM2.5) emissions

The AQS aims to:

- Outline the current air quality in Blackpool and the key sources of emissions
- Detail the actions that Blackpool council will take to reduce emissions and improve air quality
- Raise public awareness around the importance of improving air quality in Blackpool

5. Who is the policy, service or function intended to help/ benefit?

Air pollution can influence everybody that lives in, works in, or visits Blackpool, and through the AQAP and AQS Blackpool council are committed to improving Blackpool's air quality to protect the health of our communities and tourists, our local environment, and our economy.

6. Who are the main stakeholders/ customers/ communities of interest?

- Residents of Blackpool
- Visitors to Blackpool
- People who work in Blackpool
- Blackpool Council

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

No

## STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

### ***Data/ information***

#### **General**

Census 2021 indicates the population of Blackpool is around 141,000.

**Sex**

Blackpool's population is composed of 49.1% males and 50.9% females. This is very similar to both the national and regional composition.

**Age**

Blackpool has a slightly older demographic in comparison to the regional and national average with 19.47% of people over the age of 65 compared to 17.63% for the North West and 17.37% for England. The percentage of people who are of working age in Blackpool marginally below that of the regional and national averages with 63.02% of people aged between 16 and 65 compared to 63.6% in the North West and 64.05% for England. The number of people aged under 16 in Blackpool is also slightly lower than average at 17.51% compared to 18.76% in the North West and 18.56% for England.

**Ethnic Groups**

Blackpool has a predominantly white population with 94.7% of people describing themselves as White. 1.6% of residents describe themselves as Mixed. Blackpool residents who describe themselves as Asian or Black make up 3.1% of Blackpool's total population, whilst another 0.6% of the population describe themselves as other groups such as Arab.

For households with more than 1 person; 2% of households are composed of residents whose ethnic groups differ between generations but not within partnerships, 4% of households are composed of residents whose ethnic groups differ within partnerships.

**Religion**

The majority of the Blackpool population are Christian, with 50.8% of people describing themselves as Christian compared with 52.5% in the North West and 46.3% in England. 41% of people in Blackpool describe themselves as having no religion. This is higher than to the national figure of 36.7%. The remaining population is relatively small with 1.4% of people describing themselves as Muslim, This is considerably lower than the figures for both the North West and England with 7.6% and 6.7% respectively. Blackpool also has lower proportions of its population who describe themselves as Buddhist, Hindu, Jewish and Sikh compared with the rest of the country.

**Marriage and Civil Partnership**

Blackpool has a higher proportion of residents who are described single 40.9% compared to the England average of 37.9% and smaller proportion of residents, 35.2% who are married to someone of the opposite sex, compared to the average for England at 44.2%. Blackpool has a slightly higher proportion of same sex couples who are married or in civil partnerships than the England and regional averages.

**Sexual Orientation**

Blackpool has a higher proportion of residents (nearly double) who describe themselves as gay or lesbian than the regional and national averages. Blackpool has a similar proportion of gay and lesbian residents as Manchester and Salford. 0.8% of the Blackpool population aged 16 and over are in same sex relationships either as married or civil partners.

**Gender Identity**

Blackpool has a higher proportion of residents (nearly double) who describe themselves as gay or lesbian than the regional and national averages. Blackpool has a similar proportion of gay and lesbian residents as Manchester and Salford. 0.8% of the Blackpool population aged 16 and over are in same sex relationships either as married or civil partners.

**Health and Disability**

9509 (5.74% of residents aged over 16 are economically inactive due to long term health or disability.

Blackpool has poor life expectancy, with life expectancy at birth for males the poorest in England at 74.5 years compared to 79.6 years for the rest of England. Life expectancy for females is equally poor, at 79.5 years, compared to 83.2 years for the rest of England.

In Blackpool, from July 2021 to June 2022, 24.7% of working age people are classed as economically inactive, this higher figure than average for England which has 21.2% of working age people classified as economically inactive in the same period. From July 2021 to June 2022, 40.7% of economically inactive people in Blackpool were classed as being 'long-term sick' which is higher than the average for England 24.4%

As of December 2022, there were a total of 663 children or young people with a statement of SEN (Special Educational Needs) or EHC (Education, Health and Care) plans. This is approximately 4.9% of pupils in Blackpool and is slightly higher with the proportions the North West (4.2%).

