The Great Grid Upgrade

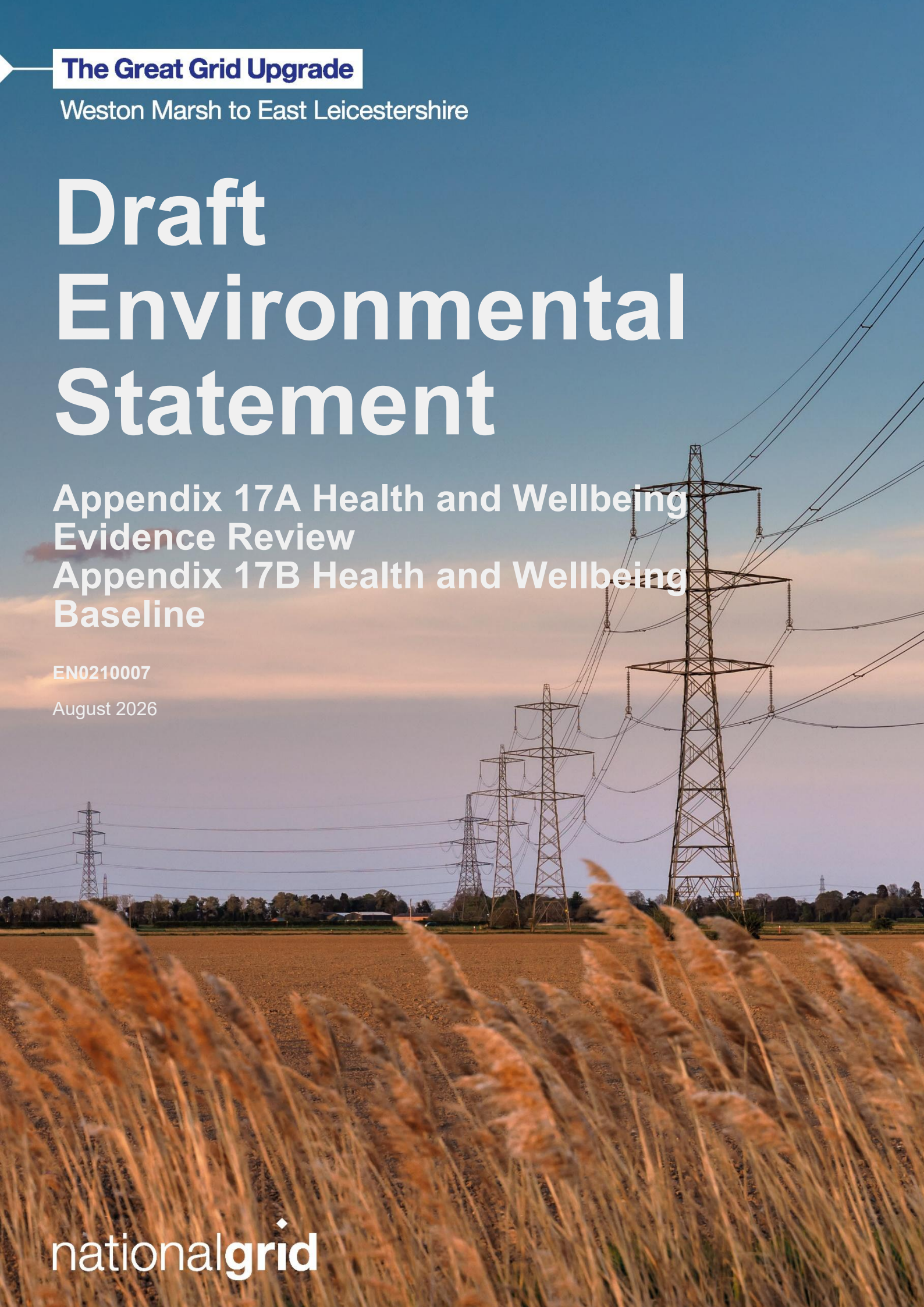
Weston Marsh to East Leicestershire

Draft Environmental Statement

Appendix 17A Health and Wellbeing Evidence Review
Appendix 17B Health and Wellbeing Baseline

EN0210007

August 2026



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Appendix 17A Health and Wellbeing Evidence Review

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17A. Evidence Review of Health Determinants

17A.1 Introduction

17A.1.1 The document is an appendix to **Chapter 17 Health and Wellbeing** of the non-statutory Draft Environmental Statement (DES) (referred to in this document as "DES" and non-statutory DES") for Weston Marsh to East Leicestershire Project (the Project).

17A.1.2 The Infrastructure Planning (Environmental Impact Assessment (EIA)) Regulations 2017 ('The EIA Regulations') (Ref 17A.1) require an EIA to describe and assess the direct and indirect significant effects on population and human health in an appropriate manner. Ongoing design, survey and assessment work, as well as feedback received during the Stage 2 Consultation and ongoing engagement, will be used to refine the Project and improve understanding of its potential effects on Human health, which will be reported in the Environmental Statement (ES) submitted with the application for development consent.

17A.1.3 This document provides a review and summary of the links between the health determinants (environmental, social, and economic factors that influence health) and health and wellbeing outcomes. The purpose of the document is to provide an overview of the scientific consensus on the potential health outcomes associated with impacts on health determinants assessed in **Chapter 17 Health and Wellbeing** of the DES, based on a review of available primary, secondary and grey literature. The evidence presented underpins the qualitative judgements on health outcomes made in the assessment.

17A.2 Scope and Methodology

Scope of the review

17A.2.1 This document is an appendix to **Chapter 17 Health and Wellbeing** of the DES, and the purpose of this document is to provide an overview of the scientific consensus on the types of health outcomes associated with impacts on health determinants assessed in the health assessment presented in **Chapter 17 Health and Wellbeing** of this DES. A literature search has reviewed relevant evidence published between 2008 and 2025.

17A.2.2 The review is mainly focused on secondary sources, such as systematic reviews, and grey literature, such as government reports and policy statements, that reflect a scientific consensus. Primary literature is referenced where secondary literature is not available.

17A.2.3 The spatial scope of the search included collecting evidence from the UK and high-income/developed countries with a comparable public and environmental health legislative and regulatory context.

17A.2.4 The review primarily focuses on health determinants and outcomes assessed in **Chapter 17 Health and Wellbeing** of this DES. However, where evidence is limited, the review showcases links between health determinants and health outcomes more generally.

Literature sources

17A.2.5 The following search engines and databases were used in conducting this review:

- Google and Google Scholar (Ref 17A.2)
- Biomed Central (Ref 17A.3)
- JSTOR (Journal Storage) (Ref 17A.4)
- National Institute for Health and Care Excellence (NICE) Evidence Search (Ref 17A.5)
- PubMed (Ref 17A.6)
- ScienceDirect (Ref 17A.7)
- Scientific American (Ref 17A.8)

Search for evidence on health determinants

17A.2.6 The aspects covered in this review correspond to the health determinants that have been assessed in **Chapter 17 Health and Wellbeing** of the DES, as set out in the EIA Scoping Report (provided as **Appendix 5A** to the DES). Further, under each health determinant, evidence for vulnerable groups relating to the corresponding determinant is provided, where relevant and where evidence is available.

17A.2.7 Health determinants are:

- Health related behaviours - Physical activity
- Social environment - Open space, leisure and play
- Social environment - Social interaction, community cohesion and social capital
- Economic environment - Employment and income
- Biosocial physical environment - Environmental/neighbourhood amenity
- Institutional and built environment - Health and social care services
- Institutional and built environment - Wider societal infrastructure and resources

17A.2.8 The available literature on links between the above determinants and health outcomes is, in general, not explicitly related to infrastructure projects. The search terms used in relation to broad determinants on health included ‘health’ OR ‘wellbeing OR ‘well-being’ AND:

- physical activity/exercise/active travel/connectivity
- relocation/involuntary residential relocation
- green space/open space/nature/play/leisure/recreation
- social interaction/volunteering/community engagement

- socioeconomic status/employment/income/wider economic benefits
- neighbourhood amenity/air quality/noise and vibration/ perceived risk of radiation
- health and social care services/access/quality/capacity
- wider societal infrastructure/resources

Evaluating the strength of evidence

17A.2.9 The strength of evidence for health outcomes associated with health determinants has been evaluated and classified as follows:

- Strong: secondary evidence based on a wide range of peer-reviewed research studies showing similar associations. The association is widely accepted by the public health community and there is consensus on the specific causal factors, the mechanism of effect and the strength of association.
- Moderate: a range of peer-reviewed research studies showing similar associations, with limited secondary evidence. The general association is widely accepted by the public health community, though there may be debate about the specific causal factors, the mechanism of effect and/or the strength of association.
- Weak: a few peer-reviewed/non-peer reviewed research studies to suggest an association, or studies showing conflicting findings.

17A.2.10 It should be noted that weak evidence does not necessarily indicate an absence of association between a health determinant and a health outcome but suggests that there is less certainty in the assessment of the likely effect. Further, while different levels of evidence within the review are useful for the purpose of comparison, lower levels of evidence may still be valid and reliable. The strength of evidence should not be considered as indicating the importance of the health effect.

17A.3 Summary evidence

Health related behaviours: Physical activity

17A.3.1 A 2024 factsheet published by the World Health Organization (WHO) (Ref 17A.9) states that in adults, physical activity contributes to prevention and management of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes and reduces symptoms of depression and anxiety, enhances brain health, and can improve overall well-being. In children and adolescents, physical activity promotes bone health, encourages healthy growth and development of muscle, and improves motor and cognitive development. Further, WHO highlights the risks and poor health outcomes associated with sedentary behaviour such as poorer cardiometabolic health, increased adiposity and poorer social behaviour in children and adolescents and type-2 diabetes, increased all-cause mortality as well as cardiovascular disease and cancer mortalities in adults.

17A.3.2 A 2020 systematic review of reviews and meta-analyses found that physically active older adults are at reduced risk of mortality from all causes, including cardiovascular diseases, breast and prostate cancer, fractures, recurrent falls, Activity of Daily Living

(ADL)[1] disability, functional limitation and cognitive decline, dementia, Alzheimer's disease, and depression (Ref 17A.10).

17A.3.3 A 2020 systematic review and meta-analysis of 150 Cochrane systematic reviews published between 2000 and 2019 found physical activity was associated with a 13% reduction in mortality and an improvement in quality of life (Ref 17A.11).

17A.3.4 A 2021 systematic review and meta-analysis assessing objective physical activity found a 40% decreased risk for mortality in individuals in the highest category of light, moderate to vigorous and total physical activity compared to the lowest (Ref 17A.12).

17A.3.5 A 2018 literature review of studies from various countries examining the relationship between physical activity and happiness reported positive associations between physical activity and happiness and showed that as little as 10 minutes of physical activity per week resulted in increased levels of happiness (Ref 17A.13).

17A.3.6 A cross-sectional and longitudinal 2019 study found that walking had positive associations with psychological and social wellbeing and strolling in nature had positive benefits associated with emotional and social wellbeing. A systematic review and meta-analysis found a significant protective effect of objectively measured physical activity on prevalence and incidence of depression (Ref 17A.14).

17A.3.7 The 2019 UK Chief Medical Officers' Physical activity guidelines focus on the importance of physical activity for all age groups. They highlight the benefits where in childhood, strengthening activity help develop muscle strength and healthy bones, and in adults and older adults, they help to maintain strength and delay natural decline in muscle mass and bone density. The report further highlights the risks of inactivity and sedentary behaviour, which is associated with all cause and cardiovascular mortality, obesity and cancer risk (Ref 17A.15).

Vulnerable groups

17A.3.8 A 2018 systematic review undertaken by the Department of Health and Human Services in the US, noted that higher amounts of physical activity are associated with more favourable indicators of bone health and with reduced risk for excessive increases in body weight and adiposity in children ages 3 to 6 years. It is important to note that the beneficial effects for adiposity and bone health are two health characteristics that are known to impact future health outcomes in adult life (Ref 17A.16).

17A.3.9 A 2020 Lancet study on global trends in insufficient physical activity among adolescents finds that majority of adolescents globally do not meet physical activity guidelines. Further, the prevalence of insufficient physical activity in high income countries was 79.4%, with girls shown to be less active than boys (Ref 17A.17).

17A.3.10 A global 2021 overview of the prevalence, benefits, and promotion policies for physical activity for people living with disabilities (PLWD) states that PLWD are 16–62% less likely to meet physical activity guidelines and are at higher risk of serious health problems related to inactivity than people without disabilities. Meta-analyses have shown that physical activity has beneficial effects on cardiovascular fitness, musculoskeletal fitness, cardiometabolic risk factors, and brain and mental health outcomes. These meta-analyses also show that health benefits can be achieved

[1]Activity of Daily Living (or ADL) is a term used by healthcare professionals to refer to the self-care tasks an individual does on a day-to-day basis, including work

even with less than 150 min of physical activity per week, and suggest that some physical activity is better than none (Ref 17A.18)

17A.3.11 A 2019 study of 76 systematic reviews and meta-analyses shows strong evidence that moderate-intensity physical activity reduced the risk of excessive gestational weight gain, gestational diabetes, and symptoms of postpartum depression for pregnant women (Ref 17A.19).

Strength of evidence

17A.3.12 Based on the criteria set out in Section 17A.2, the evidence linking physical activity to health and wellbeing is strong.

Social environment – Open space, leisure and play

17A.3.13 The Health Foundation 2024 finds that people living in areas with less access to green space are more likely to be in poor health, as access to green space is lower in more deprived areas, and deprivation is itself strongly associated with poor health. Neighbourhoods with greater access to green space tend to have higher life expectancy. Men's life expectancy in neighbourhoods with the highest access to green space is 81.2, compared with 78.2 in neighbourhoods with the lowest. Women's life expectancy in neighbourhoods with the highest access to green space is 84.7, compared with 82.8 in neighbourhoods with the lowest access (Ref 17A.20).

17A.3.14 A National Farmers' Union 2021 study reveals that visiting the countryside has improved the physical and mental health of people living in towns and cities across Britain over the previous year (Ref 17A.21)

17A.3.15 A WHO 2021 report on Green and Blue Spaces and Mental Health shows that besides green spaces, blue spaces can also positively influence mental as well as physical health. Blue spaces are: "outdoor environments – either natural or manmade – that prominently feature water and are accessible to humans either proximally (being in, on or near water) or distally/virtually (being able to see, hear or otherwise sense water)". Qualitative studies reviewed in the report highlighted unique and beneficial characteristics of blue spaces, including the visual openness of the space and fluidity of the water that provides a calming effect and the importance of safety perceptions (Ref 17A.22).

Vulnerable groups

17A.3.16 A 2024 study looking at the effects of playgrounds on children's health, analysed 247 studies and concluded that adding playground markings to schoolyards led to increased physical activity, also having positive effects on social and mental health (Ref 17A.22)

17A.3.17 A 2024 systematic review of quantitative review by Kilgour et al., states that physical activity in older people can reduce the incidence of sarcopenia, frequency of falls, cardiovascular disease, days spent in hospital, and all-cause mortality, even in frail older adults. The study reported barriers for older adults to physical activity, including safety concerns, lack of facilities, transport and equipment. It also reported outside facilities or green spaces near home as a key motivator for physical activity (Ref 17A.23).

17A.3.18 A 2024 systematic review on the impact of outdoor blue spaces on the health of the elderly finds that blue spaces promote potential health and wellbeing benefits by

relieving stress, stimulating physical activity and enhancing social connection (Ref 17A.24).

17A.3.19 A Lancet Public Health 2025 study confirms the association between leisure-time physical activity and increased disease-free years across population subgroups, showing that health benefits are often more pronounced among individuals with pre-existing health risks or disadvantaged backgrounds than in those with more favourable risk factor profiles. This suggests that enhancing population-wide physical activity initiatives and access to leisure could help reduce health disparities (Ref 17A.25).

Strength of evidence

17A.3.20 Based on the criteria set out in Section 17A.2, the evidence linking open space, leisure and play to health and wellbeing is strong.

Social environment – Social interaction, community cohesion and social capital

17A.3.21 Volunteer Scotland's 2018 report shows evidence that volunteering provides physical health benefits including healthy behaviours with increased physical activity, improved daily living and an improved ability to cope with one's illness, particularly for older people. Additionally, it provides mental health benefits like reduced depression, anxiety and stress, post-traumatic stress disorder and supports management of psychiatric or learning disabilities as well. Further, volunteering is associated with improved wellbeing, through increased social connectedness, sense of purpose and increased self-worth (Ref 17A.26).

17A.3.22 The Health Foundation 2024 highlights that our connections within our communities can have an important influence on our health. Experiencing a feeling of belonging to our community has a positive association with health, particularly mental health, as people living in neighbourhoods with higher levels of social cohesion experience better mental health (Ref 17A.27).

17A.3.23 The Marmot Review: Implications for Spatial Planning, shows that community capital differs in areas of deprivation, with less volunteering and unpaid work, less socialising and less trust in others, in the neighbourhoods that are perceived to be less safe. Evidence shows a strong link between social capital and health, especially in deprived communities where stress, isolation, depression, low social integration, and loneliness significantly raise mortality. Social participation acts as a protective factor against dementia and cognitive decline over the age of 65 and also have an impact on the risk of mortality by aiding recovery when becoming ill. Furthermore, there is some evidence that increasing community empowerment may result in communities acting to change their social, material and political environments

17A.3.24 The Marmot Review indicates that in some cases, social isolation is heightened by the physical environment, especially for elderly and disabled people. Fear of crime in public spaces and fear of traffic often stops elderly people from reaching services and community groups and taking advantage of interaction with neighbours and local retailer in public spaces and shops

17A.3.25 A 2020 study in the Journal of Positive Psychology and Wellbeing shows the negative impact of discrimination experiences on wellbeing and social cohesion,

including identities based on ethnicity, disability, sexual orientation, marital status, education, employment, income and religion (Ref 17A.28).

