

**Intermodal Logistics Park North Ltd**

## **INTERMODAL LOGISTICS PARK NORTH (ILPN)**

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**Intermodal Logistics Park North (ILPN) Strategic Rail Freight Interchange (SRFI)**

Project reference TR510001

### **Preliminary Environmental Information Report (PEIR)**

#### **Appendix 18.2: Population and Human Health Baseline**

**October 2025**

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Planning Act 2008

The Infrastructure Planning (Environmental Impact Assessment) Regulations 2017

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**This document forms a part of a Preliminary Environmental Information Report (PEIR) for the Intermodal Logistics Park North (ILPN) project.**

A PEIR presents environmental information to assist consultees to form an informed view of the likely significant environmental effects of a proposed development and provide feedback.

This PEIR has been prepared by the project promoter, Intermodal Logistics Park North Ltd. The Proposed Development is described in Chapter 3 of the PEIR and is the subject of a public consultation.

**Details of how to respond to the public consultation are provided at the end of Chapter 1 of the PEIR and on the project website:**

**<https://www.tritaxbigbox.co.uk/our-spaces/intermodal-logistics-park-north/>**

This feedback will be taken into account by Intermodal Logistics Park North Ltd in the preparation of its application for a Development Consent Order for the project.

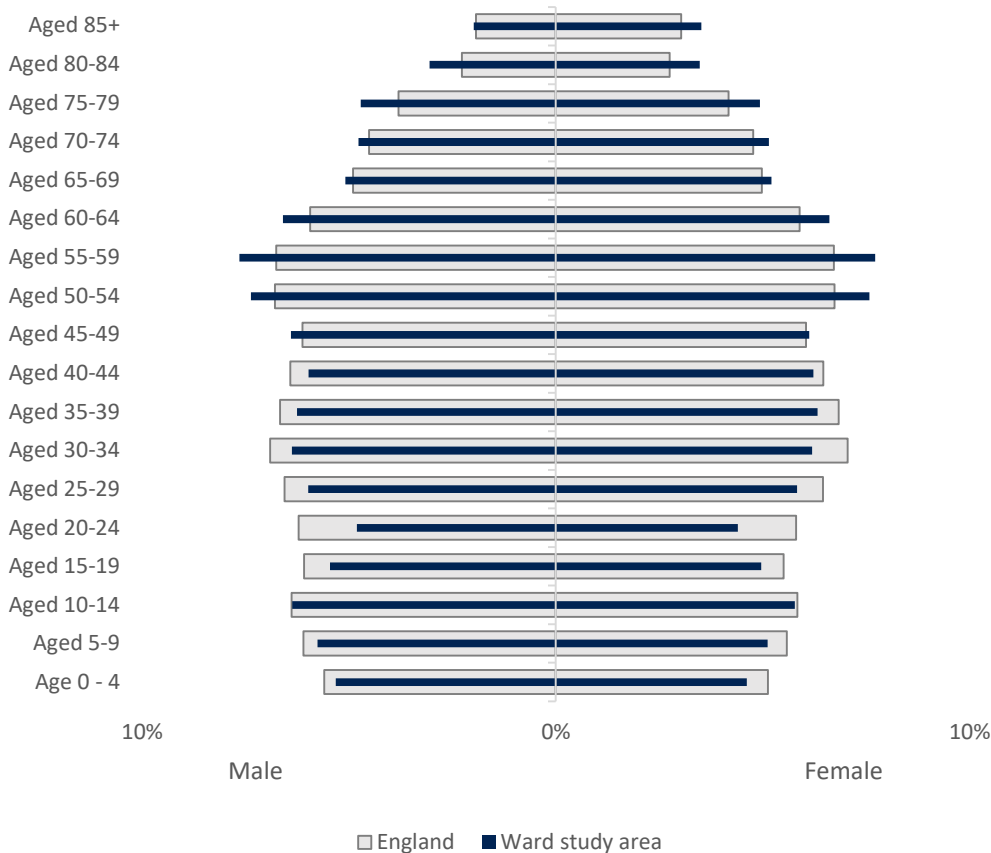
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# APPENDIX 18.2: POPULATION AND HUMAN HEALTH BASELINE