The Blackpool adult population has a higher prevalence of learning disabilities compared to the national figure with 4.44 adults per 1,000 people with a learning disability getting long-term support from local authorities compared to 3.38 per 1,000 people in England and 3.84 per 1,000 people in the North West.

***Research or comparative information*****General**

Public Health England (PHE) state that, although air pollution can be harmful to everyone, some people are more affected because they live in a polluted area, are exposed to higher levels of air pollution in their day-to-day lives, or are more susceptible to health problems caused by air pollution. The most vulnerable face all of these disadvantages.

Groups that are more affected by air pollution include:

- older people

- children
- individuals with existing Cardio Vascular Disease or respiratory disease
- pregnant women
- communities in areas of higher pollution, such as close to busy roads
- low-income communities

### **Age**

The World Health Organisation (WHO) state the babies and children are disproportionately affected from air pollution due to the following:

- Their lungs are still developing, and air pollution can interfere with this biological process
- Their bodies are less able to metabolize, detoxify, and excrete the toxicants contained in air pollution
- Their brains are still developing, and neurotoxic compounds in air pollution can affect children's cognitive development
- They inhale more air per unit of bodyweight than adults
- They are more active and therefore breathe in more air pollution
- Babies born to women who were exposed to air pollution during their pregnancy are more likely to be premature and low birthweight.

DEFRA state that older people are more vulnerable to air pollution as they are more likely to suffer from heart and lung conditions which means they are at greater risk of symptoms.

### **Health and Disability**

PHE state that the risk of heart failure, myocardial infarction (heart attacks), arrhythmias (abnormal rhythms of the heart) and stroke is increased by both short and long-term exposure to air pollution in susceptible individuals. This includes older people and individuals with pre-existing cardiovascular and respiratory conditions.

The 3 main conditions associated with air pollution are respiratory conditions (such as asthma), cardiovascular disease and lung cancer, and there is emerging evidence for associations with dementia, low birth weight and Type 2 diabetes.

### **Pregnancy and Maternity**

The Royal College of Obstetricians and Gynaecologists states that air pollution exposure during fetal development and early childhood can have long-term impacts on health in childhood in beyond. Air pollution exposure may also increase risks for maternal health, and has been linked to increased risk of pre-eclampsia, a serious cardiovascular condition of pregnancy.

Air pollution exposure has a unique impact during pregnancy, both on the health of the pregnant woman, on fetal development, and can even influence the future health of her baby after birth.

According to PHE, as well as potential effects on foetal growth, air pollution exposure is associated with low birth weight and premature birth.

**Low-income communities**  
 PHE state that there is clear evidence that people with a low income are affected by air pollution in a number of different ways.

This is because they are more likely to:

- have existing medical conditions
- live in areas with poorer outdoor and indoor environments, including the quality of air (for example, near to industry or busy roads)
- have less access to jobs, healthy food, decent housing and green spaces, which all contribute to poorer health

The disadvantages that come about as a result of poor income add up, putting deprived populations who are more likely to be in poor health at greater risk from air pollution and its adverse health impacts. These inequalities can also affect people throughout their lives, from the prenatal stage through to old age, particularly as deprived communities often have limited opportunities to improve their environment.

***Key findings of consultation and feedback***

**Public Survey Consultation**  
 A public consultation took place to seek views on the proposed draft AQAP and AQS. The consultation was open for 9 weeks between July and September 2023. There were 119 responses, 6 of which were from businesses. The survey found that the majority of respondents agreed that air quality is an important issue but that it is also relatively less important than other areas of statutory responsibility. Overall, respondents agreed with the vision and the actions of the AQAP and AQS.

Respondents were asked to provide comments on the AQAP and AQS. Three responses discussed mobility and inaccessibility of public transport. The AQS includes an action to improve the level of provision of multi-user routes, with the intention of making all forms of active travel more accessible.

As part of the AQS we will look to collaborate with active travel providers and disability related groups (e.g. Cycling UK, living streets, Sustrans, Disability First and Galloways) to promote our active travel initiatives and hopefully, implement further schemes.

Blackpool Transport states on their website that all of their modern light rail trams are wheelchair accessible and their low floor buses are designed to allow wheelchair users to access our services.

The council acknowledge that there are challenges to making all forms of public transportation and active travel accessible and is committed to working with partners to address these challenges.