17A.3.26 The Transport, health and wellbeing evidence review for the Department of Transport 2019 finds that there are positive benefits of transport improving access to employment and education opportunities, community facilities as well as recreation and exercise, which leads to better health outcomes. In general, healthy and affluent groups are more likely to experience positive impacts whereas those on lower incomes, young, and older people are more likely to experience negative impacts. Increased traffic impacts levels of air and noise pollution in local areas, as well as journey times to essential services like healthcare, education and employment and other community facilities. Disruption to public transport routes, e.g. due to diversions associated with construction projects, impacts access to services like healthcare, education, employment as well as community assets for social interactions (Ref 17A.29).

17A.3.27 The review also shows that transport can have both positive and negative impacts on feelings of isolation and connectedness, and relatedly social exclusion and wellbeing. It discusses the impact of community severance which refers to limited accessibility of a community caused by infrastructure, such as motorways without pedestrian crossings or railway tracks that divide a city in half, or a high volume of traffic and how community severance can lead to increased distances to workplaces and facilities such as schools, parks, shops, leisure centres, and health service. It also shows that people without a car, people on low-incomes, people living on isolated housing estates or in deprived areas, people with physical or sensory impairments, older people, children and young people, and people living in remote areas are most at risk for being socially excluded due to a lack of access to public transport or disruption to public transport services.

Strength of evidence

17A.3.28 Based on the criteria set out in Section 17A.2, the evidence linking community cohesion and social capital to health and wellbeing is strong.

Economic environment - Employment and income

17A.3.29 A 2017 systematic review and meta-analysis finds that income inequality negatively affects mental health, but the effect sizes are small and there is marked heterogeneity among studies (Ref 17A.30).

17A.3.30 The American Journal of Public Health's 2011 research on socioeconomic status and health finds that there is a strong and consistent relationship between socioeconomic measures of education, income and occupation and risks factors for cardiovascular disease. The highest level of risk was associated with lower levels of education, suggesting higher education as an appropriate predictor of good health (Ref 17A.31).

17A.3.31 The World Travel & Tourism Council's Travel & Tourism Economic Impact Research (EIR) shows that tourism is an important source of employment and in 2024, the sector supported a total of 357 million jobs globally. This suggests positive wider economic and employment benefits in areas with tourist attractions (Ref 17A.32).

17A.3.32 A review of existing literature on the effects of socioeconomic status changes on health found that evidence suggests that individuals who experience consistently high socioeconomic status or upward social mobility have better health outcomes

throughout life and in adulthood than those who experience consistently low socioeconomic status and downward social mobility (Ref 17A.33).

Vulnerable groups

17A.3.33 According to the Health Action Research Group's 2021 research, White ethnic groups are more likely to be promoted than BAME groups, even if they are less qualified and people with Indian or Pakistani-sounding names are 28% less likely to be invited to an interview than similarly qualified candidates with English-sounding names. The current BAME employment rate stands at 62.8%, while White ethnic groups have an employment rate of 75.6% (Ref 17A.34).

17A.3.34 Public Health England's 2019 guidance on health and work states that there is clear evidence that unemployment is bad for health and wellbeing, as it is associated with increased risk of mortality and morbidity. Particularly, for those with long-term conditions such as mental health problems, musculoskeletal (MSK) conditions and disabilities, health issues can be a barrier to gaining and retaining employment (Ref 17A.35).

17A.3.35 Institute of Health Equity's 2020 report states that the more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and it is women in the most deprived 10% of areas for whom life expectancy fell between the years 2010-12 and 2016-18 (Ref 17A.36).

Strength of evidence

17A.3.36 Based on the criteria set out in Section 17A.2, the evidence linking employment and income to health and wellbeing is strong.

Biosocial physical environment - Environmental/neighbourhood amenity

Air quality

17A.3.37 According to the WHO 2024, exposure to high levels of air pollution can cause various health outcomes. Increased health risks with exposure to air pollution include respiratory infections, heart disease, stroke, and lung cancer, which can severely affect people who are already ill, such as children, the elderly, and poor people. Furthermore, poor air quality increases the risk of stillbirth, miscarriage, and neurological conditions such as cognitive impairment and dementia (Ref 17A.37).

17A.3.38 A 2023 review identifies that numerous scientific studies have linked construction dust exposure to a variety of health impacts, including the increased risk and mortality from various respiratory and cardiovascular diseases, as well as the increased cancer risk (Ref 17A.38).

17A.3.39 Public Health England's Health Matters: Air pollution 2018 guidance highlights that poor air quality is the largest environmental risk to public health in the UK, as long-term exposure to air pollution can reduce life expectancy due to cardiovascular and respiratory diseases and short term exposure can lead to effects on lung function, exacerbation of asthma and increases in cardiovascular and respiratory admissions and mortality. Emerging evidence also associates air pollution with early life effects such as low birth weight and later life effects like dementia and cognitive decline (Ref 17A.39).

Vulnerable groups

17A.3.40 With regards to early childhood, pregnancy and infancy, Public Health England's Health Matters: Air pollution 2018 guidance indicates that factors that adversely affect human development, including air pollution, can have both immediate and long-lasting effects on a person's health, and some health impacts may only emerge later in life. In addition to potential effects on foetal growth, air pollution exposure is also associated with low birth weight and premature birth (Ref 17A.39).

17A.3.41 UK Health Security Agency 2025 research shows that traffic-related air pollution is linked to adverse health effects, disproportionately affecting children and contributing to health inequalities. Children travelling to school are particularly vulnerable to high levels of traffic-related pollution. This can also reduce active travel and impact levels of physical exercise, road safety and socialising among children (Ref 17A.40).

17A.3.42 The Environment Agency's 2023 research analysis has shown that areas of highest deprivation and those with high proportions of ethnic minorities are disproportionately affected by high levels of air pollution. In 2016, nitrogen dioxide exceeded legal limits in the nearest play spaces for 14% of under 16-year-olds in Greater London. Two-thirds of these children lived in deprived areas (Ref 17A.41).

Noise and vibration

17A.3.43 A 2023 systematic reviews and meta-analysis shows that environmental noise exposure was more likely to result in a series of adverse outcomes. High noise exposure from different sources was associated with an increased risk of cardiovascular disease and its mortality, elevated blood pressure, diabetes and adverse reproductive outcomes. It also shows that the risk of diabetes, ischemic heart disease (IHD), cardiovascular (CV) mortality, stroke, anxiety and depression increases with increasing noise exposure (Ref 17A.42).

17A.3.44 A 2024 review on noise and mental health shows that annoyance and sleep disturbance due to noise are proposed as key drivers of noise-associated non-communicable disease (NCD) onset and progression including both physical and mental health conditions. Noise exposure has been implicated in a wide range of major NCDs including cardiovascular disease, metabolic disease, cancer, and respiratory disease (Ref 17A.43).

Vulnerable groups

17A.3.45 The 2024 review on noise and mental health shows that exposure to noise, particularly from sources such as traffic, can potentially impact the central nervous system. These harms of noise increase the susceptibility to mental health conditions such as depression, anxiety, suicide, and behavioural problems in children and adolescents (Ref 17A.43).

17A.3.46 BMC Public Health's 2021 cross-sectional investigation on road traffic noise and cognitive function in older adults shows that long term exposure to road traffic noise may be negatively associated with executive function (mental skills that support with everyday tasks, including planning, problem solving and adaptability) among older adults (Ref 17A.44).

Electric and Magnetic Fields (EMFs)

17A.3.47 In response, the WHO established the EMF Project to provide scientifically sound and objective answers to public concerns about possible hazards of low level electromagnetic fields. (Ref 17A.45).

17A.3.48 Current consensus statements from major health organisations including the WHO and the International Commission on Non-Ionizing Radiation Protection, based on extensive research, conclude that within established exposure limits, non-ionising EMFs do not cause and known adverse health effects (Ref 17A.46). However, there is ongoing public concern focussed on whether extremely low-frequency (0-300 Hz) EMFs (ELF-EMFs) emitted by high-voltage power lines and substations cause long-term health issues, particularly childhood leukaemia.

17A.3.49 Power lines are a source of ELF-EMFs at a frequency of 50 Hz. In 2002, the International Agency for Research on Cancer (IARC), a component of the WHO, appointed an expert Working Group to review all available evidence on static and extremely low frequency electric and magnetic fields. The Working Group classified ELF-EMFs as “possibly carcinogenic to humans,” based on limited evidence from human studies in relation to childhood leukaemia, although no mechanism by which ELF-EMFs or radiofrequency radiation could cause cancer has been identified (Ref 17A.47). This classification relates to the level of certainty that a substance can cause cancer, and means, in this case, there is limited evidence in humans and less than sufficient evidence in experimental animals (Ref 17A.48).

17A.3.50 Numerous epidemiologic studies and literature reviews, including studies evaluating possible associations between exposure to non-ionising EMFs and risk of cancer in children such leukaemia and brain tumours, have been undertaken. No consistent evidence for an association between any source of non-ionising EMF and cancer has been found (Ref 17A.49).

17A.3.51 Perceived impacts of towers and power lines, while not linked to adverse health effects by scientific consensus, can nevertheless impact mental wellbeing and quality of life for some people. Some individuals report "hypersensitivity", citing symptoms such as aches and pains, headaches, depression, lethargy, sleeping disorders associated with ELF-EMF exposure. However, recent studies found that individuals do not show consistent reactions under properly controlled conditions of EMF exposure, nor is there any accepted biological mechanism to explain hypersensitivity. (Ref 17A.45)

17A.3.52 In the past, media portrayals have distorted public understanding of risk, leading to heightened feelings of stress and anxiety, uncertainty and powerlessness in relation to ELF-EMF exposure (Ref 17A.49).

17A.3.53 Studies have suggested that people hold negative health expectations of exposure to EMFs associated with power lines (Ref 17A.51). A prospective study in the Netherlands specifically studied residents’ health responses in relation to a new high voltage power line and found a negative impact on health perceptions in nearby residents (Ref 17A.52).

17A.3.54 Many groups opposed to pylons and other transmission structures being built close to their settlements flag anxieties about increased health risks as a major reason for their opposition. There have been a number of epidemiological studies investigating if suicide and depression are associated with EMF exposure. Overall, the results are inconclusive (Ref 17A.49).

17A.3.55 Research on public perceptions of EMFs suggests that, although EMFs are not commonly identified as a major environmental hazard, direct questioning indicates a bias towards assumptions of harm, with 58% of respondents believing that ELF-EMF exposure can damage human cells. A study in Ireland found that perceptions of risk may be influenced by uncertainty and assumptions about potential harm rather than familiarity with the scientific evidence base (Ref 17A.54).

Vulnerable groups

17A.3.56 Perception of environmental risk is socially patterned, with higher levels of concern consistently observed among women (particularly pregnant women), parents of young children, individuals with pre-existing health conditions, and communities experiencing socioeconomic or environmental disadvantage, as well as those living in proximity to perceived hazards (Ref 17A.55, Ref 17A.56, Ref 17A.57).

Strength of evidence

17A.3.57 Based on the criteria set out in Section 17A.2, the evidence linking environmental amenity to health and wellbeing is strong.

Visual amenity

17A.3.58 A 2015 study on the impacts of scenic environments on health finds that inhabitants of more scenic environments report better health, across urban, suburban and rural areas. This result stands even when taking socioeconomic indicators of deprivation, such as income and air pollution into account. The health benefits associated with scenic environments are associated with green and blue spaces, including environments with large areas of water, open blue skies or mountainous landscapes (Ref 17A.58).

17A.3.59 The construction of electricity pylons can be particularly contentious as a result of their visual impact, due to the regular occurrence of the pylons along a linear route, as well as their height. This can have a disrupting effect on the perception of natural and rural landscapes (Ref 17A.59).

17A.3.60 Landscape is a health resource that promotes physical, mental and social well-being. In order to promote health, landscapes must be perceived as pleasant, safe and attractive. Additionally, walking-friendly design promotes physical activity and landscapes can foster emotional well-being and health behaviour by offering the possibility of meeting and engaging with other people in public open spaces (Ref 17A.60).

Strength of evidence

17A.3.61 Based on the criteria set out in Section 17A.2, the evidence linking environmental amenity to health and wellbeing is moderate.

Institutional and built environment: Health and social care services

17A.3.62 The Department of Transport 2019 review finds that increased traffic impacts levels of air and noise pollution in local areas, as well as journey times to essential services like healthcare, education and employment. Disruption to public transport routes, e.g. due to diversions associated with construction projects, impacts access to services like healthcare, education, employment as well as community assets for social interactions (Ref 17A.60)

17A.3.63 The Care Quality Commission's 2024 research on primary and community care shows that the number of people waiting more than 2 weeks for a GP practice appointment increased by 18% from 4.2 million in February 2020 to 5 million in March 2024. Additionally, the 2 services that people had the most difficulty accessing were GP services (59% of survey respondents) and dental services (23% of survey respondents) (Ref 17A.61)

17A.3.64 A scoping review on the impact of distance and/or travel time on healthcare service access in rural and remote areas found that travel time may be a more meaningful measure than distance when assessing healthcare access in non-metropolitan populations, and that impacts to travel time impact the decision to access health services (Ref 17A.62).

17A.3.65 According to a 2018 report by the Organisation for Economic Co-operation and Development, WHO and the World Bank, poor quality health services are holding back progress on improving health in countries at all income levels. Additionally, the report indicates that around 15 percent of hospital expenditure in high-income countries is due to mistakes in care or patients being infected while in hospitals.

Vulnerable groups

17A.3.66 The Care Quality Commission's primary and community care 2024 research shows that the 10 integrated care system areas with the highest proportions of patients waiting over 2 weeks for a GP appointment were in comparatively rural areas – with half of these in the South West (Ref 17A.63).

17A.3.67 The Care Quality Commission's primary and community care 2024 research also shows that people in the most deprived areas of England were nearly 3 times more likely to be admitted to hospital for treatment that could potentially be avoided with timely and effective care in the community. Furthermore, school children living in the most deprived areas were more than twice as likely to experience tooth decay than those living in the least deprived areas (Ref 17A.64).

17A.3.68 The Care Quality Commission's adult social care 2024 research shows that in April 2024, waits for care home beds and home-based care accounted for 45% of delays in discharging people who had been in an acute hospital for 14 days or more, with nearly 4,000 people delayed on an average day (Ref 17A.64).

17A.3.69 The Care Quality Commission's mental health 2024 research shows that access to mental health services remains a challenge for many people. Research from the Strategy Unit shows that people who live in deprived areas, women, and people from 'other' ethnic minority groups (global ethnic majorities, including Asian, Black, Arab,

Hispanic among others) with mental health needs are more likely to attend urgent and emergency care departments (Ref 17A.64)[2].

17A.3.70 Longitudinal study using General Practice Workforces datasets from 2015-2020 in England has identified that workforce shortages are disproportionately affecting more deprived areas. There were significantly fewer FTE GPs per 10,000 patients in practices in higher IMD deciles (Ref 17A.65)

Strength of evidence

17A.3.71 Based on the criteria set out in Section 17A.2, the evidence linking health and social care services to health and wellbeing is strong.

Institutional and built environment - Wider societal infrastructure and resources

17A.3.72 US Department of Health and Human Services: Healthy People 2030's literature summary discusses barriers to health care access including lack of health insurance, poor access to transportation, and limited health care resources, with a special focus on how these barriers impact under-resourced communities. Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities (Ref 17A.66).

17A.3.73 The NHS Health Economics Unit's article on healthcare planning outlines how health inequalities can be reduced, and health and well-being can be enhanced through the delivery of societal infrastructure. Major infrastructure programmes and projects can deliver economic outcomes such as job creation and economic growth. They can also deliver transformative outcomes and benefits, including access to critical health care services for all income groups, sustained job creation and economic growth, reduced inequalities in income and health, equitable access to labour market opportunities, improved skills, reduced regional disparities, digitalisation, low-carbon transition, disaster and climate adaption, social cohesion and social equity and stability (Ref 17A.67).

17A.3.74 A 2024 report by Energy UK on Community benefits from local infrastructure states how energy infrastructure offer a variety of benefits to local communities, including through community benefit funds. This includes case study examples of investments in local foodbanks, healthcare equipment, educational initiatives as well as employment opportunities (Ref 17A.68).

17A.3.75 A 2023 World Bank Group report finds that digital infrastructure has a causal, positive and significant impact on economic growth. This contributes towards reduced inequality in income distribution. Additionally, investments in complementary factors such as electrical infrastructure is essential to gain the maximum benefits of digital infrastructure. Further, in rural areas of developed countries, access to improved electrical infrastructure shows increased demand for labour, stronger bargaining power and economic growth (Ref 17A.69).

17A.3.76 A 2024 study on Community benefits for Electric Transmission Network Infrastructure by BMG Research for the Department for Energy Security and Net Zero found that electricity bill discounts were identified as the type of community benefit that was able

[2] Care Quality Commission (2024). The state of health care and adult social care in England 2023/24 – Mental health. Accessed May 2025. https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/primary

to help increase acceptance for a new transmission infrastructure project for the most respondents (78%). Additionally, the research found that companies developing the infrastructure providing jobs, training, and apprenticeships for local residents to work in industry would make it more acceptable for local communities.

Strength of evidence

17A.3.77 Based on the criteria set out in Section 17A.2, the evidence linking wider societal infrastructure and resources to health and wellbeing is strong.

Pre-planning mental wellbeing impacts

17A.3.78 The 2022 HS2 Mental Health and Wellbeing Progress Report shows that residents report feelings of anxiety and negative feelings associated with the value of their properties, impact on their quality of life, impact on their local green spaces, construction noise and air emissions, construction traffic and social isolation caused by congestion and severance (Ref 17A.70). While the evidence draws on a specific project, the mental health and wellbeing impacts listed above are commonly experienced as part of the construction of most infrastructure projects across industries like transport, energy, water and others.