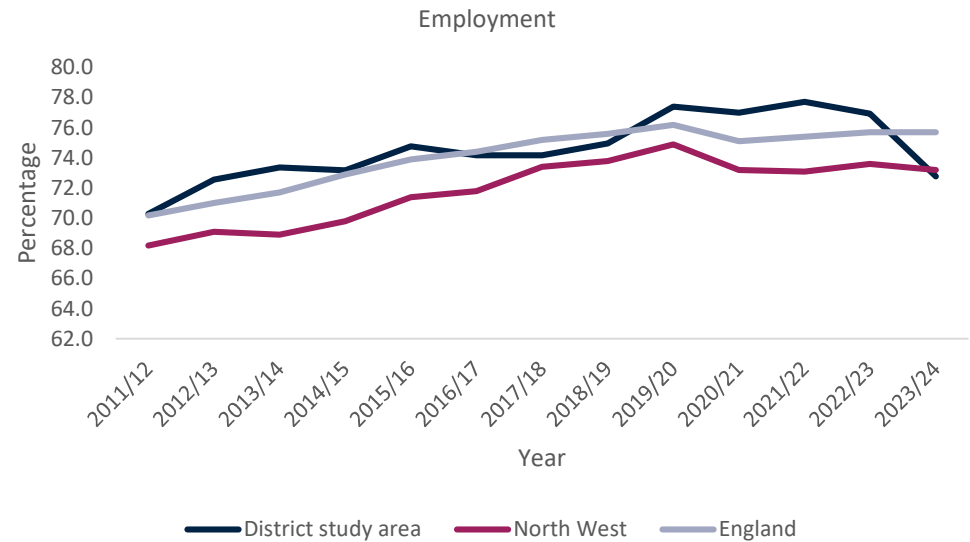
## Introduction

Communities have varying susceptibility to health impacts and/or benefits due to differing demographic structure, physical and mental health, lifestyle and behavioural risk factors and socio-economic circumstance. This population and health baseline aims to put into context the local health and socio-economic circumstance of the communities surrounding the development. The ward study area comprises Newton-le-Willows East; Lowton East; Burtonwood & Winwick; and Culcheth, Glazebury & Croft wards. The district study area comprises St Helens, Wigan and Warrington districts. Data at the ward and district level is compared using regional (North West) and national (England) data as relevant comparators.

## Demography and socio-economic circumstance



Source: ONS



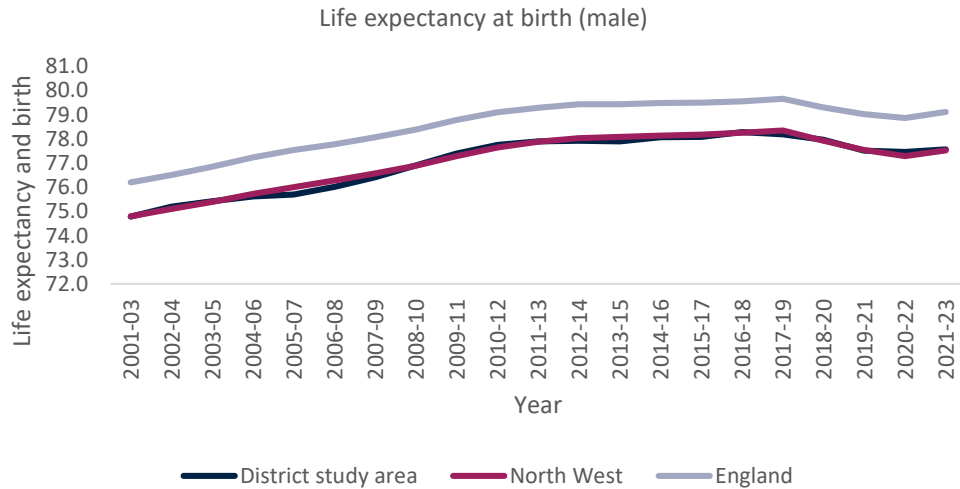
Source: OHID Fingertips

The population living in the ward study area differs to the national average as it has a higher proportion of the population (both genders) aged 45+ years. Generally, the ward study area population can be considered more elderly than the national average.

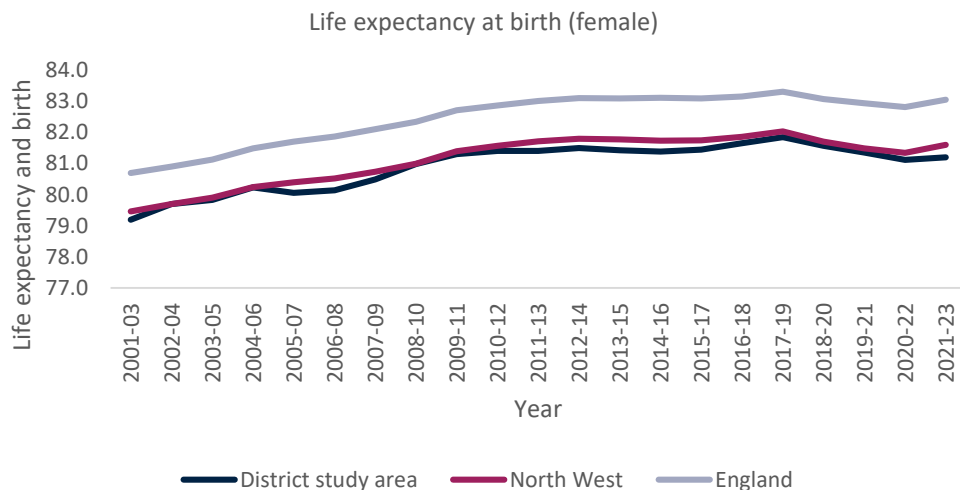
The percentage of the population in the district study area who are employed has decreased from a level which is higher than all relevant comparators to a level which is lower than all relevant comparators.