9. What are the impacts or effects for Key Protected Characteristics?

<b>Age</b>
No overall negative impacts of the AQS and AQAP have been identified associated

with age. It is acknowledged that older and younger people are disproportionately affected by air pollution due to their age. The AQS and AQAP seeks to implement actions that improve air quality for everyone, reducing the disproportionate impact on older and younger people.
<b><i>Disability</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with age. It is acknowledged individuals with existing Cardio Vascular Disease or respiratory disease are disproportionately affected by air pollution. The AQS and AQAP seeks to implement actions that improve air quality, reduce exposure to poor air quality, and aim to have a positive impact on health, thereby reducing the disproportionate impact on people with pre-existing health conditions.
<b><i>Gender Reassignment</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Gender Reassignment.
<b><i>Marriage and Civil Partnership</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Gender Reassignment.
<b><i>Pregnancy and Maternity</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Pregnancy and Maternity. It is acknowledged that pregnant women are disproportionately affected by air pollution. The AQS and AQAP seeks to implement actions that improve air quality for everyone, reducing the disproportionate impact on pregnant women.
<b><i>Race</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Race.
<b><i>Religion and Belief</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Religion and Belief.
<b><i>Sex</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Sex.
<b><i>Sexual Orientation</i></b>
No overall negative impacts of the AQS and AQAP have been identified associated with Sexual Orientation.

10. What do you know about how the proposals could affect community cohesion?

<p>The AQS and AQAP seeks to implement actions that improve air quality and reduce exposure to poor air quality. The actions aim to have a positive impact on health. It is anticipated that the AQAP and AQS will strengthen community cohesion as improved air quality can lead to a number of benefits including:</p> <ul style="list-style-type: none"> <li>• Reduce health problems associated with poor air quality</li> <li>• Increased productivity</li> <li>• Improved quality of life</li> </ul> <p>The AQS and AQAP also aim to improve public awareness of air quality issues and</p>
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encourage active travel which should also benefit community cohesion.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

It is acknowledged that the greatest burden of air pollution often falls on the most deprived communities and the most vulnerable individuals. It is often (though not always) the most deprived communities that live closest to the busiest roads, therefore increasing their exposure to air pollution. Health effects of air pollution may be worse for people in deprived areas due to higher rates of existing cardiovascular and lung diseases, and interacting impacts of wider determinants of health (e.g. housing, employment).

Air pollution negatively affects the economy through a range of indirect impacts, such as decreased productivity, the reduction in the number of healthy working people, and the cost to the social care system and NHS.

The AQS and AQAP seeks to implement actions that improve air quality for everyone, and as a result aims to reduce the impacts of air quality pollution on those disproportionately affected by socio-economic inequality, in particular poverty.

### STEP 3 - ANALYSING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

In total there were 119 responses to the public consultation survey. For respondents who shared their demographic information, the survey was completed by slightly more males (40%) than females (32%), and mostly by residents who were aged over 55 years old (48%). There was representation across a range of different sexual orientations. No respondents identified a non-white ethnic identity. 28% of respondents did not identify their age band, and from the 72% of respondents that did, there were no responses from residents aged 16-24. Therefore, the results are not wholly representative of the general adult Blackpool population.

It is not clear why there were higher or lower take-up by any group or community. However, the council will consider ways to encourage more people from all backgrounds to participate in future engagement and consultation exercises. Future consultations will consider additional ways to engage with children, young people, and younger adults.

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

No



14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

Not applicable.

**STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT**

16. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

No adverse impact has been identified for the proposed AQS and AQAP.

17. What would be needed to be able to do this? Are the resources likely to be available?

Not applicable.

18. What other support or changes would be necessary to carry out these actions?

Not applicable

**STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS**

19. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

Not applicable

20. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

Not applicable

**STEP 6- ACTION PLANNING**

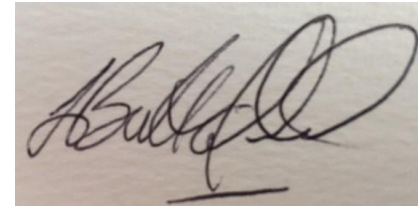
No additional actions have been identified on top of existing approaches to address equalities issues.

**STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW**

To be reviewed in line with the governance arrangements detailed in the strategy action plan

Date completed: 31<sup>st</sup> October 2023

Signed:

A photograph of a handwritten signature in black ink on a light-colored surface. The signature is cursive and appears to read 'Scott Butterfield'.

Name: Scott Butterfield

Position: Strategy and Climate Lead