17A.3.79 Major infrastructure built close to existing communities can also impact mental health due to a perceived loss of control and voicelessness. Local communities can see themselves as relatively powerless and feel like others are more likely to be heard; and that their experiences are not seen as good evidence. This can have an adverse impact on mental health both before, during, and after construction (Ref 17A.71).

17A.3.80 The physical health impacts of construction periods are well known, with increased road traffic and demolition and construction works leading to potential increases in air and noise pollution. However, living close to construction sites can also impact people's mental health, with increased anxieties and feelings of overwhelm related to construction activities and the length of the programme. Recent literature has found that there is a lack of consideration of mental health impacts in major infrastructure assessment; and this in itself can also adversely impact the mental health of local communities (Ref 17A.72) (Ref 17A.73).

Strength of evidence

17A.3.81 Based on the criteria set out in Section 17A.2, the evidence linking pre-planning impacts of infrastructure projects to health and wellbeing is moderate.

References

Ref 17A.1 Ministry of Housing, Communities and Local Government (2020) Environmental Impact Assessment. [Online]. Available at: https://www.gov.uk/guidance/environmental-impact-assessment (Accessed: [21 July 2026].

Ref 17A.2 Google Scholar (2026). Available at: https://scholar.google.com/ [Accessed 21 July 2026].

Ref 17A.3 Springer Nature Link. BioMed Central. Available at: https://link.springer.com/brands/bmc/journals [Accessed 21 July 2026].

Ref 17A.4 JSTOR. Available at: https://www.jstor.org/ [Accessed 21 July 2026].

Ref 17A.5 National Institute for Health and Care Excellence (NICE) Evidence Search. Available at: https://www.nice.org.uk/library-and-knowledge-services [Accessed 21 July 2026].

Ref 17A.6 National Library of Medicine. PubMed. Available at: https://pubmed.ncbi.nlm.nih.gov/ [Accessed 21 July 2026].

Ref 17A.7 Science Direct. Available at: https://www.sciencedirect.com/ [Accessed 21 July 2026].

Ref 17A.8 Scientific American. Available at: https://www.scientificamerican.com/ [Accessed 21 July 2026].

Ref 17A.9 World Health Organisation. Physical activity (June 2024). Available online at: https://www.who.int/news-room/fact-sheets/detail/physical-activity [Accessed 21 July 2026].

Ref 17A.10 National Library of Medicine. Consequences of physical inactivity in older adults: A systematic review of reviews and meta-analyses (2020). Available online at: https://pubmed.ncbi.nlm.nih.gov/32020713/ [Accessed 21 July 2026].

Ref 17A.11 National Library of Medicine. Exercise/physical activity and health outcomes: an overview of Cochrane systematic reviews (2020). Available online at: https://pubmed.ncbi.nlm.nih.gov/33198717/ [Accessed 21 July 2026].

Ref 17A.12 Science Direct. Objectively measured physical activity and all-cause mortality: A systematic review and meta-analysis (2021). Available online at: https://www.sciencedirect.com/science/article/abs/pii/S009174352030387X [Accessed 21 July 2026].

Ref 17A.13 Springer Nature. A Systematic Review of the Relationship Between Physical Activity and Happiness (2018). Available online at: https://link.springer.com/article/10.1007/s10902-018-9976-0 [Accessed 21 July 2026].

Ref 17A.14 Springer Nature. Cross-Sectional and Longitudinal Associations between Leisure Time Physical Activity, Mental Well-Being and Subjective Health in Middle Adulthood (2019). Available online at: https://link.springer.com/article/10.1007/s11482-019-09721-4#Sec13 [Accessed 21 July 2026].

Ref 17A.15 UK Department of Health and Social Care. UK Chief Medical Officers' Physical Activity Guidelines (2019). Available online at: https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf [Accessed 21 July 2026].

Ref 17A.16 USA Department of Health and Human Services. Physical Activity Guidelines Advisory Committee Scientific Report (2018). Available online at: https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf [Accessed 21 July 2026].

Ref 17A.17 The Lancet. Global trends in insufficient physical activity among adolescents: a pooled analysis of 298 population-based surveys with 1·6 million participants (2020). Available online at: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30323-2/fulltext [Accessed 21 July 2026].

Ref 17A.18 The Lancet. Participation of people living with disabilities in physical activity: a global perspective (2021). Available online at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01164-8/fulltext [Accessed 21 July 2026].

Ref 17A.19 National Library of Medicine. Benefits of Physical Activity during Pregnancy and Postpartum: An Umbrella Review (2019). Available online at: https://pmc.ncbi.nlm.nih.gov/articles/PMC6527310/ [Accessed 21 July 2026].

Ref 17A.20 The Health Foundation. Relationship between access to green space and health (2024). Available online at: https://www.health.org.uk/evidence-hub/our-surroundings/green-space/relationship-between-access-to-green-space-and-health#:~:text=Green%20spaces%20provide%20opportunities%20to%20exercise%2C%20and%20spending,compared%20to%20their%20rural%20surroundings%29%20in%20urban%20places. [Accessed 21 July 2026].

Ref 17A.21 National Farmers' Union, Study reveals wellbeing benefits of countryside (2021). Available online at: https://www.nfuonline.com/updates-and-information/study-reveals-wellbeing-benefits-of-countryside/ [Accessed 21 July 2026]

Ref 17A.22 International Journal of Behavioural Nutrition and Physical Activity. The role of playgrounds in promoting children's health – a scoping review (2024). Available online at: https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-024-01618-2 [Accessed 21 July 2026].

Ref 17A.23 Oxford Academic: Age and Ageing. Barriers and motivators to undertaking physical activity in adults over 70—a systematic review of the quantitative literature (2024). Available online at: https://academic.oup.com/ageing/article/53/4/afae080/7655770#463751343 [Accessed 21 July 2026].

Ref 17A.24 ScienceDirect. The impact of outdoor blue spaces on the health of the elderly: A systematic review (2024), Available online at: https://www.sciencedirect.com/science/article/pii/S1353829223002058#bib63 [Accessed 21 July 2026].

Ref 17A.25 The Lancet Public Health. Health benefits of leisure-time physical activity by socioeconomic status, lifestyle risk, and mental health: a multicohort study (2025). Available online at: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00300-1/fulltext [Accessed 21 July 2026].

Ref 17A.26 Volunteer Scotland, Volunteering, Health and Wellbeing (2018). Available online at: https://www.volunteerscotland.net/wp-content/uploads/2022/11/Volunteering-Health-and-Wellbeing-Full-Report.pdf [Accessed 21 July 2026].

Ref 17A.27 The Health Foundation. Community Cohesion (2024). Available online at: https://www.health.org.uk/evidence-hub/family-friends-and-community/community-cohesion/community-cohesion#:~:text=Experiencing%20a%20feeling%20of%20belonging%20to%20our%20community,levels%20of%20social%20cohesion%20experience%20better%20mental%20health. [Accessed 21 July 2026].

Ref 17A.28 Journal of Positive Psychology and Wellbeing. Linking Recent Discrimination-Related Experiences and Wellbeing via Social Cohesion and Resilience (2020). Available online at: https://bura.brunel.ac.uk/bitstream/2438/23007/1/FullText.pdf [Accessed 21 July 2026].

Ref 17A.29 Department for Transport, Transport, health and wellbeing: An evidence review (2019). Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport__health_and_wellbeing.pdf#:~:text=This%20evidence%20review%20was%20conducted%20to%20develop%20an,physical%20health%2C%20mental%20health%20and%20wellbeing%2C%20and%20noise. [Accessed 21 July 2026].

Ref 17A.30 National Library of Medicine. Income inequality and mental illness-related morbidity and resilience: a systematic review and meta-analysis (2017). Available online at: https://pubmed.ncbi.nlm.nih.gov/28552501/ [Accessed 21 July 2026].

Ref 17A.31 American Journal of Public Health. Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease (2011). Available online at: https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.82.6.816 [Accessed 21 July 2026].

Ref 17A.32 The World Travel & Tourism Council. Travel & Tourism Economic Impact Research (EIR) (2024). Available online at: https://wttc.org/research/economic-impact [Accessed 21 July 2026].

Ref 17A.33 Barakat, C. and Konstantinidis, T. (2023) A review of the relationship between socioeconomic status change and health. International Journal of Environmental Research and Public Health, 20(13), p. 6249. Available at: https://doi.org/10.3390/ijerph20136249 [Accessed 21 July 2026].

Ref 17A.34 Health Action Research group. The role of education in reducing health inequalities (2021). Available online at: https://www.healthactionresearch.org.uk/tackling-obesity/the-role-of-education/ [Accessed 21 July 2026]

Ref 17A.35 Public Health England. Guidance: Health matters: health and work (2019). Available online at: https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work#:~:text=There%20is%20clear%20evidence%20that%20good%20work,also%20in%20terms%20of%20quality%20of%20life.&text=Being%20in%20good%20employment%20reduces%20the%20risk,of%20stress%20and%20common%20mental%20health%20problems [Accessed 21 July 2026].

Ref 17A.36 Institute of Health Equity, Marmot Review 10 years on (2020). Available online at: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on [Accessed 21 July 2026].

Ref 17A.37 World Health Organisation, Health consequences of air pollution on populations (2024). Available online at: https://www.who.int/news/item/25-06-2024-what-are-health-consequences-of-air-pollution-on-populations#:~:text=The%20health%20consequences%20of%20air%20pollution%20increase%20the,cancer%20-%20due%20to%20short-%20and%20long-term%20exposure. [Accessed 21 July 2026].

Ref 17A.38 ScienceDirect, Exposure to construction dust and health impacts – A review (2023). Available online at: https://www.sciencedirect.com/science/article/abs/pii/S004565352203483X#:~:text=Numerous%20scientific%20studies%20have%20linked%20construction%20dust%20exposure,Lacourt%20et%20al.%2C%202015%3B%20Tor%C3%A9n%20and%20J%C3%A4rvholm%2C%202014%29. [Accessed 21 July 2026].

Ref 17A.39 Public Health England. Health matters: air pollution guidance (2018). Available online at: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution#how-air-pollution-harms-health [Accessed 21 July 2026].

Ref 17A.40 UK Health Security Agency, Transport interventions at schools: health impacts and benefits (2025). Available online at: https://www.gov.uk/government/publications/transport-interventions-at-schools-health-impacts-and-benefits [Accessed 21 July 2026].

Ref 17A.41 Environment Agency. State of the environment: health, people and the environment (2023). Available online at: https://www.gov.uk/government/publications/state-of-the-environment/state-of-the-environment-health-people-and-the-environment#climate-change-and-health [Accessed 21 July 2026].

Ref 17A.42 Oxford Academic. European Journal of Public Health. Environmental noise exposure and health outcomes: an umbrella review of systematic reviews and meta-analysis (2023). Available online at: https://academic.oup.com/eurpub/article/33/4/725/7111337 [Accessed 21 July 2026].

Ref 17A.43 Journal of Exposure Science and Environmental Epidemiology. Noise and mental health: evidence, mechanisms, and consequences (2024). Available online at: https://www.nature.com/articles/s41370-024-00642-5 [Accessed 21 July 2026].

Ref 17A.44 BMC Public Health. Road traffic noise and cognitive function in older adults: a cross-sectional investigation of The Irish Longitudinal Study on Ageing (2021). Available online at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11853-y [Accessed 21 July 2026].

Ref 17A.45 World Health Organisation. (2016). Radiation: Electromagnetic fields. Retrieved from WHO: https://www.who.int/news-room/questions-and-answers/item/radiation-electromagnetic-fields [Accessed 21 July 2026]

Ref 17A.46 Danho, S., Escobar Huertas, J.F. and Schoellhorn, W.I. (2025) A systematic review of the impact of electromagnetic waves on living beings. Cureus, 17(8), e90355. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC12441653/ [Accessed: 26 March 2026].

Ref 17A.47 National Cancer Institute (NCI) (n.d.) Electromagnetic fields and cancer. Available at: https://www.cancer.gov/about-cancer/causes-prevention/risk/radiation/electromagnetic-fields-fact-sheet [Accessed: 26 March 2026].

Ref 17A.48 International Agency for Research on Cancer (IARC) (2023) IARC Monographs hazard classification. Available at: https://www.iarc.who.int/wp-content/uploads/2023/06/IARC_MONO_classification_2023_updated.png [Accessed: 26 March 2026].

Ref 17A.49 UK Health Security Agency (2013) *Electric and magnetic fields: health effects of exposure*. Available at: https://www.gov.uk/government/publications/electric-and-magnetic-fields-health-effects-of-exposure/electric-and-magnetic-fields-assessment-of-health-risks#long-term-health-risks-associated-with-exposure-to-electric-and-magnetic-fields [Accessed: 1 July 2026].

Ref 17A.50 Hansen, A. (1993). The mass media and environmental issues. Leicester University Press. [Accessed 21 July 2026].

Ref 17A.51 Visschers, V.H.M., Keller, C. and Siegrist, M. (2011). Climate change benefits and energy supply benefits as determinants of acceptance of nuclear power stations: Investigating an explanatory model. Energy Policy, 39(6), pp.3621–3629. https://doi.org/10.1016/j.enpol.2011.03.034 [Accessed: 21 July 2026].

Ref 17A.52 Porsius, J.T., Claassen, L., Smid, T., Woudenberg, F., Petrie, K.J. and Timmermans, D.R.M. (2015). Symptom reporting after the introduction of a new high voltage power line: A prospective field study. Environmental Research, 138, pp.112–117. https://doi.org/10.1016/j.envres.2015.02.009 [Accessed 21 July 2026].

Ref 17A.53 National Library of Medicine. Electromagnetic Field Exposure and Abortion in Pregnant Women: A Systematic Review and Meta-Analysis (2023). Available online at: https://pmc.ncbi.nlm.nih.gov/articles/PMC10624444/#sec12 [Accessed 21 July 2026].

Ref 17A.54 McCoy, D., Grogan, A. and De Bruin, W.B. (2024) *Public perceptions of electromagnetic fields and environmental health risks*. ESRI Survey and Statistical Report Series No. 126. Dublin: Economic and Social Research Institute (ESRI). Available at: https://www.esri.ie/publications/public-perceptions-of-electromagnetic-fields-and-environmental-health-risks [Accessed: 1 July 2026].

Ref 17A.55 Bord, R.J. and O'Connor, R.E. (1997) The gender gap in environmental attitudes: The case of perceived vulnerability to risk. Journal of Social Issues. [Accessed 21 July 2026]

Ref 17A.56 Laws, M.B., Yeh, Y., Reisner, E., Stone, K., Wang, T. and Brugge, D. (2015) 'Gender, ethnicity and environmental risk perception revisited: the importance of residential location', *Journal of Community Health*, 40(5), pp. 948–955. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4558345/ [Accessed: 2 July 2026].

Ref 17A.57 Kamai, E.M., Calderon, A., Van Horne, Y.O., Bastain, T.M., Breton, C.V. and Johnston, J.E. (2023) 'Perceptions and experiences of environmental health and risks among Latina mothers in urban Los Angeles, California, USA', Environmental Health, 22, Article 8. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC9840262/ [Accessed: 2 July 2026].

Ref 17A.58 National Library of Medicine. Quantifying the Impact of Scenic Environments on Health (2015). Available online at: https://pubmed.ncbi.nlm.nih.gov/26603464/ [Accessed 21 July 2026].

Ref 17A.59 Abraham, A., Sommerhalder, K. and Abel, T. (2010) 'Landscape and well-being: a scoping study on the health-promoting impact of outdoor environments', International Journal of Public Health, 55(1), pp. 59–69. Available at: https://link.springer.com/article/10.1007/s00038-009-0069-z [Accessed: 26 March 2026].

Ref 17A.60 Department for Transport, Transport, health and wellbeing: An evidence review (2019). Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847884/Transport__health_and_wellbeing.pdf#:~:text=This%20evidence%20review%20was%20conducted%20to%20develop%20an,physical%20health%2C%20mental%20health%20and%20wellbeing%2C%20and%20noise. [Accessed 21 July 2026].

Ref 17A.61 Care Quality Commission (2024). The state of health care and adult social care in England 2023/24 – Primary and community care. https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/primary [Accessed 21 July 2026].

Ref 17A.62 Mseke, E.P., Jessup, B. and Barnett, T. (2024) Impact of distance and/or travel time on healthcare service access in rural and remote areas: A scoping review. Journal of Transport & Health, 37, 101819. Available at: https://doi.org/10.1016/j.jth.2024.101819 [Accessed 05 June 2026].

Ref 17A.63 Care Quality Commission (2024). The state of health care and adult social care in England 2023/24 – Adult social care. https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/primary [Accessed 21 July 2026].

Ref 17A.64 Care Quality Commission (2024). The state of health care and adult social care in England 2023/24 – Mental health. https://www.cqc.org.uk/publications/major-report/state-care/2023-2024/access/primary [Accessed 21 July 2026].

Ref 17A.65 Nussbaum et. Al (2021). Inequalities in the distribution of the general practice workforce in England: a practice-level longitudinal analysis. Available online at: https://bjgpopen.org/content/5/5/BJGPO.2021.0066 [Accessed 21 July 2026].

Ref 17A.66 US Department of Health and Human Services, Healthy People 2030. Available online at: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services#cit2. [Accessed 21 July 2026].

Ref 17A.67 NHS, The Health Economics Unit, Improving healthcare planning with social, economic and environmental value. Available online at: https://healtheconomicsunit.nhs.uk/social-economic-and-environmental-value/ [Accessed 21 July 2026].

Ref 17A.68 Energy UK, Community benefits from local infrastructure (2024). Available online at: https://www.energy-uk.org.uk/publications/energy-in-action-community-benefits-from-local-infrastructure/ [Accessed 21 July 2026].