# Life expectancy

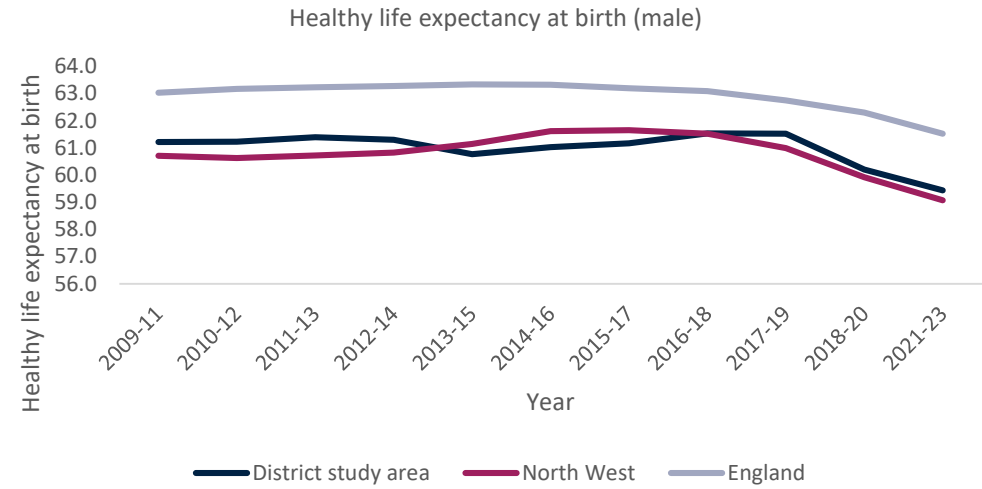
Since 2001-03, life expectancy at birth for males and females in the district study area have been consistently lower than the national average, and comparable to the regional average. The same is true for healthy life expectancy (i.e. the number of years spent in good health) in the district study area, which has been decreasing in recent years.



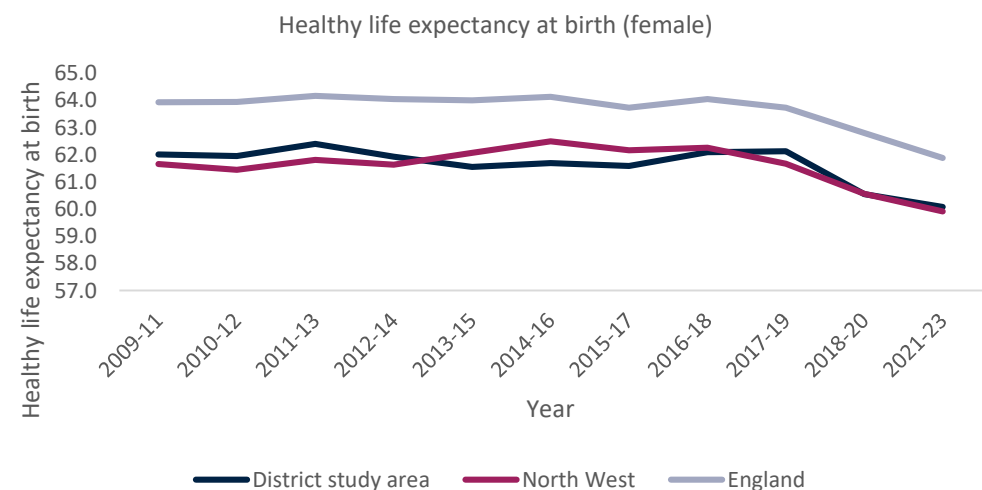
Source: OHID Fingertips



Source: OHID Fingertips



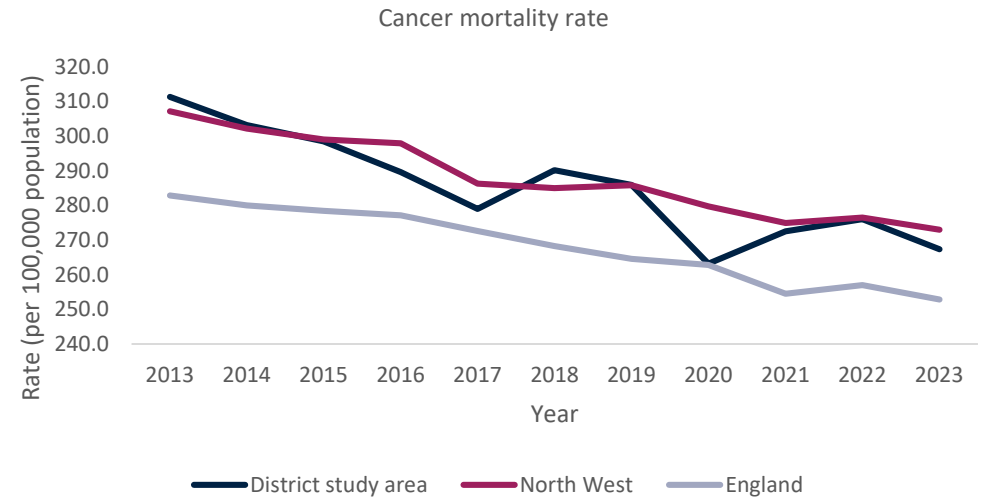
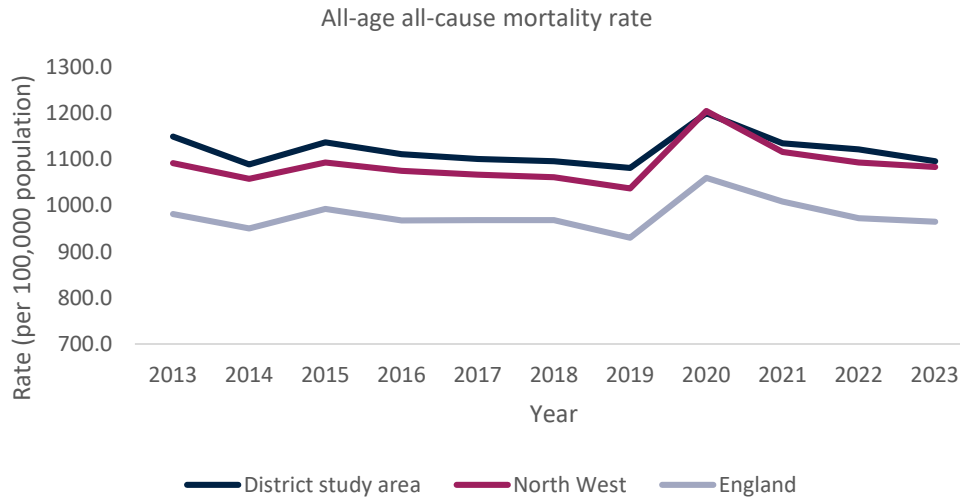
Source: OHID Fingertips



Source: OHID Fingertips

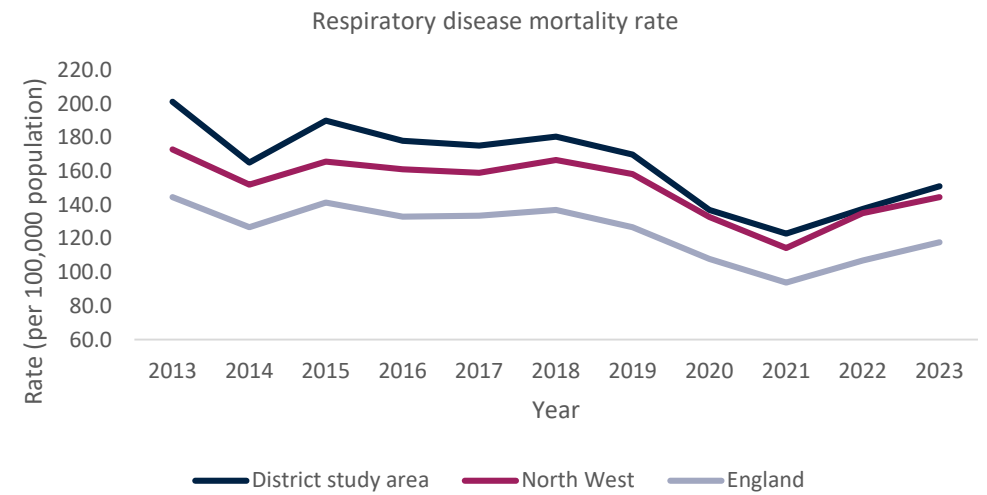
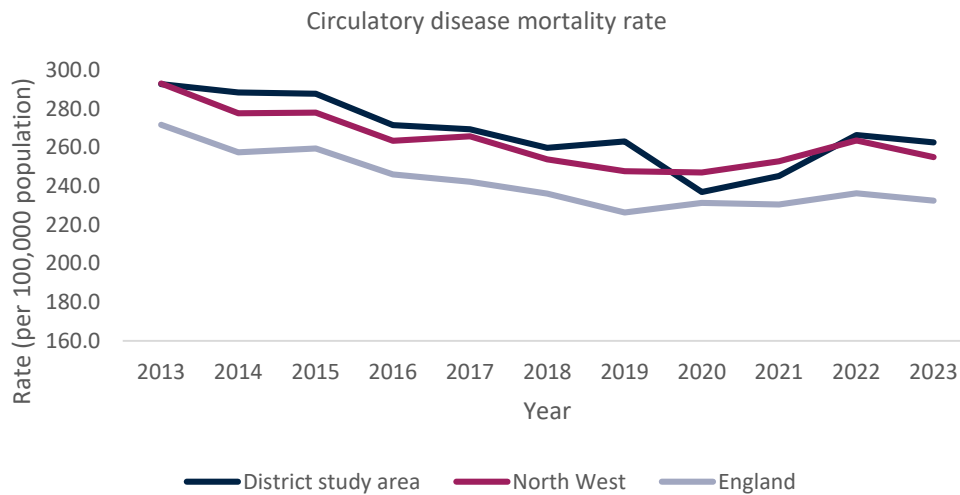
# Physical health