Ref 17A.69 World Bank Group, The Impact of Infrastructure on Development Outcomes: Policy Research Working Paper 10343 (2023). Available online at: https://documents1.worldbank.org/curated/en/099529203062342252/pdf/IDU0e42ae32f0048304f74086d102b6d7a900223.pdf [Accessed 21 July 2026].

Ref 17A.70 HS2, Mental Health and Wellbeing Progress Report (2022). Available online at: https://assets.publishing.service.gov.uk/media/6388a4f78fa8f569ff9bd5b6/CS1792_Mental_Health_and_Wellbeing_Progress_Report_templated.pdf [Accessed 21 July 2026].

Ref 17A.71 Redbridge Borough Council. (2020). Managing your wellbeing near a construction site.

Ref 17A.72 Puckett, K. (2017). Who's the real NIMBY? The Bartlett Review, University College London.

Ref 17A.73 Robertson, T.J; McCarthy, A.; Jegasothy, E.;Harris,P. (2021) Urban transport infrastructure planning and the public interest: a public health perspective. Public Health Res Pract. 2021;31(2).

Appendix 17B Health and Wellbeing Baseline

nationalgrid

Contents

17B. Health and Wellbeing Baseline

17B.1 Introduction

17B.1.1 This appendix has been produced to support **Chapter 17 Health and wellbeing** of the non-statutory Draft Environmental Statement (DES) (referred to in this document as “DES” and non-statutory DES”) for the Weston Marsh to East Leicestershire Project (the Project) proposed by National Grid. The Project has been divided into five Sections as described in **Chapter 4, Description of the Project** and shown in **Figure 17.1 Health and Wellbeing Study Area and administrative boundaries.** The five Sections are defined by the geographic alignment of the draft Order Limits and the administrative boundaries of the local authorities.

17B.1.2 The baseline data in this appendix is presented for each Section of the route in turn and covers demographic profile, socioeconomic profile and health profile for each lower super output area (LSOA) in the Study Area.

17B.1.3 For most impacts on health determinants, the Study Area has been defined to include the areas closest to the Project, which are likely to be affected by issues such as loss of land and access and amenity impacts with the potential to give rise to health and wellbeing effects. This will include the lower super output areas (LSOA) that contain populations and/or community receptors within 500 m of the draft Order Limits. The Study Area and relevant LSOAs is illustrated in **Figure 17.1 Health and Wellbeing Study Area and administrative boundaries.**

17B.1.4 This appendix presents detailed demographic, socioeconomic and health baseline information for the LSOA within 500m of the draft Order Limits and relevant local authorities, structured by the Sections of the Project.

17B.1.5 This appendix supports the baseline section reported in **Chapter 17 Health and Wellbeing**, which presents a summary of the demographic, socioeconomic and health profiles of the local community in each section, highlighting key vulnerabilities and concerns, for example, areas with higher population of vulnerable groups, areas of high deprivation.

17B.2 Data Sources

17B.2.1 The following data sources have been accessed to inform the baseline with respect to health:

- Office for National Statistics (ONS) Census Data (Ref 17B.1)
- Office for Health Improvements and Disparities (OHID) Fingertips – local health profiles 2024 (Ref 17B.2)
- Leicestershire Rutland Statistics and Research, Joint Strategic Needs Assessment (JSNA), 2022-25 (Ref 17B.3)
- Lincolnshire Health Intelligence Hub, Joint Strategic Needs Assessment (JSNA), 2025 (Ref 17B.4)

- West Northamptonshire Public Health and Intelligence & Partnerships teams, JSNA, 2022-25 (Ref 17B.5)
- North Northamptonshire Council JSNA (Ref 17B.6)
- Ordnance Survey AddressBase Plus, 2024 (Ref 17B.7)
- English Index of Multiple Deprivation (IMD) 2025 (Ref 17B.8)

17B.3 Route-wide

17B.3.1 This route-wide section presents statistical baseline information for determinants contributing to the socioeconomic and health profiles, where data is only available at local authority, regional or national levels.

Socioeconomic classification

17B.3.2 As shown in **Table 17B.1** below, the local authority of Harborough has the highest proportion of people in the AB social grade in the Study Area with 33.5% as compared to East Midlands with 23.5% and England with 20.3%. The local authority of South Holland has the highest proportion of people in the DE social grade in the Study Area with 24.9%, higher than East Midlands (22.5%) and England (23.3%).

Table 17B.1 Socioeconomic classification (all sections)

Area	AB Higher and intermediate managerial/administrative/professional occupations (%)	C1 Supervisory, clerical and junior managerial/administrative/professional occupations (%)	C2 Skilled manual occupations (%)	DE Semi-skilled and unskilled manual occupations; unemployed and lowest grade occupations (%)
Harborough	33.5	35.8	19.4	11.4
Melton	24.1	33.1	26.4	16.3
North Northamptonshire	18.4	33.1	25.1	23.3
South Holland	14.1	30.9	30.2	24.9
South Kesteven	23.7	33.1	24.6	18.6
West Northamptonshire	22.3	34.4	22.9	20.4
East Midlands	23.5	32.7	21.3	22.5
England	20.3	33.1	23.3	23.3

Life expectancy

17B.3.3 As shown in **Table 17B.2** below, the local authority of Harborough has the highest male and female life expectancy of 81.3 years and 85 years respectively, higher than both East Midlands and England. North Northamptonshire has the lowest male and female life expectancy of 78.4 years and 82.1 years respectively, lower than the regional and national averages.

Table 17B.2 Life expectancy (all sections)

Area	Male life expectancy (years)	Female life expectancy (years)
Harborough	81.3	85
Melton	81.2	84.2
North Northamptonshire	78.4	82.1
South Holland	78.5	82.2
South Kesteven	79.4	83.1
West Northamptonshire	79.1	83.4
East Midlands	78.9	82.7
England	79.3	83.2

Mortality rates

17B.3.4 As shown in **Table 17B.3**, the local authority of North Northamptonshire has high mortality rates from all causes, cancer and respiratory diseases as compared to the national value. South Holland has a high mortality rate from all causes, cardiovascular diseases and coronary heart disease. South Kesteven has a high mortality rate from cardiovascular diseases and West Northamptonshire has a high mortality rate from cancer and respiratory diseases.

Table 17B.3 Mortality rates (all sections)

Area	All causes (SMR)	Cancer (SMR)	Cardiovascular disease (SMR)	Coronary heart disease (SMR)	Stroke (SMR)	Respiratory diseases (SMR)
Harborough	87.8	93.7	83.9	85.2	82.7	74.3
Melton	91.8	90.6	96.8	96.3	90.3	85.5
North Northamptonshire	106.4	106.1	99	86	99.1	121.5

Area	All causes (SMR)	Cancer (SMR)	Cardiovascular disease (SMR)	Coronary heart disease (SMR)	Stroke (SMR)	Respiratory diseases (SMR)
South Holland	100.5	99.3	109.6	114.4	91.7	86
South Kesteven	93.5	95.8	100.9	97.8	91.3	82.9
West Northamptonshire	97.7	102.7	93	88.9	90.2	101.2
East Midlands	103.5	103.1	104.7	106.9	100.3	99.4
England	100	100	100	100	100	100

Obesity

17B.3.5 As shown in **Table 17B.4** below, South Holland has the highest rate of reception and Year 6 prevalence of overweight (including obesity) with 25.4% and 39.1% respectively, which is higher than East Midlands and England. South Holland also has the highest rate of reception (4-5 years old) and Year 6 (10-11 years old) prevalence of obesity (including severe obesity) with 12.1% and 24.5% respectively, which is higher than East Midlands and England.

Table 17B.4 Obesity (all sections)

Area	Reception prevalence of overweight (including obesity) (%)	Year 6 prevalence of overweight (including obesity) (%)	Reception prevalence of obesity (including severe obesity) (%)	Year 6 prevalence of obesity (including severe obesity) (%)
Harborough	20.4	29.1	8.1	15.8
Melton	20.8	34.3	7.3	19
North Northamptonshire	23.4	36.9	9.6	23.1
South Holland	25.4	39.1	12.1	24.5
South Kesteven	23.1	34.1	10.4	20.6
West Northamptonshire	20.9	33.9	8.7	19.2
East Midlands	22	36	9.6	22.1
England	22.1	35.8	9.6	22.1

17B.4 Section 1

17B.4.1 Approximately 11km of new 400kV overhead line from the from the new Weston Marsh Substation B to South Forty Foot Drain, located in South Holland District, part of Lincolnshire County.

Demographic profile

Population density

17B.4.2 **Table 17B.5** below shows the population density in Section 1. Section 1 has an average population density of 252 residents/km^2. This is higher than the local authority of South Holland but lower than East Midlands and England. LSOA South Holland 006G has the highest population density and LSOA South Holland 005C has the lowest population density in Section 1.

Table 17B.5 Population density (Section 1)

Area	Population density (residents/km^2)
South Holland 001E	66.1
South Holland 004A	61.4
South Holland 004B	91.0
South Holland 005B	197.5
South Holland 005C	43.1
South Holland 005D	507.8
South Holland 006G	761.4
South Holland 007C	287.4
Section 1 average	252.0
Local authority: South Holland	126.8
East Midlands	312.4
England	433.5

Age

17B.4.3 **Table 17B.6** below shows the age profile in Section 1. On average, Section 1 has a similar proportion of children and young people (under the age of 16) to the local authority of South Holland but lower than East Midlands and England. LSOA South Holland 007C has the highest proportion of children and young people in Section 1 with 21.3%, which is higher than the local authority of South Holland, East Midlands and England.

17B.4.4 On average, Section 1 has a higher proportion of older people (65 and above) than the local authority of South Holland, East Midlands and England. LSOA South Holland 001E has the highest proportion of older people in Section 1 with 27.9%.

Table 17B.6 Age profile (Section 1)

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
South Holland 001E	14.3	57.8	27.9
South Holland 004A	14.7	60.5	24.8
South Holland 004B	18.7	54.8	26.5
South Holland 005B	17.0	56.7	26.2
South Holland 005C	15.8	61.9	22.3
South Holland 005D	19.2	55.3	25.6
South Holland 006G	15.0	61.1	23.9
South Holland 007C	21.3	64.3	14.4
Section 1 average	17.0	59.1	24
Local authority: South Holland	17.0	59.3	23.9
East Midlands	18.1	62.5	19.4
England	18.5	63.0	18.3

Ethnicity

17B.4.5 **Table 17B.7** below shows the ethnic groups in Section 1. On average, Section 1 is less ethnically diverse than the local authority of South Holland, East Midlands and England. LSOA South Holland 004B has the least ethnic diversity, while South Holland 007C has the highest ethnic diversity in Section 1. South Holland 007C has 1.8% Asian, Asian British or Asian Welsh people, 1.2% Black, Black British, Black Welsh, Caribbean or African people and 2.0% Mixed or Multiple ethnic groups. While South Holland 007C is more ethnically diverse than the local authority of South Holland, it is significantly less diverse than East Midlands and England.

Table 17B.7 Ethnicity (Section 1)

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
South Holland 001E	0.5	0.8	1.1	97.3	0.3
South Holland 004A	0.9	0.4	0.7	97.6	0.4
South Holland 004B	0.6	0.3	0.8	97.7	0.6
South Holland 005B	1.6	0.6	1.4	95.7	0.6
South Holland 005C	0.6	0.2	1.3	97.6	0.3
South Holland 005D	0.8	0.3	1.0	96.9	0.9
South Holland 006G	2.2	0.4	1.8	95.0	0.7
South Holland 007C	1.8	1.2	2.0	94.9	0.2
Section 1 average	1.1	0.5	1.3	96.6	0.5
Local authority: South Holland	1.2	0.5	1.3	96.3	0.6
East Midlands	8.0	2.7	2.4	85.7	1.3
England	9.6	4.2	3.0	81.0	2.2

Religion

17B.4.6 **Table 17B.8** below shows the religions in Section 1. The most prevalent religion in the area is Christianity, with LSOA South Holland 005B having the highest proportion of Christians with 63.5%, which is higher than the local authority of South Holland, East Midlands and England.

Table 17B.8 Religion (Section 1)

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
South Holland 001E	33.6	61.0	0.0	0.0	0.1	0.3	0.0	0.6
South Holland 004A	33.6	59.5	0.1	0.4	0.1	0.1	0.0	0.1
South Holland 004B	36.0	57.3	0.1	0.0	0.1	0.2	0.0	0.6
South Holland 005B	27.9	63.5	0.1	0.2	0.0	0.8	0.4	0.2
South Holland 005C	35.1	58.0	0.1	0.1	0.1	0.5	0.0	0.6
South Holland 005D	34.4	59.2	0.2	0.0	0.1	0.1	0.2	0.5
South Holland 006G	31.6	60.2	0.2	0.4	0.1	0.3	0.2	0.4
South Holland 007C	30.3	60.3	0.4	0.4	0.1	0.8	0.4	0.5
Section 1 average	32.8	59.9	0.2	0.2	0.1	0.4	0.2	0.4
Local authority: South Holland	33.0	58.9	0.2	0.2	0.1	0.5	0.1	0.4
East Midlands	40.0	45.4	0.3	2.5	0.1	4.3	1.1	0.5
England	36.7	46.3	0.5	1.8	0.5	6.7	0.9	0.6

Socioeconomic profile

Highest level of qualifications

17B.4.7 **Table 17B.9** below shows that on average, Section 1 has a higher proportion of people with no qualifications than East Midlands and England but lower than the local authority of South Holland. LSOA South Holland 007C has the highest proportion of people with no qualifications in Section 1 with 32.1%, which is higher than the local authority of South Holland, East Midlands and England.

17B.4.8 On average, Section 1 has a lower proportion of people with Level 4 qualifications or above than East Midlands and England but higher than the local authority of South Holland. LSOA South Holland 006G has the highest proportion of people with Level 4 qualifications or above in Section 1 with 26.4%, which is higher than the local authority of South Holland but lower than East Midlands and England.

Table 17B.9 Highest level of qualifications (Section 1)

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
South Holland 001E	20.4	13.3	17.2	7.5	17.0	21.8	2.9
South Holland 004A	21.6	12.8	16.6	6.4	18.9	21.1	2.6
South Holland 004B	27.1	11.8	16.2	6.3	17.5	17.7	3.4
South Holland 005B	19.9	11.1	16.0	7.8	17.6	24.1	3.6
South Holland 005C	23.5	14.2	13.5	7.9	18.8	19.5	2.6
South Holland 005D	24.3	12.8	17.0	7.9	13.6	20.2	4.1
South Holland 006G	18.7	10.9	17.2	7.4	16.5	24.6	4.8
South Holland 007C	32.1	14.6	14.8	5.8	11.2	15.7	5.8
Section 1 average	23.5	12.7	16.1	7.1	16.4	20.6	3.7
Local authority: South Holland	24.6	12.5	15.7	7.1	16.0	20.1	4.0
East Midlands	19.5	10.4	13.9	6.0	18.3	29.1	2.8
England	18.1	9.7	13.3	5.3	16.9	33.9	2.8

Economic activity

17B.4.9 **Table 17B.10** below shows that on average, Section 1 has a similar proportion of economically active people in employment to the local authority of South Holland but higher than East Midlands and England. LSOA South Holland 007C has the highest proportion of economically active people in employment in Section 1 with 63.3% as well as the highest proportion of unemployment with 4.2% and the least proportion of economically inactive people.

17B.4.10 LSOA South Holland 004B has the highest proportion of economically inactive people in Section 1 with 45.2%, of which 31.4% are retired.

17B.4.11 South Holland 005D has the highest proportion of economically inactive people due to long term sickness or disability in Section 1 with 4.8%, which is higher than East Midlands and England with 4.1%.

Table 17B.10 Economic activity status (Section 1)

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
South Holland 001E	53.2	2.5	42.9
South Holland 004A	58.6	0.9	39.2
South Holland 004B	50.9	2.5	45.2
South Holland 005B	57.9	2.0	38.6
South Holland 005C	56.5	2.0	40.6
South Holland 005D	53.5	3.5	42.5
South Holland 006G	56.9	2.6	38.6
South Holland 007C	63.3	4.2	31.2
Section 1 average	56.4	2.5	39.9
Local authority: South Holland	56.3	2.2	40.2
East Midlands	55.1	2.4	40.1
England	55.7	2.9	39.1

Industry

17B.4.12 **Table 17B.11** below shows that on average, Section 1 has a higher than average proportion of people employed in the industries of construction, transport and storage, manufacturing and electricity.

17B.4.13 In Section 1, LSOA South Holland 004A has the highest proportion of people working in construction (12.2%), LSOA South Holland 007C has the highest proportion of people working in transport and storage (10.2%) and manufacturing (22.5%), all higher than the regional and national averages.

Table 17B.11 Industry (Section 1)

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
South Holland 001E	9.1	7.5	11.5	1.0
South Holland 004A	12.2	4.8	11.0	0.9
South Holland 004B	9.9	6.2	9.8	0.5
South Holland 005B	9.4	8.1	11.9`	0.9
South Holland 005C	11.1	7.8	10.4	0.7
South Holland 005D	8.2	7.9	14.6	0.9
South Holland 006G	8.6	8.3	13.1	0.7
South Holland 007C	5.4	10.2	22.5	0.4
Section 1 average	9.2	7.6	13.1	0.8
Local authority: South Holland	9.1	7.2	14.5	0.3
East Midlands	8.8	5.8	10.6	0.8
England	8.7	5.0	7.3	0.6

Health profile

General health

17B.4.14 **Table 17B.12** below shows that on average, Section 1 has a lower proportion of people with good and very good health than East Midlands and England but higher than the local authority of South Holland. LSOA South Holland 005B has the highest proportion of people with good and very good health in Section 1 with 84.1%, which is higher than the local authority of South Holland, East Midlands and England.

17B.4.15 On average, Section 1 has a lower proportion of people with bad and very bad health than the local authority of South Holland, East Midlands and England. LSOA South Holland 004B has the highest proportion of people with bad and very bad health in Section 1 with 6.1%, which is higher than the local authority of South Holland, East Midlands and England.

Table 17B.12 General health (Section 1)

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
South Holland 001E	41.6	38.2	15.7	3.4	1.1
South Holland 004A	44.7	36.7	14.4	3.0	1.3
South Holland 004B	43.0	34.7	16.1	5.3	0.8
South Holland 005B	45.3	38.8	12.4	3.1	0.4
South Holland 005C	45.0	35.4	14.1	4.6	0.9
South Holland 005D	40.8	36.3	17.2	4.8	1.0
South Holland 006G	41.3	40.7	13.7	3.7	0.7
South Holland 007C	41.5	39.1	14.3	3.8	1.3
Section 1 average	42.9	37.5	14.7	4.0	0.9
Local authority: South Holland	41.4	37.7	15.2	4.5	1.2
East Midlands	46.2	34.8	13.6	4.2	1.2
England	48.5	33.7	12.7	4.0	1.2

Disability

17B.4.16 **Table 17B.13** below shows that on average, Section 1 has a lower proportion of people disabled under the Equality Act than the local authority of South Holland and East Midlands but higher than England. LSOA South Holland 004B has the highest proportion of people disabled under the Equality Act in Section 1 with 21.2%, higher than the local authority of South Holland, East Midlands and England.

17B.4.17 LSOA South Holland 004B also has the highest proportion of people disabled under the Equality Act experiencing severe limitations in their day-to-day activities in Section 1, higher than the local authority of South Holland, East Midlands and England.

Table 17B.13 Disability (Section 1)

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot(%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
South Holland 001E	18.9	8.2	10.7	81.1
South Holland 004A	16.8	5.7	11.0	83.2
South Holland 004B	21.2	9.1	12.1	78.8
South Holland 005B	14.3	5.4	8.9	85.7
South Holland 005C	18.0	7.6	10.4	82.0
South Holland 005D	20.5	8.7	11.8	79.5
South Holland 006G	17.8	7.7	10.1	82.2
South Holland 007C	16.2	6.5	9.7	83.8
Section 1 average	18.0	7.4	10.6	82.0
Local authority: South Holland	18.8	7.9	10.9	81.2
East Midlands	18.3	7.7	10.7	81.7
England	17.3	7.3	10.0	82.7

Deprivation

17B.4.18 **Table 17B.14** shows mixed levels of overall deprivation in Section 1. LSOA South Holland 006G is the least deprived, whilst LSOA South Holland 007C is the most.

Table 17B.14 Deprivation (Section 1)

Area	Overall deprivation	Employment deprivation	Health and disability deprivation	Living environment deprivation
South Holland 001E	5	6	8	4
South Holland 004A	7	8	6	6
South Holland 004B	4	4	6	7
South Holland 005B	7	6	7	9
South Holland 005C	4	6	8	3
South Holland 005D	4	4	5	7
South Holland 006G	8	7	8	8
South Holland 007C	3	3	5	4

17B.5 Section 2

17B.5.1 New overhead line from South Forty Foot Drain to WMEL-A 400 kV substation, then new overhead line onward to the Drift road south of Sewstern. The approximate length of this section is 31 km, located in South Kesteven District Council, part of Lincolnshire County Council.

Demographic profile

Population density

17B.5.2 **Table 17B.15** below shows the population density in Section 2. Section 2 has an average population density of 101.9 residents/km^2 which is lower than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 008B has the highest population density and LSOA South Kesteven 007D has the lowest population density in Section 2.

Table 17B.15 Population density (Section 2)

Area	Population density (residents/km^2)
South Kesteven 007D	24.2
South Kesteven 008A	30.4
South Kesteven 008B	280.7
South Kesteven 008C	57.6
South Kesteven 009B	45.7
South Kesteven 009C	44.2
South Kesteven 009D	230.7
Section 2 average	101.9
Local authority: South Kesteven	152.1
East Midlands	312.4
England	433.5

Age profile

17B.5.3 **Table 17B.16** below shows the age profile in Section 2. On average, Section 2 has a lower proportion of children and young people (under the age of 16) than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 009D has the highest proportion of children and young people in Section 2 with 17.7%, which is similar to the local authority of South Kesteven but lower than East Midlands and England.

17B.5.4 On average, Section 2 has a higher proportion of older people (aged 65 and above) than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 007D has the highest proportion of older people in Section 2 with 30.3%.

Table 17B.16 Age profile (Section 2)

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
South Kesteven 007D	14.2	55.5	30.3
South Kesteven 008A	15.2	54.9	30.0
South Kesteven 008B	14.8	57.5	27.6
South Kesteven 008C	17.1	65.6	17.4
South Kesteven 009B	15.6	58.5	26.0

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
South Kesteven 009C	17.1	58.8	24.1
South Kesteven 009D	17.7	67.0	15.1
Section 2 average	16.0	59.7	24.4
Local authority: South Kesteven	17.7	59.3	23.0
East Midlands	18.1	62.5	19.4
England	18.5	63.0	18.3

Ethnicity

17B.5.5 **Table 17B.17** below shows the ethnic groups in Section 2. On average, Section 2 is less ethnically diverse than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 008C has the least ethnic diversity and LSOA South Kesteven 009B has the highest ethnic diversity in Section 2. While LSOA 009B has the highest ethnic diversity in Section 2, it is still less diverse than the local authority of South Kesteven, East Midlands and England.

Table 17B.17 Ethnicity (Section 2)

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
South Kesteven 007D	0.7	0.2	0.7	98.3	0.2
South Kesteven 008A	0.6	0.2	1.1	97.9	0.2
South Kesteven 008B	0.8	0.1	0.8	98.1	0.1
South Kesteven 008C	0.3	0.1	0.7	98.7	0.1
South Kesteven 009B	0.6	0.3	1.1	97.2	0.8

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
South Kesteven 009C	0.1	0.4	0.9	98.5	0.2
South Kesteven 009D	0.3	0.2	0.5	98.6	0.3
Section 2 average	0.5	0.2	0.8	98.2	0.3
Local authority: South Kesteven	1.8	0.6	1.4	95.8	0.4
East Midlands	8.0	2.7	2.4	85.7	1.3
England	9.6	4.2	3.0	81.0	2.2

Religion

17B.5.6 **Table 17B.18** below shows the religions in Section 2. The most prevalent religion in Section 2 is Christianity. LSOA South Kesteven 008B has the highest proportion of Christians with 61.8% in Section 2, higher than the local authority of South Kesteven, East Midlands and England.

Table 17B.18 Religion (Section 2)

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
South Kesteven 007D	32.6	61.1	0.4	0.0	0.1	0.2	0.2	0.6
South Kesteven 008A	35.3	57.6	0.2	0.2	0.1	0.2	0.0	0.4
South Kesteven 008B	31.5	61.8	0.1	0.6	0.0	0.2	0.1	0.4
South Kesteven 008C	37.1	55.2	0.0	0.0	0.1	0.4	0.1	0.4

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
South Kesteven 009B	33.3	60.6	0.1	0.0	0.0	0.2	0.2	0.2
South Kesteven 009C	36.5	58.1	0.3	0.0	0.0	0.2	0.0	0.1
South Kesteven 009D	42.2	51.4	0.1	0.2	0.1	0.2	0.0	0.3
Section 2 average	35.5	57.9	0.2	0.1	0.1	0.2	0.1	0.3
Local authority: South Kesteven	37.5	54.8	0.3	0.6	0.1	0.5	0.1	0.4
East Midlands	40.0	45.4	0.3	2.5	0.1	4.3	1.1	0.5
England	36.7	46.3	0.5	1.8	0.5	6.7	0.9	0.6

Socioeconomic profile

Highest level of qualifications

17B.5.7 **Table 17B.19** below shows that on average, Section 2 has a lower proportion of people with no qualifications than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 008B has the highest proportion of people with no qualifications in Section 2 with 19.1%, which is higher than the local authority of South Kesteven and England, but lower than East Midlands.

17B.5.8 On average, Section 2 has a higher proportion of people with Level 4 qualifications or above than the local authority of South Kesteven and East Midlands but lower than England. LSOA South Kesteven 009C has the highest proportion of people with Level 4 qualifications or above in Section 2 with 35.6%, which is higher than the local authority of South Kesteven, East Midlands and England.

Table 17B.19 Highest level of qualifications (Section 2)

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
South Kesteven 007D	15.2	9.8	14.3	5.0	17.8	35.3	2.7
South Kesteven 008A	17.0	9.6	15.7	5.4	17.6	32.1	2.6
South Kesteven 008B	19.1	10.7	14.8	6.6	18.2	27.5	3.0
South Kesteven 008C	12.7	10.4	17.7	5.6	19.6	32.1	1.9
South Kesteven 009B	17.8	10.2	15.7	7.1	15.5	30.7	3.1
South Kesteven 009C	14.6	9.6	15.5	5.7	17.3	35.6	1.8
South Kesteven 009D	17.9	10.1	17.8	6.7	19.2	25.2	2.9
Section 2 average	16.3	10.1	15.9	6.0	17.9	31.2	2.6
Local authority: South Kesteven	16.9	10.5	15.2	6.5	18.0	30.1	2.7
East Midlands	19.5	10.4	13.9	6.0	18.3	29.1	2.8
England	18.1	9.7	13.3	5.3	16.9	33.9	2.8

Economic activity

17B.5.9 **Table 17B.20** below shows that on average, Section 2 has a higher proportion of economically active people in employment than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 009D has the highest proportion of economically active people in employment in Section 2 with 65.0% as well as the highest proportion of economically active people who are unemployed with 2.6%.

17B.5.10 LSOA South Kesteven 008B has the highest proportion of economically inactive people in Section 2 with 45.2%, of which 31.1% are retired.

17B.5.11 LSOA South Kesteven 009D has the highest proportion of economically inactive people in Section 2 with 4.3%, due to long term sickness or disability, which is higher than East Midlands and England with 4.1%.

Table 17B.20 Economic activity (Section 2)

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
South Kesteven 007D	54.6	1.5	42.2
South Kesteven 008A	53.1	2.3	43.6
South Kesteven 008B	51.5	1.7	45.2
South Kesteven 008C	64.7	1.9	30.9
South Kesteven 009B	55.1	1.8	42.3
South Kesteven 009C	55.5	1.4	41.7
South Kesteven 009D	65.0	2.6	31.5
Section 2 average	57.1	1.9	39.6
Local authority: South Kesteven	56.7	2.2	39.7
East Midlands	55.1	2.4	40.1
England	55.7	2.9	39.1

Industry

17B.5.12 **Table 17B.21** below shows that on average, Section 2 has a higher than average proportion of people employed in the construction industry. Transport industry is more prevalent than England but less than East Midlands while electricity is similar to England.

17B.5.13 In Section 2, LSOA South Kesteven 008B has the highest proportion of people working in construction (11.6%), LSOA South Kesteven 009D has the highest proportion of people working in transport and storage (6.1%) and LSOA South Kesteven 008A (12.2%) has the highest proportion of people working in manufacturing, all higher than the regional and national averages.

Table 17B.21 Industry (Section 2)

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
South Kesteven 007D	9.0	3.8	8.4	0.5
South Kesteven 008A	8.7	3.3	12.2	0.4
South Kesteven 008B	11.6	3.0	10.8	0.4
South Kesteven 008C	10.5	4.0	8.4	0.4
South Kesteven 009B	9.3	4.6	8.2	0.9
South Kesteven 009C	8.9	3.9	9.4	0.7
South Kesteven 009D	10.2	6.1	8.9	0.6
Section 2 average	9.7	4.1	9.5	0.6
Local authority: South Kesteven	9.3	4.2	9.8	0.5
East Midlands	8.8	5.8	10.6	0.8
England	8.7	5.0	7.3	0.6

Health profile

General health

17B.5.14 **Table 17B.22** below shows that on average, Section 2 has a higher proportion of people with good and very good health than the local authority of South Kesteven, East Midlands and England. LSOA South Kesteven 008C has the highest proportion of people with good and very good health in Section 2 with 86.0%, which is higher than the local authority of South Kesteven (81.7%), East Midlands (81.0%) and England (82.2%).

17B.5.15 On average, Section 2 has a similar proportion of people with bad and very bad health to East Midlands and England but higher than the local authority of South Kesteven. LSOA South Kesteven 008B has the highest proportion of people with bad and very bad health in Section 2 with 7.1%, which is higher than the local authority of South Kesteven, East Midlands and England.

Table 17B.22 General health (Section 2)

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
South Kesteven 007D	46.3	35.8	13.2	3.6	1.2
South Kesteven 008A	44.4	36.0	14.8	4.1	0.8
South Kesteven 008B	43.1	36.8	13.0	5.7	1.4
South Kesteven 008C	52.1	33.9	10.7	2.7	0.5
South Kesteven 009B	44.0	35.4	15.5	4.1	1.0
South Kesteven 009C	49.2	35.6	10.6	3.5	1.0
South Kesteven 009D	44.7	38.0	11.9	4.5	0.9
Section 2 average	46.3	35.9	12.8	4.0	1.0
Local authority:	46.0	35.7	13.5	3.8	1.0

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
South Kesteven					
East Midlands	46.2	34.8	13.6	4.2	1.2
England	48.5	33.7	12.7	4.0	1.2

Disability

17B.5.16 **Table 17B.23** below shows that on average, Section 2 has a lower proportion of people disabled under the Equality Act than the local authority of South Kesteven and East Midlands but higher than England. LSOA South Kesteven 008B has the highest proportion of people disabled under the Equality Act in Section 2 with 19.9%, higher than the local authority of South Kesteven, East Midlands and England.

17B.5.17 LSOA South Kesteven 008B also has the highest proportion of people disabled under the Equality Act experiencing severe limitations in their day-to-day activities in Section 2 with 8.3%, higher than the local authority of South Kesteven, East Midlands and England.

Table 17B.23 Disability (Section 2)

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
South Kesteven 007D	18.9	6.8	12.0	81.1
South Kesteven 008A	19.7	7.7	12.0	80.3
South Kesteven 008B	19.9	8.3	11.6	80.1
South Kesteven 008C	14.2	4.3	9.9	85.8
South Kesteven 009B	19.1	6.7	12.3	80.9
South Kesteven 009C	14.5	5.6	8.9	85.5
South Kesteven 009D	15.9	6.3	9.5	84.1

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
Section 2 average	17.5	6.5	10.9	82.5
Local authority: South Kesteven	17.9	7.0	10.9	82.1
East Midlands	18.3	7.7	10.7	81.7
England	17.3	7.3	10.0	82.7

Deprivation

17B.5.18 **Table 17B.24** below shows deprivation levels for Section 2. Section 2 has moderate to low levels of deprivation. LSOA South Kesteven 008C is the least deprived, whilst LSOA South Kesteven 009D is the most deprived LSOA within Section 2.

Table 17B.24 Deprivation (Section 2)

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
South Kesteven 007D	6	8	9	2
South Kesteven 008A	5	5	7	3
South Kesteven 008B	5	5	6	6
South Kesteven 008C	8	8	8	6
South Kesteven 009B	5	5	7	4
South Kesteven 009C	5	6	9	3
South Kesteven 009D	4	5	5	9

17B.6 Section 3

17B.6.1 Approximately 20 km of new overhead line from The Drift Road to WMEL-B 400 kV substation. Reconductoring of approximately 14 km of existing overhead line from WMEL-B to an area near the B6047 south of Twyford, located in Melton Borough Council, part of Leicestershire County Council.

Demographic profile

Population density

17B.6.2 **Table 17B.25** below shows the population density in Section 3. Section 3 has an average population density of 329.1 residents/km^2. This is higher than the local authority of Melton and East Midlands but lower than England. LSOA Melton 002A has the highest population density and LSOA Melton 006D has the lowest population density in Section 3.

Table 17B.25 Population density (Section 3)

Area	Population density (residents/km^2)
Melton 001C	24.0
Melton 002A	1,272.3
Melton 002B	843.8
Melton 002D	740.2
Melton 003A	583.3
Melton 003B	234.4
Melton 003C	38.4
Melton 003D	56.0
Melton 006A	37.7
Melton 006B	40.2
Melton 006C	59.2
Melton 006D	19.5
Section 3 average	329.1
Local authority: Melton	107.5
East Midlands	312.4
England	433.5

Age profile

17B.6.3 **Table 17B.26** below shows the age profile in Section 3. On average, Section 3 has a lower proportion of children and young people (under the age of 16) than the local authority of Melton, East Midlands and England. LSOA Melton 003B has the highest proportion of children and young people in Section 3 with 19.9%, which is higher than the local authority of Melton, East Midlands and England.

17B.6.4 On average, Section 3 has a higher proportion of older people (aged 65 and above) than the local authority of Melton, East Midlands and England. LSOA Melton 002B has the highest proportion of older people in Section 3 with 32.8%.

Table 17B.26 Age profile (Section 3)

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
Melton 001C	14.0	62.2	23.8
Melton 002A	16.9	52.4	30.7
Melton 002B	14.5	52.7	32.8
Melton 002D	18.8	60.1	21.2
Melton 003A	16.6	58.2	25.2
Melton 003B	19.9	63.3	16.9
Melton 003C	13.2	61.9	24.9
Melton 003D	16.8	59.5	23.6
Melton 006A	13.4	57.5	29.2
Melton 006B	14.5	59.4	26.1
Melton 006C	15.7	55.3	29.1
Melton 006D	15.1	59.0	25.8
Section 3 average	15.8	58.5	25.8
Local authority: Melton	17.1	59.4	23.5
East Midlands	18.1	62.5	19.4
England	18.5	63.0	18.3

Ethnicity

17B.6.5 **Table 17B.27** below shows the ethnic groups in Section 3. On average, Section 3 is less ethnically diverse than the local authority of Melton, East Midlands and England. LSOA Melton 003D has the least ethnic diversity and LSOA Melton 006C has the highest ethnic diversity in Section 3.