Mortality in the district study area follows regional and national trends. When considering all-causes combined and all specific health outcomes (cancer, circulatory disease and respiratory disease), mortality rate in the district study area is generally higher than the national average and comparable to the regional national average.



Source: NOMIS

Source: NOMIS

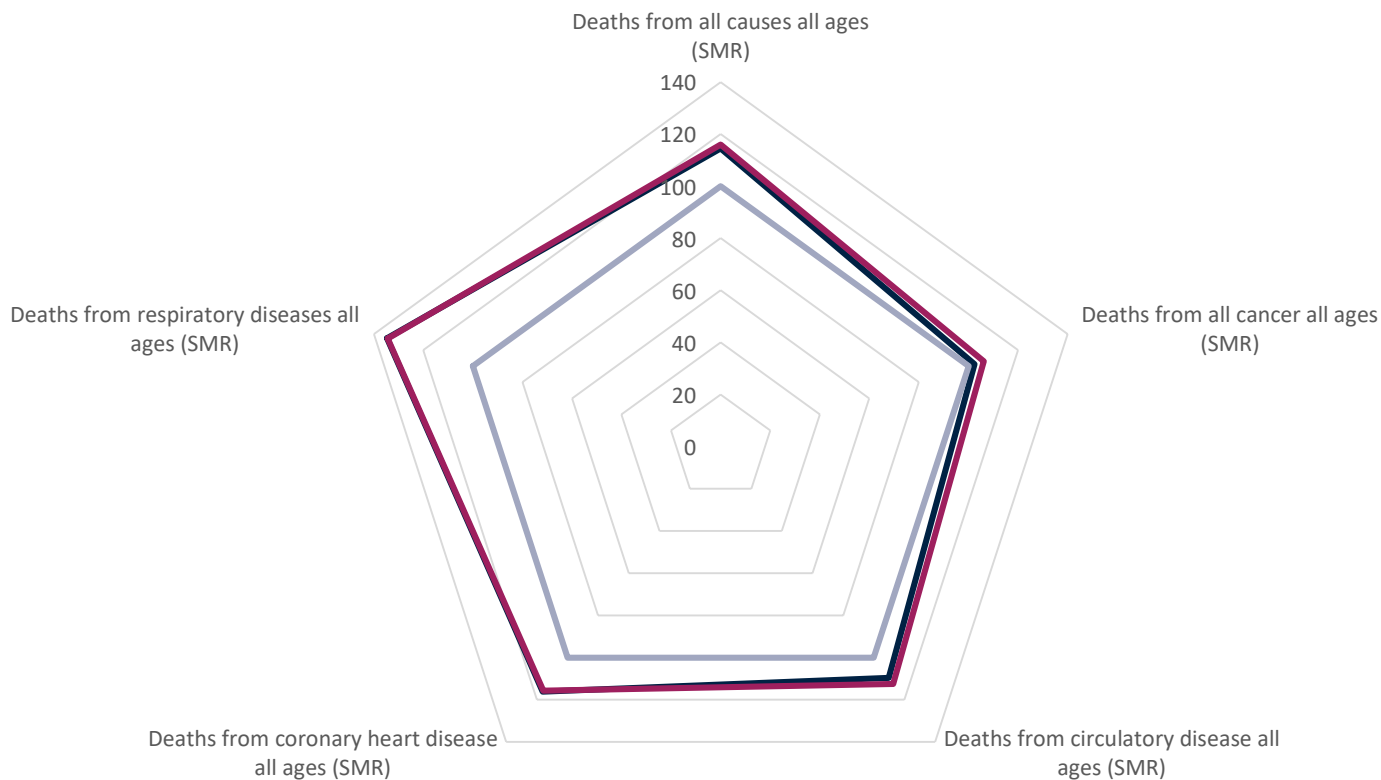


Source: NOMIS

Source: NOMIS

# Physical health (cont.)

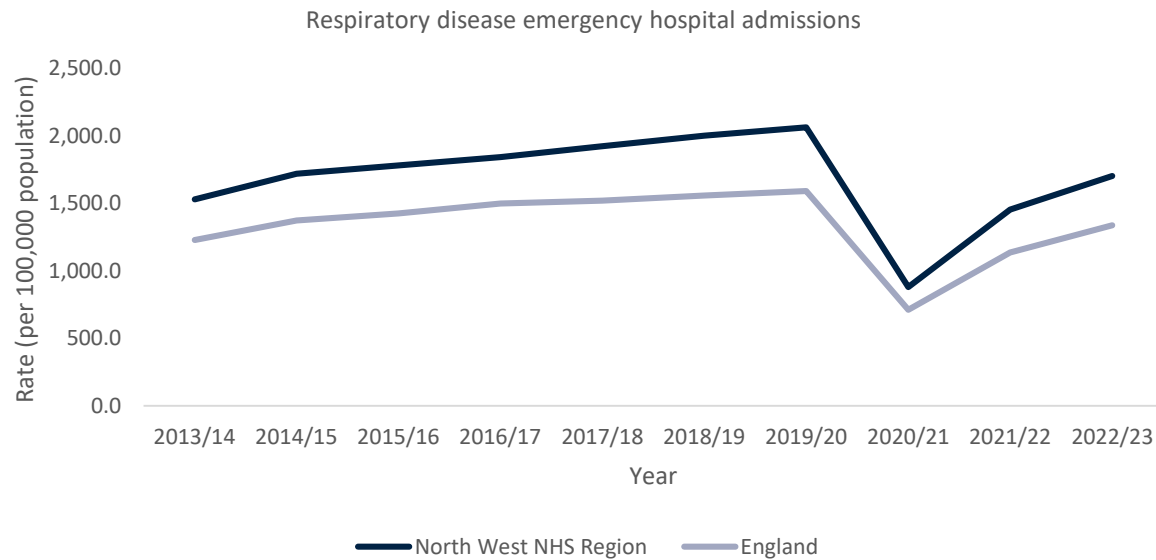