Table 17B.27 Ethnicity (Section 3)

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
Melton 001C	0.5	0.3	0.8	98.1	0.3
Melton 002A	1.5	0.7	1.2	96.6	0.0
Melton 002B	1.1	0.6	1.1	96.8	0.4
Melton 002D	1.0	0.4	1.0	97.3	0.2
Melton 003A	1.1	0.4	1.3	96.9	0.3
Melton 003B	0.9	0.1	1.7	97.0	0.2
Melton 003C	0.8	0.6	2.0	96.6	0.1
Melton 003D	0.5	0.1	0.7	98.6	0.2
Melton 006A	1.2	0.0	1.0	97.8	0.1
Melton 006B	1.2	0.5	1.5	96.9	0.0
Melton 006C	1.2	0.7	1.5	96.3	0.3
Melton 006D	0.5	0.2	1.9	97.3	0.1
Section 3 average	1.0	0.4	1.3	97.2	0.2
Local authority: Melton	1.2	0.4	1.3	96.9	0.3
East Midlands	8.0	2.7	2.4	85.7	1.3
England	9.6	4.2	3.0	81.0	2.2

Religion

17B.6.6 **Table 17B.28** below shows the religions in Section 3. The most prevalent religion in in Section 3 is Christianity. LSOA Melton 002B has the highest proportion of Christians in Section 3 with 63.3%, which is higher than the local authority of Melton, East Midlands and England.

Table 17B.28 Religion (Section 3)

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
Melton 001C	38.1	55.2	0.3	0.1	0.2	0.2	0.0	0.2
Melton 002A	38.6	54.0	0.5	0.1	0.0	0.3	0.2	0.4
Melton 002B	30.7	63.3	0.6	0.0	0.3	0.5	0.1	0.3
Melton 002D	40.7	53.1	0.3	0.4	0.0	0.1	0.3	0.2
Melton 003A	39.1	54.2	0.5	0.3	0.0	0.0	0.0	0.5
Melton 003B	47.0	46.0	0.2	0.3	0.0	0.1	0.0	0.6
Melton 003C	35.1	58.2	0.4	0.1	0.1	0.3	0.2	0.2
Melton 003D	35.8	57.8	0.1	0.3	0.0	0.1	0.0	0.1
Melton 006A	32.5	61.9	0.3	0.2	0.1	0.2	0.2	0.1
Melton 006B	36.1	56.5	0.3	0.5	0.0	0.0	0.1	0.4
Melton 006C	37.5	56.2	0.2	0.5	0.0	0.2	0.1	0.6
Melton 006D	36.0	57.6	0.1	0.1	0.1	0.1	0.3	0.1
Section 3 average	37.3	56.2	0.3	0.6	0.1	0.5	0.2	0.5
Local authority: Melton	39.3	53.7	0.3	0.4	0.1	0.3	0.1	0.3
East Midlands	40.0	45.4	0.3	2.5	0.1	4.3	1.1	0.5
England	36.7	46.3	0.5	1.8	0.5	6.7	0.9	0.6

Socioeconomic profile

Highest level of qualifications

17B.6.7 **Table 17B.29** below shows on average, Section 3 has a lower proportion of people with no qualifications than the local authority of Melton, East Midlands and England. LSOA Melton 003B has the highest proportion of people with no qualifications in Section 3 with 20.2%, which is higher than the local authority of Melton, East Midlands and England.

17B.6.8 On average, Section 3 has a higher proportion of people with Level 4 qualifications or above than the local authority of Melton, East Midlands and England. LSOA Melton 003C has the highest proportion of people with Level 4 qualifications or above in Section 3 with 42.1%, which is higher than the local authority of Melton, East Midlands and England.

Table 17B.29 Highest level of qualifications (Section 3)

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
Melton 001C	13.5	8.9	13.2	5.4	18.9	37.9	2.2
Melton 002A	17.0	11.4	14.9	8.3	18.9	26.2	3.4
Melton 002B	14.5	10.2	13.7	7.0	18.2	33.0	3.4
Melton 002D	13.7	9.4	15.1	7.5	21.0	30.8	2.5
Melton 003A	18.4	9.7	15.7	7.4	18.7	27.1	2.9
Melton 003B	20.2	10.6	15.9	6.5	20.8	24.2	1.7
Melton 003C	9.2	7.5	15.0	6.0	18.6	42.1	1.6
Melton 003D	15.9	9.5	13.3	5.4	18.7	34.8	2.4
Melton 006A	12.8	7.9	13.8	5.6	17.4	40.1	2.3
Melton 006B	13.6	9.0	13.4	6.5	16.8	38.8	1.8
Melton 006C	15.0	8.1	13.7	6.2	15.4	37.7	4.0
Melton 006D	15.5	8.5	13.2	6.3	16.9	37.6	2.0
Section 3 average	14.9	9.2	14.2	6.5	18.4	34.2	2.5
Local authority: Melton	16.4	10.0	14.7	6.7	18.4	31.1	2.7
East Midlands	19.5	10.4	13.9	6.0	18.3	29.1	2.8
England	18.1	9.7	13.3	5.3	16.9	33.9	2.8

Economic activity

17B.6.9 **Table 17B.30** below shows that on average, Section 3 has a higher proportion of economically active people in employment than East Midlands and England but lower than the local authority of Melton. LSOA Melton 003B has the highest proportion of economically active people in employment in Section 3 with 62.2% whereas LSOA Melton 001C has the highest proportion of economically active people who are unemployed in Section 3 with 2.8%.

17B.6.10 LSOA Melton 002B has the highest proportion of economically inactive people in Section 3 with 46.1%, of which 38.2% are retired.

17B.6.11 LSOA Melton 003B has the highest proportion of economically inactive people, due to long term sickness or disability in Section 3 with 3.1%, as compared to the local authority of Melton (2.6%) and East Midlands and England with 4.1%.

Table 17B.30 Economic activity (Section 3)

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
Melton 001C	58.5	2.8	37.5
Melton 002A	51.9	1.4	45.2
Melton 002B	51.8	0.5	46.1
Melton 002D	61.2	1.1	35.3
Melton 003A	58.3	1.7	39.3
Melton 003B	62.2	2.2	34.1
Melton 003C	59.6	1.1	37.7
Melton 003D	59.5	1.2	37.8
Melton 006A	57.7	0.8	39.9
Melton 006B	59.7	2.0	37.4
Melton 006C	54.6	1.5	42.7
Melton 006D	56.7	2.3	40.1
Section 3 average	57.6	1.6	39.4
Local authority: Melton	58.1	1.8	38.6
East Midlands	55.1	2.4	40.1
England	55.7	2.9	39.1

Industry

17B.6.12 **Table 17B.31** below shows that on average, Section 3 has a higher than average proportion of people employed in the construction and manufacturing industries.

17B.6.13 In Section 3, LSOA Melton 006D has the highest proportion of people working in construction (11.6%) and LSOA Melton 003A has the highest proportion of people working in manufacturing (15.2%), all higher than the regional and national averages.

Table 17B.31 Industry (Section 3)

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
Melton 001C	11.1	3.3	7.7	0.2
Melton 002A	9.2	3.7	13.9	0.6
Melton 002B	7.4	4.9	14.7	0.7
Melton 002D	10.0	5.4	12.3	0.6
Melton 003A	10.0	3.8	15.2	0.9
Melton 003B	10.5	4.3	11.7	0.6
Melton 003C	11.4	3.4	9.5	0.0
Melton 003D	9.8	3.8	11.2	0.8
Melton 006A	9.1	4.4	8.9	0.2
Melton 006B	8.1	3.5	8.7	0.4
Melton 006C	9.5	2.6	10.6	0.5
Melton 006D	11.6	2.4	6.1	0.1
Section 3 average	9.8	3.8	10.9	0.5
Local authority: Melton	9.4	3.9	13.0	0.5
East Midlands	8.8	5.8	10.6	0.8
England	8.7	5.0	7.3	0.6

Health profile

General health

17B.6.14 **Table 17B.32** below shows on average, Section 3 has a higher proportion of people with good and very good health than the local authority of Melton, East Midlands and England. LSOA Melton 003C has the highest proportion of people with good and very good health in Section 3 with 86.3%, which is higher than the local authority of Melton, East Midlands and England.

17B.6.15 On average, Section 3 has a lower proportion of people with bad and very bad health than the local authority of Melton, East Midlands and England. LSOA Melton 003B has the highest proportion of people with bad and very bad health in Section 3 with 5.2%, which is higher than the local authority of Melton with 3.9% but similar to East Midlands with 5.4% and England with 5.2%.

Table 17B.32 General health (Section 3)

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
Melton 001C	50.3	32.7	12.4	3.2	1.4
Melton 002A	45.2	35.2	15.4	3.3	0.9
Melton 002B	46.0	36.8	12.9	3.5	0.7
Melton 002D	50.0	35.7	11.3	2.3	0.6
Melton 003A	45.5	37.4	13.7	2.2	1.2
Melton 003B	48.1	33.4	13.4	3.9	1.3
Melton 003C	53.9	32.4	11.2	1.7	0.6
Melton 003D	50.2	34.0	12.0	2.8	0.9
Melton 006A	52.6	32.5	11.3	2.9	0.6
Melton 006B	52.4	32.5	11.8	2.6	0.7
Melton 006C	47.7	35.4	12.4	3.7	0.8
Melton 006D	48.7	34.7	12.7	3.4	0.6
Section 3 average	49.2	34.4	12.5	3.0	0.9

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
Local authority: Melton	47.8	35.1	13.1	3.1	0.8
East Midlands	46.2	34.8	13.6	4.2	1.2
England	48.5	33.7	12.7	4.0	1.2

Disability

17B.6.16 **Table 17B.33** below shows that on average, Section 3 has a lower proportion of people disabled under the Equality Act than the local authority of Melton, East Midlands and England. LSOA Melton 002A and Melton 006C have the highest proportion of people disabled under the Equality Act in Section 3 with 18.7%, higher than the local authority of Melton, East Midlands and England.

17B.6.17 LSOA Melton 006C also has the highest proportion of people disabled under the Equality Act experiencing severe limitations in their day to day activities in Section 3 with 8.1%, higher than the local authority of Melton, East Midlands and England.

Table 17B.33 Disability (Section 3)

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
Melton 001C	16.9	6.3	10.7	83.1
Melton 002A	18.7	6.5	12.3	81.3
Melton 002B	16.0	6.3	9.8	84.0
Melton 002D	13.7	4.5	9.2	86.3
Melton 003A	17.2	6.0	11.1	82.8
Melton 003B	18.3	7.3	10.9	81.7
Melton 003C	13.7	3.8	9.9	86.3
Melton 003D	15.9	6.2	9.6	84.1
Melton 006A	14.9	5.5	9.5	85.1
Melton 006B	15.0	3.9	11.1	85.0
Melton 006C	18.7	8.1	10.6	81.3

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
Melton 006D	16.4	5.7	10.7	83.6
Section 3 average	16.3	5.8	10.5	83.7
Local authority: Melton	16.9	6.1	10.8	83.1
East Midlands	18.3	7.7	10.7	81.7
England	17.3	7.3	10.0	82.7

Deprivation

17B.6.18 **Table 17B.34** shows moderate to low levels of deprivation across Section 3. LSOAs Melton 002B and 002D are within the decile with the lowest deprivation in England, and LSOAs Melton 001C and 006D have the highest levels of deprivation within Section 3, and are within the fifth lowest decile for deprivation.

Table 17B.34 Deprivation (Section 3)

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
Melton 001C	5	7	9	1
Melton 002A	8	7	8	8
Melton 002B	10	9	8	10
Melton 002D	10	9	9	10
Melton 003A	7	7	8	8
Melton 003B	5	6	5	5
Melton 003C	8	10	10	3
Melton 003D	7	7	6	5
Melton 006A	7	9	9	5
Melton 006B	6	9	9	2
Melton 006C	6	7	7	2
Melton 006D	5	8	9	1

17B.7 Section 4

17B.7.1 Reconductoring of approximately 19 km of existing 400 kV ZA overhead line from an area near the B6047 south of Twyford to the confluence of Langton Brook and the River Welland, south west of Welham, located in Harborough District Council, part of Leicestershire County Council.

Demographic profile

Population density

17B.7.2 **Table 17B.35** below shows the population density in Section 4. Section 4 has an average population density of 475.5 residents/km^2 which is higher than the local authority of Harborough, East Midlands and England. LSOA Harborough 009B has the highest population density and LSOA Harborough 002C has the lowest population density in Section 4.

Table 17B.35 Population density (Section 4)

Area	Population density (residents/km^2)
Harborough 002A	29.1
Harborough 002C	22.7
Harborough 005E	57.9
Harborough 007C	260.2
Harborough 009A	1,025.9
Harborough 009B	1,457.4
Section 4 average	475.5
Local authority: Harborough	165.0
East Midlands	312.4
England	433.5

Age profile

17B.7.3 **Table 17B.36** below shows the age profile in Section 4. On average, Section 4 has a similar proportion of children and young people to the local authority of Harborough but lower than East Midlands and England. LSOA Harborough 009B has the highest proportion of children and young people in Section 4 with 22.8%, which is higher than the local authority of Harborough, East Midlands and England.

17B.7.4 On average, Section 4 has a higher proportion of older people (aged 65 and above) than the local authority of Harborough, East Midlands and England. LSOA Harborough 002A has the highest proportion of older people in Section 4 with 26.5%.

Table 17B.36 Age profile (Section 4)

Area	Under the age of 16 (%)	Aged 16 to 64 (%)	Aged 65 and above (%)
Harborough 002A	14.2	59.3	26.5
Harborough 002C	16.0	59.7	24.4
Harborough 005E	13.4	61.9	24.7
Harborough 007C	19.4	57.3	23.3
Harborough 009A	18.1	58.5	23.3
Harborough 009B	22.8	61.4	15.8
Section 4 average	17.3	59.7	23.0
Local authority: Harborough	17.6	60.3	22.0
East Midlands	18.1	62.5	19.4
England	18.5	63.0	18.3

Ethnicity

17B.7.5 **Table 17B.37** below shows the ethnic groups in Section 4. On average, Section 4 is less ethnically diverse than the local authority of Harborough, East Midlands and England. LSOA Harborough 007C has the least ethnic diversity and LSOA Harborough 002C has the highest ethnic diversity in Section 4.

17B.7.6 LSOA Harborough 002C has 5.4% Asian, Asian British or Asian Welsh people, 0.7% Black, Black British, Black Welsh, Caribbean or African and 1.7% Mixed or Multiple ethnic groups. However, LSOA Harborough 002A has the highest prevalence of Mixed or Multiple ethnic groups with 2.7%, higher than the local authority of Harborough and East Midlands.

Table 17B.37 Ethnicity (Section 4)

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
Harborough 002A	2.8	0.1	2.7	94.3	0.2
Harborough 002C	5.4	0.7	1.7	91.9	0.4
Harborough 005E	3.1	0.3	2.0	93.7	0.9

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
Harborough 007C	1.8	0.3	2.0	95.5	0.3
Harborough 009A	2.9	0.2	2.1	93.6	1.2
Harborough 009B	2.9	0.6	2.1	94.2	0.3
Section 4 average	3.2	0.4	2.1	93.9	0.6
Local authority: Harborough	5.4	0.7	2.1	91.0	0.8
East Midlands	8.0	2.7	2.4	85.7	1.3
England	9.6	4.2	3.0	81.0	2.2

Religion

17B.7.7 **Table 17B.38** below shows the religions in Section 4. The most prevalent religion in Section 4 is Christianity with LSOA Harborough 002A having the highest proportion of Christians in Section 4 with 59.9%, higher than the local authority of Harborough, East Midlands and England.

Table 17B.38 Religion (Section 4)

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
Harborough 002A	31.7	59.9	0.6	0.5	0.1	0.7	0.3	0.7
Harborough 002C	30.6	57.7	0.3	2.2	0.0	0.8	1.6	0.7
Harborough 005E	35.4	56.6	0.1	0.4	0.1	0.8	2.2	0.7
Harborough 007C	40.3	52.9	0.2	0.6	0.1	0.3	0.3	0.2
Harborough 009A	41.6	49.2	0.3	1.2	0.0	0.7	0.0	0.3
Harborough 009B	45.3	45.5	0.1	1.3	0.3	0.4	0.5	0.6

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
Section 4 average	37.5	53.6	0.3	1.0	0.1	0.6	0.8	0.5
Local authority: Harborough	38.4	50.2	0.3	2.5	0.1	1.1	1.5	0.4
East Midlands	40.0	45.4	0.3	2.5	0.1	4.3	1.1	0.5
England	36.7	46.3	0.5	1.8	0.5	6.7	0.9	0.6

Socioeconomic profile

Highest level of qualification

17B.7.8 **Table 17B.39** below shows that on average, Section 4 has a lower proportion of people with no qualifications than the local authority of Harborough, East Midlands and England. LSOA Harborough 002C has the highest proportion of people with no qualifications in Section 4 with 12.4%, which is lower than the local authority of Harborough, East Midlands and England.

17B.7.9 On average, Section 4 has a higher proportion of people with Level 4 qualifications or above than the local authority of Harborough, East Midlands and England. LSOA Harborough 007C has the highest proportion of people with Level 4 qualifications or above in Section 4 with 45.2%, which is higher than the local authority of Harborough, East Midlands and England.