— Ward study area — District study area — England



Standardised mortality ratio (SMR) for all causes in the ward study area is higher than England but comparable to the district study area.

The same is true when analysing the majority of specific causes of mortality, with the exception being the mortality from all cancer, which is similar to the district study area and national averages.

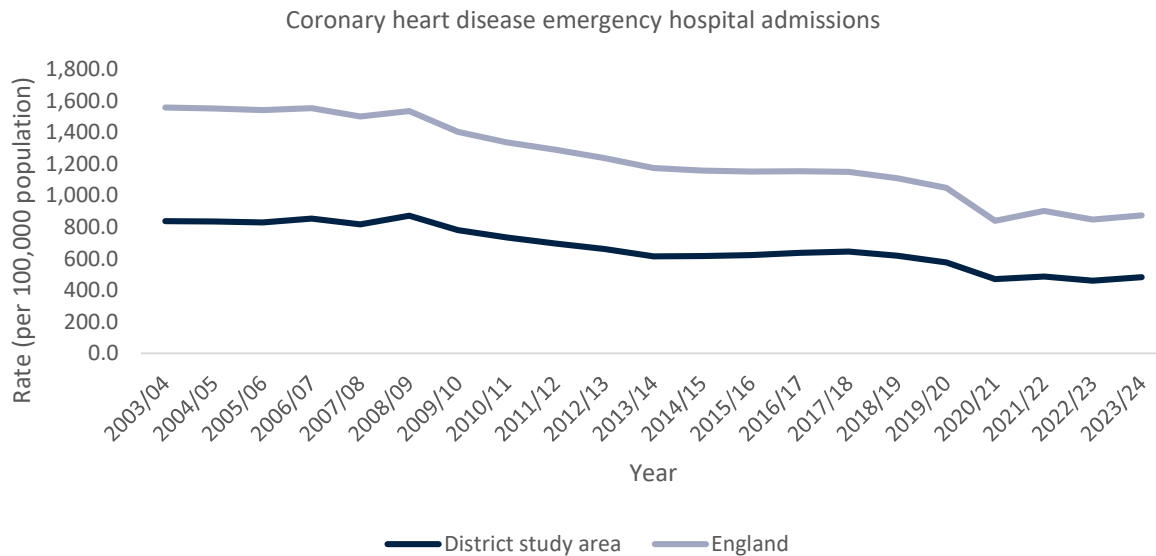
# Physical health (cont.)