Table 17B.39 Highest level of qualification (Section 4)

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
Harborough 002A	11.3	7.6	13.5	6.0	16.1	44.0	1.5
Harborough 002C	12.4	8.7	12.8	5.1	16.2	42.3	2.5
Harborough 005E	10.7	8.0	13.4	5.8	17.4	42.7	2.0
Harborough 007C	12.3	7.7	12.6	5.8	15.1	45.2	1.4
Harborough 009A	12.0	7.6	12.9	4.9	15.9	43.4	3.2
Harborough 009B	11.0	7.4	14.2	4.5	16.0	45.1	1.8
Section 4 average	11.6	7.8	13.2	5.4	16.1	43.8	2.1
Local authority: Harborough	13.6	9.0	14.0	6.0	17.3	37.8	2.4
East Midlands	19.5	10.4	13.9	6.0	18.3	29.1	2.8
England	18.1	9.7	13.3	5.3	16.9	33.9	2.8

Economic activity

17B.7.10 **Table 17B.40** below shows that on average, Section 4 has a higher proportion of people with economically active in employment than the local authority of Harborough, East Midlands and England. LSOA Harborough 009B has the highest proportion of economically active people in employment in Section 4 with 66.3% whereas LSOA Harborough 007C has the highest proportion of economically active people who are unemployed in Section 4 with 2.1%.

17B.7.11 LSOA Harborough 002A has the highest proportion of economically inactive people in Section 4 with 38.5%, of which 27.3% are retired.

17B.7.12 LSOA Harborough 002C and Harborough 009A has the highest proportion of economically inactive people, due to long term sickness or disability in Section 4 with 1.8%, as compared to the local authority of Harborough with 2.2% and East Midlands and England with 4.1%.

Table 17B.40 Economic activity (Section 4)

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
Harborough 002A	58.5	1.8	38.5
Harborough 002C	61.3	1.5	35.2
Harborough 005E	58.3	1.6	38.1
Harborough 007C	59.6	2.1	36.7
Harborough 009A	58.6	2.0	38.0
Harborough 009B	66.3	1.6	29.7
Section 4 average	60.4	1.8	36.0
Local authority: Harborough	59.3	1.6	37.4
East Midlands	55.1	2.4	40.1
England	55.7	2.9	39.1

Industry

17B.7.13 **Table 17B.41** below shows that on average, Section 4 has a lower than average proportion of people employed in industries such as construction, manufacturing, transport and storage and electricity.

17B.7.14 In Section 4, LSOA Harborough 002A and 005E has the highest proportion of people working in construction (9.2%) which is higher than the regional and national average.

Table 17B.41 Industry (Section 4)

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
Harborough 002A	9.2	2.6	7.8	0.6
Harborough 002C	7.7	2.9	7.3	0.3
Harborough 005E	9.2	1.9	8.0	0.4
Harborough 007C	7.5	3.0	9.3	0.8
Harborough 009A	8.1	3.2	6.9	0.4
Harborough 009B	7.6	2.4	7.8	0.6
Section 4 average	8.2	2.7	7.9	0.5
Local authority: Harborough	9.0	4.3	8.5	0.7
East Midlands	8.8	5.8	10.6	0.8
England	8.7	5.0	7.3	0.6

Health profile

General health

17B.7.15 **Table 17B.42** below shows that on average, Section 4 has a higher proportion of people with good and very good health than the local authority of Harborough, East Midlands and England. LSOA Harborough 007C has the highest proportion of people with good and very good health in Section 4 with 87.7%, which is higher than the local authority of Harborough, East Midlands and England.

17B.7.16 On average, Section 4 has a lower proportion of people with bad and very bad health than the local authority of Harborough, East Midlands and England. LSOA Harborough 009A has the highest proportion of people with bad and very bad health in Section 4 with 4.5%, which is higher than the local authority of Harborough with 3.7% but lower than East Midlands with 5.4% and England with 5.2%.

Table 17B.42 General health (Section 4)

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
Harborough 002A	52.8	34.0	10.4	2.1	0.7
Harborough 002C	54.7	31.9	10.2	2.8	0.4
Harborough 005E	54.1	31.9	11.2	2.3	0.5
Harborough 007C	54.8	32.9	9.8	1.9	0.6
Harborough 009A	52.4	33.1	10.0	3.6	0.9
Harborough 009B	59.0	28.4	10.3	1.8	0.4
Section 4 average	54.6	32.0	10.3	2.4	0.6
Local authority: Harborough	51.5	33.5	11.3	2.9	0.8
East Midlands	46.2	34.8	13.6	4.2	1.2
England	48.5	33.7	12.7	4.0	1.2

Disability

17B.7.17 **Table 17B.43** below shows that on average, Section 4 has a lower proportion of people disabled under the Equality Act than the local authority of Harborough, East Midlands and England. LSOA Harborough 009A have the highest proportion of people disabled under the Equality Act in Section 4 with 14.7%, lower than the local authority of Harborough, East Midlands and England.

17B.7.18 LSOA Harborough 009B has the highest proportion of people disabled under the Equality Act experiencing severe limitations in their day-to-day activities in Section 4 with 5.8%, similar to the local authority of Harborough, but lower than East Midlands and England.

Table 17B.43 Disability (Section 4)

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
Harborough 002A	13.3	3.7	9.6	86.7
Harborough 002C	13.6	4.2	9.3	86.4
Harborough 005E	13.7	4.9	8.8	86.3
Harborough 007C	12.2	4.3	7.9	87.8
Harborough 009A	14.7	5.6	9.0	85.3
Harborough 009B	14.4	5.8	8.6	85.6
Section 4 average	13.7	4.8	8.9	86.4
Local authority: Harborough	15.1	5.4	9.6	84.9
East Midlands	18.3	7.7	10.7	81.7
England	17.3	7.3	10.0	82.7

Deprivation

17B.7.19 **Table 17B.44** shows that Section 4 has low levels of deprivation, with three of the six LSOAs within the least deprived decile in England. LSOA Harborough 002C is the most deprived LSOA in Section 4, and has lower levels of deprivation than 60% of LSOAs.

Table 17B.44 Deprivation (Section 4)

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
Harborough 002A	7	10	10	2
Harborough 002C	6	9	10	1
Harborough 005E	9	10	10	6
Harborough 007C	10	9	10	9

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
Harborough 009A	10	10	10	9
Harborough 009B	10	10	8	10

17B.8 Section 5

17B.8.1 Reconductoring of approximately 34 km of existing 400 kV ZA overhead line from the confluence of Langton Brook and the River Welland, south west of Welham to the existing Grendon 400 kV substation. Located in North Northamptonshire and West Northamptonshire.

Demographic profile

Population density

17B.8.2 **Table 17B.45** below shows the population density in Section 5. Section 5 has an average population density of 374.9 residents/km^2. This is higher than the local authorities of West and North Northamptonshire and East Midlands but lower than England. LSOA North Northamptonshire 031C has the highest population density and LSOA North Northamptonshire 012C has the lowest population density in Section 5.

Table 17B.45 Population density (Section 5)

Area	Population density (residents/km^2)
West Northamptonshire 001A	39.2
West Northamptonshire 003D	75.5
West Northamptonshire 043D	51.3
North Northamptonshire 012C	38.8
North Northamptonshire 013A	723.9
North Northamptonshire 013B	737.5
North Northamptonshire 014E	287.5
North Northamptonshire 020A	98.1
North Northamptonshire 020B	144.0
North Northamptonshire 020C	1,998.6
North Northamptonshire 020D	63.8
North Northamptonshire 026D	82.6

Area	Population density (residents/km^2)
North Northamptonshire 029D	689.2
North Northamptonshire 031A	639.0
North Northamptonshire 031C	4,587.0
North Northamptonshire 038A	733.1
North Northamptonshire 038B	814.8
North Northamptonshire 038C	558.2
North Northamptonshire 038D	622.5
North Northamptonshire 038E	165.9
North Northamptonshire 038F	85.2
North Northamptonshire 040E	124.4
Section 5 average	374.9
Local authority: West Northamptonshire	309.1
Local authority: North Northamptonshire	364.4
East Midlands	312.4
England	433.5

Age profile

17B.8.3 **Table 17B.46** below shows the age profile in Section 5. On average, Section 5 has a lower proportion of children and young people (under the age of 16) than the local authorities of West and North Northamptonshire, East Midlands and England. LSOA North Northamptonshire 031A has the highest proportion of children and young people in Section 5 with 29.7%, which is higher than the local authorities of North Northamptonshire and West Northamptonshire, East Midlands and England.

17B.8.4 On average, Section 5 has a higher proportion of older people (aged 65 and above) than local authorities of North Northamptonshire and West Northamptonshire, East Midlands and England. LSOA North Northamptonshire 038F has the highest proportion of older people in Section 5 with 32.4%.

Table 17B.46 Age profile (Section 5)

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
West Northamptonshire 001A	16.8	60.8	22.5

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
West Northamptonshire 003D	17.2	57.9	24.9
West Northamptonshire 043D	14.8	59.9	25.4
North Northamptonshire 012C	13.4	57.7	29.0
North Northamptonshire 013A	14.0	54.1	31.8
North Northamptonshire 013B	20.1	62.2	17.7
North Northamptonshire 014E	19.1	65.4	15.4
North Northamptonshire 020A	16.6	57.5	25.8
North Northamptonshire 020B	15.6	62.0	22.4
North Northamptonshire 020C	27.9	63.2	8.9
North Northamptonshire 020D	20.8	63.1	16.1
North Northamptonshire 026D	15.3	60.7	24.1
North Northamptonshire 029D	17.4	68.4	14.1
North Northamptonshire 031A	29.7	60.2	10.1
North Northamptonshire 031C	24.8	64.1	11.1
North Northamptonshire 038A	14.6	61.0	24.3
North Northamptonshire 038B	21.8	62.8	15.3
North Northamptonshire 038C	16.1	52.5	31.4
North Northamptonshire 038D	17.9	62.4	19.6

Area	Under the age of 16 (%)	Aged between 16 and 64 (%)	Aged 65 and above (%)
North Northamptonshire 038E	14.1	54.3	31.5
North Northamptonshire 038F	11.9	55.5	32.4
North Northamptonshire 040E	18.3	63.7	18.0
Section 5 average	17.4	60.1	22.7
Local authority: West Northamptonshire	19.3	63.6	17.2
Local authority: North Northamptonshire	19.5	62.2	18.1
East Midlands	18.1	62.5	19.4
England	18.5	63.0	18.3

Ethnicity

17B.8.5 **Table 17B.47** below shows the ethnic groups in Section 5. On average, Section 5 is less ethnically diverse than the local authorities of West and North Northamptonshire, East Midlands and England. LSOA North Northamptonshire 013A has the least ethnic diversity and LSOA North Northamptonshire 031A has the highest ethnic diversity in Section 5.

17B.8.6 In Section 5, LSOA North Northamptonshire 029D has the highest proportion of Asian, Asian British or Asian Welsh people with 8.0% and LSOA North Northamptonshire 031A has the highest proportion of Black, Black British, Black Welsh, Caribbean or African people with 9.8% and Mixed or Multiple ethnic groups with 7.5%.

Table 17B.47 Ethnicity (Section 5)

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
West Northamptonshire 001A	0.9	0.2	1.4	97.2	0.2
West Northamptonshire 003D	1.0	0.6	2.3	95.7	0.5
West Northamptonshire 043D	0.9	0.9	1.4	96.6	0.2

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
North Northamptonshire 012C	0.5	0.4	1.2	97.7	0.2
North Northamptonshire 013A	1.0	0.6	0.3	97.9	0.1
North Northamptonshire 013B	1.4	2.1	1.8	94.6	0.1
North Northamptonshire 014E	1.2	2.1	1.0	95.1	0.7
North Northamptonshire 020A	1.2	0.2	0.8	97.4	0.4
North Northamptonshire 020B	0.6	0.5	1.9	96.5	0.5
North Northamptonshire 020C	1.8	0.6	1.8	95.7	0.1
North Northamptonshire 020D	1.2	0.6	1.0	97.2	0.1
North Northamptonshire 026D	1.9	0.5	2.2	95.1	0.2
North Northamptonshire 029D	8.0	3.4	2.9	85.1	0.5
North Northamptonshire 031A	3.1	9.8	7.5	78.6	1.0
North Northamptonshire 031C	2.7	9.0	5.7	82.0	0.6
North Northamptonshire 038A	1.6	0.7	2.1	95.0	0.7
North Northamptonshire 038B	1.1	3.1	3.2	92.0	0.6
North Northamptonshire 038C	0.4	0.4	1.8	97.3	0.0
North Northamptonshire 038D	1.3	0.7	0.9	96.5	0.5
North Northamptonshire 038E	1.7	0.4	2.7	95.0	0.1

Area	Asian, Asian British or Asian Welsh (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	White (%)	Other ethnic group (%)
North Northamptonshire 038F	1.1	0.4	1.0	97.4	0.0
North Northamptonshire 040E	1.0	0.7	1.4	96.6	0.3
Section 5 average	1.3	1.3	2.0	95.2	0.4
Local authority: West Northamptonshire	5.3	4.9	2.8	85.9	1.1
Local authority: North Northamptonshire	3.5	3.1	2.3	90.3	0.8
East Midlands	8.0	2.7	2.4	85.7	1.3
England	9.6	4.2	3.0	81.0	2.2

Religion

17B.8.7 **Table 17B.48** below shows the religions in Section 5. The most prevalent religion in Section 5 is Christianity where LSOA North Northamptonshire 038F has the highest proportion of Christians in Section 5 with 59.2%, higher than the local authorities of West and North Northamptonshire, East Midlands and England.

Table 17B.48 Religion (Section 5)

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
West Northamptonshire 001A	37.3	55.2	0.3	0.3	0.1	0.3	0.1	0.5
West Northamptonshire 003D	41.8	51.8	0.4	0.1	0.2	0.7	0.1	0.6
West Northamptonshire 043D	41.8	50.3	0.2	0.3	0.1	0.7	0.1	0.9
North Northamptonshire 012C	35.2	57.9	0.3	0.0	0.2	0.1	0.0	0.2

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
North Northamptonshire 013A	41.7	49.5	0.4	0.3	0.4	0.0	0.1	0.3
North Northamptonshire 013B	48.8	42.1	0.1	0.1	0.1	0.4	0.6	0.5
North Northamptonshire 014E	52.5	41.0	0.1	0.1	0.1	0.5	0.0	0.6
North Northamptonshire 020A	43.1	50.1	0.2	0.4	0.1	0.2	0.0	0.3
North Northamptonshire 020B	36.2	56.0	0.6	0.3	0.0	0.4	0.1	0.8
North Northamptonshire 020C	45.3	48.3	0.4	0.4	0.1	0.9	0.1	0.6
North Northamptonshire 020D	43.6	49.4	0.5	0.5	0.0	0.1	0.0	0.3
North Northamptonshire 026D	37.6	55.1	0.2	0.7	0.1	0.6	0.1	0.9
North Northamptonshire 029D	39.1	46.8	0.6	5.6	0.0	0.8	0.7	0.5
North Northamptonshire 031A	50.3	38.0	0.9	0.3	0.1	1.9	0.5	0.5
North Northamptonshire 031C	44.7	45.7	0.2	0.5	0.1	1.3	0.7	0.8
North Northamptonshire 038A	40.5	51.7	0.4	0.2	0.0	0.3	0.0	0.3
North Northamptonshire 038B	50.5	42.8	0.0	0.7	0.0	0.4	0.1	0.5

Area	No religion (%)	Christian (%)	Buddhist (%)	Hindu (%)	Jewish (%)	Muslim (%)	Sikh (%)	Other religion (%)
North Northamptonshire 038C	39.2	53.6	0.1	0.2	0.0	0.1	0.0	0.3
North Northamptonshire 038D	48.6	44.6	0.1	0.1	0.1	0.3	0.3	0.4
North Northamptonshire 038E	40.5	52.0	0.2	0.6	0.1	0.4	0.2	0.2
North Northamptonshire 038F	34.4	59.2	0.5	0.1	0.1	0.7	0.1	0.5
North Northamptonshire 040E	46.4	47.7	0.2	0.5	0.1	0.4	0.1	0.5
Section 5 average	41.7	50.7	0.3	0.4	0.1	0.5	0.1	0.6
Local authority: West Northamptonshire	38.2	49.5	0.4	1.3	0.1	3.5	0.4	0.6
Local authority: North Northamptonshire	42.6	47.9	0.3	1.3	0.1	1.2	0.5	0.5
East Midlands	40.0	45.4	0.3	2.5	0.1	4.3	1.1	0.5
England	36.7	46.3	0.5	1.8	0.5	6.7	0.9	0.6

Socioeconomic profile

Highest level of qualification

17B.8.8 **Table 17B.49** below shows that on average, Section 5 has a lower proportion of people with no qualifications than the local authorities of West and North Northamptonshire, East Midlands and England. LSOA North Northamptonshire 031A has the highest proportion of people with no qualifications in Section 5 with 25.6%, which is higher than the local authorities of West and North Northamptonshire, East Midlands and England.

17B.8.9 On average, Section 5 has a higher proportion of people with Level 4 qualifications or above than the local authorities of West and North Northamptonshire, East Midlands and England. LSOA West Northamptonshire 001A has the highest proportion of people with Level 4 qualifications or above in Section 5 with 43.7%, which is higher than the local authorities of West and North Northamptonshire, East Midlands and England.

Table 17B.49 Highest level of qualification (Section 5)

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
West Northamptonshire 001A	11.9	8.6	13.0	4.2	16.9	43.7	1.7
West Northamptonshire 003D	14.1	9.3	14.2	5.6	15.4	39.5	2.0
West Northamptonshire 043D	13.6	9.1	15.7	5.5	16.2	38.1	1.8
North Northamptonshire 012C	15.8	8.1	13.7	5.7	15.5	39.3	1.8
North Northamptonshire 013A	20.6	10.6	13.6	6.7	19.2	25.9	3.4
North Northamptonshire 013B	18.9	13.3	16.9	7.4	18.2	22.9	2.4
North Northamptonshire 014E	20.4	12.2	15.2	6.7	17.3	25.7	2.6
North Northamptonshire 020A	19.1	10.5	14.6	6.6	17.3	29.9	2.0
North Northamptonshire 020B	12.4	10.9	17.3	7.3	18.6	30.9	2.6
North Northamptonshire 020C	7.3	8.4	19.2	3.2	20.9	38.9	2.0

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
North Northamptonshire 020D	11.7	9.2	14.3	4.4	18.9	39.7	1.8
North Northamptonshire 026D	16.9	8.7	14.7	5.7	16.8	35.4	1.8
North Northamptonshire 029D	15.9	12.8	14.6	5.4	19.4	29.6	2.3
North Northamptonshire 031A	25.6	14.2	16.6	5.0	16.2	18.7	3.7
North Northamptonshire 031C	25.3	14.2	16.3	6.4	13.0	19.6	5.2
North Northamptonshire 038A	15.6	10.7	15.1	6.4	17.0	33.1	2.1
North Northamptonshire 038B	13.7	9.9	17.0	6.9	17.7	32.6	2.2
North Northamptonshire 038C	12.9	12.4	16.2	8.4	16.2	30.9	3.0
North Northamptonshire 038D	14.6	10.7	14.6	6.1	18.1	33.8	2.0
North Northamptonshire 038E	18.9	10.3	12.5	7.4	16.6	31.2	3.0
North Northamptonshire 038F	19.1	11.1	14.7	6.7	15.2	29.8	3.3

Area	No qualifications (%)	Level 1 and entry level qualifications (%)	Level 2 qualifications (%)	Apprenticeship (%)	Level 3 qualifications (%)	Level 4 qualifications or above (%)	Other qualifications (%)
North Northamptonshire 040E	15.3	11.1	14.2	6.3	17.6	33.5	2.1
Section 5 average	15.0	10.0	14.8	5.7	16.8	35.5	2.2
Local authority: West Northamptonshire	17.4	10.9	14.3	5.8	16.9	31.8	3.0
Local authority: North Northamptonshire	19.9	11.9	15.4	6.3	16.7	26.7	3.1
East Midlands	19.5	10.4	13.9	6.0	18.3	29.1	2.8
England	18.1	9.7	13.3	5.3	16.9	33.9	2.8

Economic activity

17B.8.10 **Table 17B.50** below shows that on average, Section 5 has a lower proportion of economically active people in employment than the local authorities of West and North Northamptonshire but higher than East Midlands and England. LSOA North Northamptonshire 020C has the highest proportion of economically active people in employment in Section 5 with 71.2% whereas LSOA North Northamptonshire 031C has the highest proportion of economically active people who are unemployed in Section 5 with 4.6%.

17B.8.11 LSOA North Northamptonshire 013A has the highest proportion of economically inactive people in Section 5 with 47.8%, of which 35.9% are retired.

17B.8.12 LSOA North Northamptonshire 031A has the highest proportion of economically inactive people, due to long term sickness or disability in Section 5 with 7.5%, as compared to the local authorities of West Northamptonshire with 3.0%, North Northamptonshire with 3.8% and East Midlands and England with 4.1% each.

Table 17B.50 Economic activity (Section 5)

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
West Northamptonshire 001A	61.7	1.3	35.9
West Northamptonshire 003D	56.7	1.3	41.0
West Northamptonshire 043D	58.0	3.2	37.0
North Northamptonshire 012C	54.6	1.7	42.3
North Northamptonshire 013A	49.9	1.0	47.8
North Northamptonshire 013B	61.7	1.8	34.8
North Northamptonshire 014E	60.7	2.0	35.5
North Northamptonshire 020A	55.4	1.6	42.4
North Northamptonshire 020B	59.3	1.2	37.2
North Northamptonshire 020C	71.2	1.0	24.7
North Northamptonshire 020D	65.4	2.3	30.8
North Northamptonshire 026D	56.1	1.7	39.7

Area	Economically active: In employment (%)	Economically active: Unemployed (%)	Economically inactive (%)
North Northamptonshire 029D	68.6	1.5	27.9
North Northamptonshire 031A	58.1	3.4	36.0
North Northamptonshire 031C	58.3	4.6	34.4
North Northamptonshire 038A	58.3	1.6	37.8
North Northamptonshire 038B	67.4	1.5	28.8
North Northamptonshire 038C	51.4	1.0	45.6
North Northamptonshire 038D	63.3	2.5	32.1
North Northamptonshire 038E	50.8	1.0	46.4
North Northamptonshire 038F	52.8	0.8	45.6
North Northamptonshire 040E	62.8	1.7	33.8
Section 5 average	59.0	1.9	37.5
Local authority: West Northamptonshire	60.9	2.4	34.1
Local authority: North Northamptonshire	60.4	2.3	35.5
East Midlands	55.1	2.4	40.1
England	55.7	2.9	39.1

Industry

17B.8.13 **Table 17B.51** below shows that on average, Section 5 has a higher than average proportion of people employed in the construction industry.

17B.8.14 In Section 5, LSOA North Northamptonshire 038C has the highest proportion of people working in construction (15.3%), North Northamptonshire 031A has the highest proportion of people working in transport and storage (9.6%) and North Northamptonshire 013B has the highest proportion of people working in manufacturing (13.5%), all higher than the regional and national averages.

Table 17B.51 Industry (Section 5)

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
West Northamptonshire 001A	7.1	3.9	7.2	0.8
West Northamptonshire 003D	10.4	3.8	7.4	0.5
West Northamptonshire 043D	7.7	4.0	6.6	0.7
North Northamptonshire 012C	9.2	4.1	7.3	0.4
North Northamptonshire 013A	11.5	4.2	12.0	0.3
North Northamptonshire 013B	9.1	5.1	13.5	0.5
North Northamptonshire 014E	10.7	5.3	11.0	0.5
North Northamptonshire 020A	12.0	4.6	9.1	0.6
North Northamptonshire 020B	11.2	4.6	11.1	0.5
North Northamptonshire 020C	6.2	5.2	8.7	0.6
North Northamptonshire 020D	9.5	3.4	9.6	0.3
North Northamptonshire 026D	12.9	4.8	7.7	0.5
North Northamptonshire 029D	10.4	7.9	9.4	0.5
North Northamptonshire 031A	7.1	9.6	9.0	0.5
North Northamptonshire 031C	7.8	9.3	12.8	0.5
North Northamptonshire 038A	11.9	5.2	7.6	0.2
North Northamptonshire 038B	10.7	6.1	8.3	0.7

Area	Construction (%)	Transport and storage (%)	Manufacturing (%)	Electricity, gas, steam and air conditioning supply (%)
North Northamptonshire 038C	15.3	5.3	8.6	0.4
North Northamptonshire 038D	11.1	4.6	8.3	0.2
North Northamptonshire 038E	10.6	6.0	10.2	0.5
North Northamptonshire 038F	11.8	5.0	8.1	1.0
North Northamptonshire 040E	8.9	5.1	11.1	0.6
Section 5 average	10.1	5.3	9.3	0.5
Local authority: West Northamptonshire	9.6	7.6	8.7	0.6
Local authority: North Northamptonshire	9.3	7.4	11.6	0.4
East Midlands	8.8	5.8	10.6	0.8
England	8.7	5.0	7.3	0.6

Health profile

General health

17B.8.15 **Table 17B.52** below shows that on average, Section 5 has a higher proportion of people with good and very good health than the local authority of North Northamptonshire, East Midlands and England but lower than the local authority of West Northamptonshire. LSOA North Northamptonshire 020C has the highest proportion of people with good and very good health in Section 5 with 89.6%, which is higher than the local authorities of West Northamptonshire and North Northamptonshire, East Midlands and England.

17B.8.16 On average, Section 5 has a lower proportion of people with bad and very bad health than local authorities of West and North Northamptonshire, East Midlands and England. LSOA North Northamptonshire 020A has the highest proportion of people with bad and very bad health with 6.7%, which is higher than the local authorities of West Northamptonshire and North Northamptonshire, East Midlands and England.

Table 17B.52 General health (Section 5)

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
West Northamptonshire 001A	54.1	31.8	10.6	2.9	0.7
West Northamptonshire 003D	51.1	34.7	10.5	3.1	0.6
West Northamptonshire 043D	50.6	34.1	11.9	2.7	0.6
North Northamptonshire 012C	48.1	35.9	11.7	3.1	1.2
North Northamptonshire 013A	40.2	37.6	15.8	4.4	1.9
North Northamptonshire 013B	44.8	37.0	13.7	3.7	0.7
North Northamptonshire 014E	43.5	35.6	14.5	5.2	1.3
North Northamptonshire 020A	42.8	35.3	15.1	5.5	1.2
North Northamptonshire 020B	47.2	34.8	14.0	3.0	1.0
North Northamptonshire 020C	59.5	30.1	8.4	1.7	0.4
North Northamptonshire 020D	54.4	33.2	9.6	2.2	0.7
North Northamptonshire 026D	46.4	37.4	11.6	3.3	1.3
North Northamptonshire 029D	51.2	35.8	9.8	2.2	0.9

Area	Very good health (%)	Good health (%)	Fair health (%)	Bad health (%)	Very bad health (%)
North Northamptonshire 031A	44.5	36.0	13.9	4.4	1.2
North Northamptonshire 031C	44.2	36.1	13.8	4.8	1.2
North Northamptonshire 038A	45.8	36.6	13.1	3.6	0.9
North Northamptonshire 038B	50.3	35.0	11.8	2.3	0.7
North Northamptonshire 038C	43.4	40.3	12.3	2.9	1.1
North Northamptonshire 038D	49.6	35.3	11.5	2.6	0.9
North Northamptonshire 038E	43.7	37.5	14.7	3.1	1.0
North Northamptonshire 038F	44.3	36.9	14.1	3.6	1.1
North Northamptonshire 040E	47.9	34.8	11.8	4.5	1.1
Section 5 average	49.4	34.7	11.8	3.2	0.8
Local authority: West Northamptonshire	49.2	35.1	11.6	3.3	0.9
Local authority: North Northamptonshire	46.2	35.8	13.1	3.8	1.1
East Midlands	46.2	34.8	13.6	4.2	1.2
England	48.5	33.7	12.7	4.0	1.2

Disability

17B.8.17 **Table 17B.53** below shows that on average, Section 5 has a lower proportion of people disabled under the Equality Act than the local authority of North Northamptonshire, East Midlands and England but similar to the local authority of West Northamptonshire. LSOA North Northamptonshire 013A have the highest proportion of people disabled under the Equality Act in Section 5 with 22.2%, higher than the local authorities of West and North Northamptonshire, East Midlands and England.

17B.8.18 LSOA North Northamptonshire 013A also has the highest proportion of people disabled under the Equality Act experiencing severe limitations in their day to day activities in Section 5 with 11.7%, higher than the local authorities of West and North Northamptonshire, East Midlands and England.

Table 17B.53 Disability (Section 5)

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
West Northamptonshire 001A	14.1	5.2	8.8	85.9
West Northamptonshire 003D	12.9	5.1	7.8	87.1
West Northamptonshire 043D	14.8	4.7	10.1	85.2
North Northamptonshire 012C	16.2	6.0	10.1	83.8
North Northamptonshire 013A	22.2	11.7	10.5	77.8
North Northamptonshire 013B	18.7	7.3	11.5	81.3
North Northamptonshire 014E	19.4	9.1	10.3	80.6
North Northamptonshire 020A	20.3	8.4	11.9	79.7

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
North Northamptonshire 020B	17.3	6.6	10.7	82.7
North Northamptonshire 020C	10.5	3.3	7.3	89.5
North Northamptonshire 020D	13.7	4.8	8.9	86.3
North Northamptonshire 026D	16.2	6.1	10.1	83.8
North Northamptonshire 029D	11.9	4.4	7.5	88.1
North Northamptonshire 031A	20.7	8.5	12.2	79.3
North Northamptonshire 031C	19.6	8.3	11.3	80.4
North Northamptonshire 038A	17.8	7.3	10.6	82.2
North Northamptonshire 038B	14.5	5.0	9.5	85.5
North Northamptonshire 038C	17.0	6.3	10.8	83.0
North Northamptonshire 038D	14.6	5.0	9.6	85.4
North Northamptonshire 038E	19.0	6.8	12.2	81.0

Area	Disabled under the Equality Act (%)	Disabled under the Equality Act: Day-to-day activities limited a lot (%)	Disabled under the Equality Act: Day-to-day activities limited a little (%)	Not disabled under the Equality Act (%)
North Northamptonshire 038F	15.4	5.8	9.6	84.6
North Northamptonshire 040E	17.7	7.1	10.6	82.3
Section 5 average	15.5	5.9	10.1	84.5
Local authority: West Northamptonshire	15.2	5.9	9.3	84.8
Local authority: North Northamptonshire	17.3	7.1	10.2	82.7
East Midlands	18.3	7.7	10.7	81.7
England	17.3	7.3	10.0	82.7

Deprivation

17B.8.19 **Table 17B.54** shows deprivation levels for Section 5. Section 5 has mixed levels of deprivation, with LSOAs Northamptonshire 031A and 031C showing very high levels of deprivation, whilst LSOAs Northamptonshire 038C, 038D and 020C show very low levels of deprivation, comparatively.

Table 17B.54 Deprivation (Section 5)

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
West Northamptonshire 001A	7	10	9	2
West Northamptonshire 003D	7	8	10	6
West Northamptonshire 043D	7	8	9	3
North Northamptonshire 012C	6	8	9	2
North Northamptonshire 013A	8	7	6	9

Area	Overall deprivation	Employment deprivation	Health and wellbeing deprivation	Living environment deprivation
North Northamptonshire 013B	6	6	6	10
North Northamptonshire 014E	3	3	5	6
North Northamptonshire 020A	5	4	4	6
North Northamptonshire 020B	8	8	7	5
North Northamptonshire 020C	9	10	8	10
North Northamptonshire 020D	7	8	9	4
North Northamptonshire 026D	7	7	8	7
North Northamptonshire 029D	9	9	8	8
North Northamptonshire 031A	2	1	2	8
North Northamptonshire 031C	2	2	3	8
North Northamptonshire 038A	8	8	7	6
North Northamptonshire 038B	7	6	6	9
North Northamptonshire 038C	9	8	6	9
North Northamptonshire 038D	9	9	8	5
North Northamptonshire 038E	7	8	8	7
North Northamptonshire 038F	7	8	9	2
North Northamptonshire 040E	6	6	6	5

17B.9 Future Baseline

17B.9.1 The future baseline relates to known or anticipated changes to the current baseline in the future which should be assessed in the ES.

17B.9.2 According to ONS Census 2021 population projections, the population of the Study Area will grow by 8% on average between 2022 and 2032, which is higher than the region of East Midlands with a growth rate of 6.8% and England with a growth rate of 6.4%. The local authority of Harborough is projected to have the highest population increase in the Study Area at 14.8%.

17B.9.3 The proportion of people aged 65 and above in the Study Area is projected to grow by 24.8% on average between 2022 and 2032, which is higher than the region of East Midlands with a projection of 21.3% and England with a rate of 20.7%. The local authority of Harborough is projected to have the highest increase in population of older people in the Study Area with an increase of 30.1%.

17B.9.4 In the East Midlands, obesity in children aged 10-11 years increased from 17.5% in 2008 to 22.4% in 2025, increasing by 4.9 percentage points in 17 years, higher than England which saw an increase of 3.7 percentage points from 18.5% in 2008 to 22.2% in 2025[1].

17B.9.5 Further, East Midlands has observed an increase in life expectancy from 76.3 years in 2001 to 79.3 years in 2024 for males and 80.5 years in 2001 to 83.1 years in 2024 for females as compared to England where male life expectancy increased from 76 years in 2001 to 79.8 years in 2024 and female life expectancy increased from 80.6 years in 2001 to 83.6 years in 2024. This suggests that the East Midlands has a lower rate of increase in life expectancy compared with the national average.

17B.9.6 According to the Green Space Index (GSI) 2024, provision of green space per person in the Study Area is projected to decrease by 8.44% on average between 2024 and 2043. The local authority of Harborough is projected to experience the largest decrease by 11.32%.

[1] Department of Health and Social Care. Fingertips. Obesity (2025). Available at: https://fingertips.phe.org.uk/static-reports/health-trends-in-england/east_midlands/obesity.html [Accessed March 2026]

References

Ref 17B.1 Office for National Statistics (2021). Census 2021. [online] Available at: https://www.ons.gov.uk/census [Accessed 30 June 2026].

Ref 17B.2 Office for Health Improvements and Disparities (OHID) (2024). Fingertips – local health profiles. [online] Available at: https://fingertips.phe.org.uk/ [Accessed 30 June 2026].

Ref 17B.3 Leicestershire County Council (2022-25). Leicestershire Rutland Statistics and Research, Joint Strategic Needs Assessment (JSNA). [online] Available at: https://www.lsr-online.org/jsna [Accessed 30 June 2026].

Ref 17B.4 Lincolnshire County Council (2025). Lincolnshire Health Intelligence Hub, Joint Strategic Needs Assessment (JSNA). [online] Available at: https://lhih.org.uk/jsna/ [Accessed 30 June 2026].

Ref 17B.5 West Northamptonshire Council (2022-25). West Northamptonshire Public Health and Intelligence & Partnerships teams, JSNA. [online] Available at: https://www.westnorthants.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment-jsna [Accessed 30 June 2026].

Ref 17B.6 North Northamptonshire Council (2024). North Northamptonshire JSNA. [online] Available at: https://www.northnorthants.gov.uk/health-and-wellbeing-board/reports-and-assessments/jsna-local-insight-mapping [Accessed 30 June 2026].

Ref 17B.7 Ordnance Survey (2024). AddressBase Plus. [online] Available at: https://www.data.gov.uk/dataset/1c8db4f7-252d-4574-992a-2503b893bdc8/addressbase2 [Accessed 30 June 2026].

Ref 17B.8 Ministry of Housing, Communities and Local Government (2025). English Indices of Multiple Deprivation (IMD). [online] Available at: https://deprivation.communities.gov.uk/ [Accessed 30 June 2026].

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