Emergency hospital admission data for respiratory disease is only available at the NHS Region level, whereby data shows that respiratory disease hospital admissions in the North West NHS Region have been consistently higher than the national average.

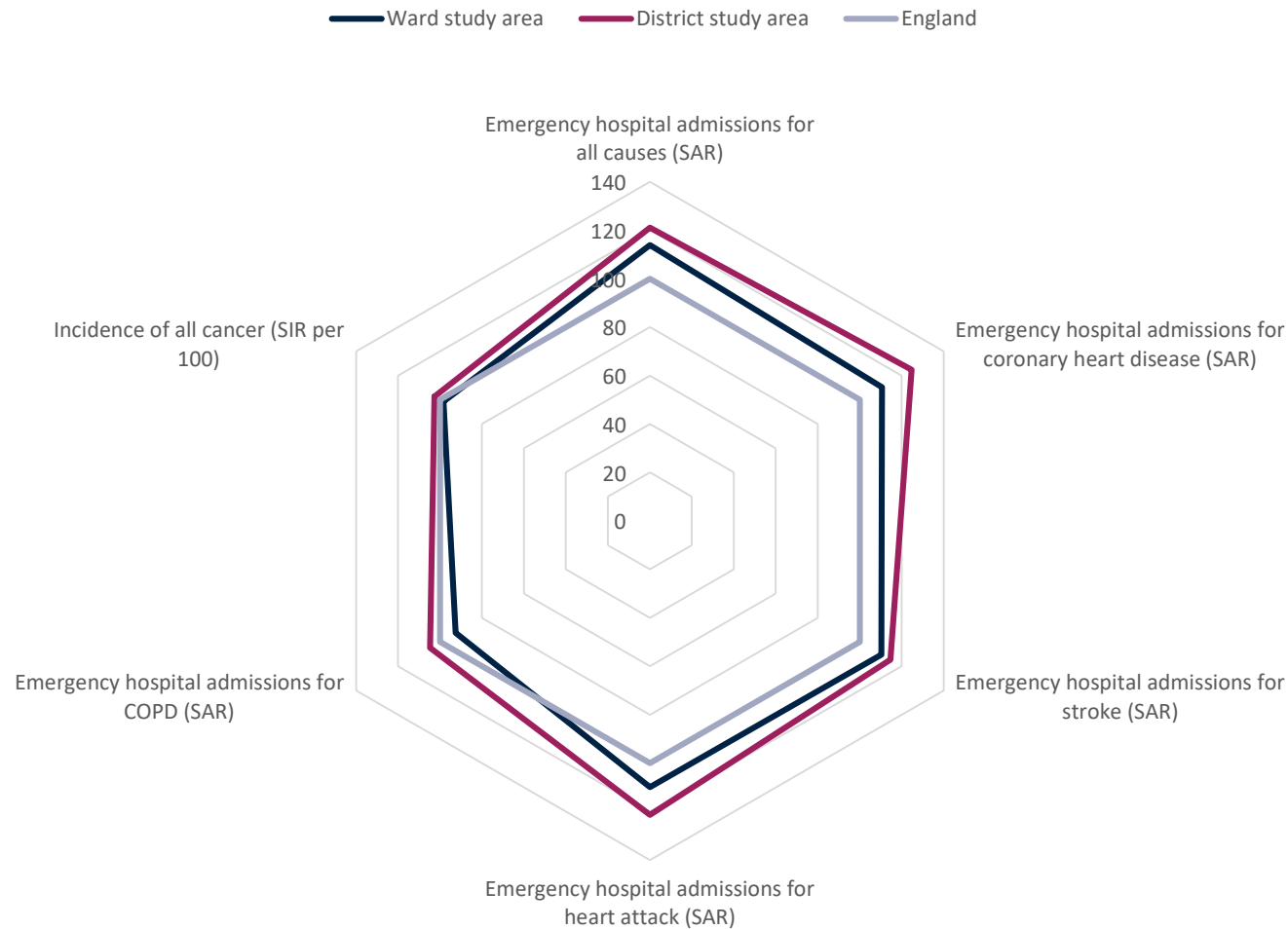
Emergency hospital admissions for coronary heart disease in the district study area have been consistently lower than the national average and has shown an increasing trend.

Source: OHID Fingertips



Source: OHID Fingertips

# Physical health (cont.)



Standardised admission ratio (SAR) for all causes in the ward study area is lower than the district study area but greater than the national averages.

The same is true when analysing the majority of specific causes of hospital admissions, with the exception being emergency hospital admissions for COPD which is lower than the district study area and the national averages.

In the absence of admissions data, standardised incidence ratio (SIR) has been analysed for cancer and shows that cancer incidence in the ward study area is similar to the district study area and national averages.

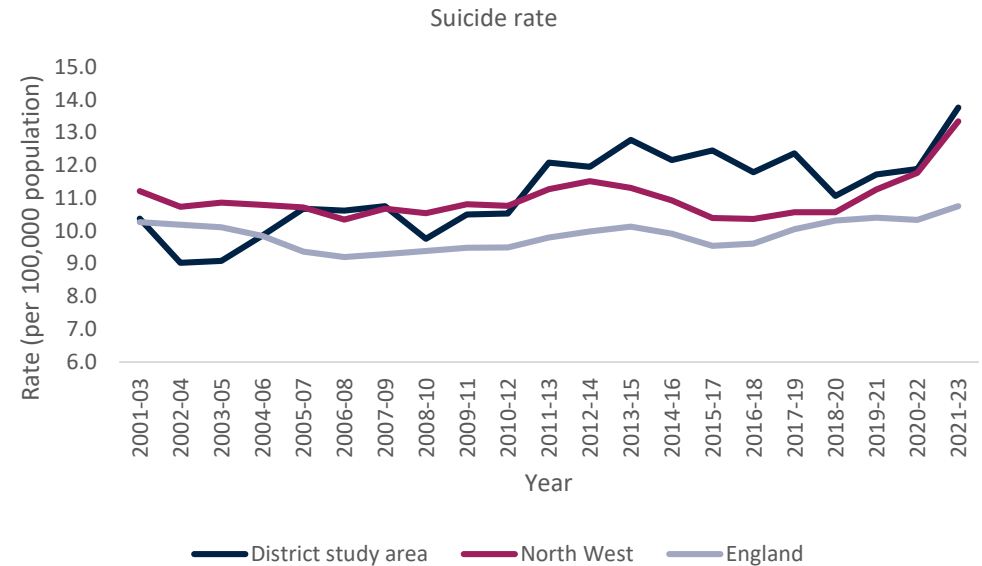


# Mental health

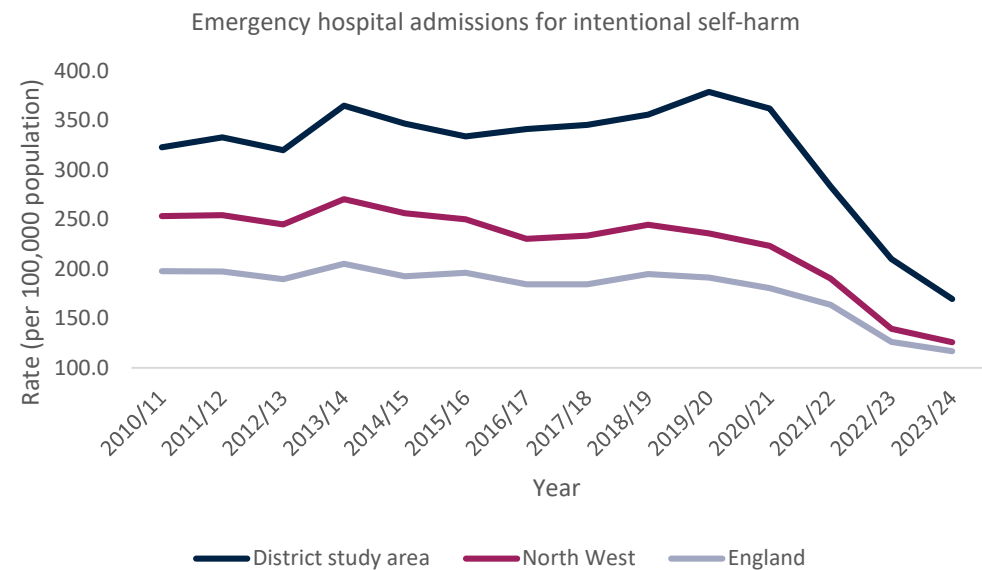
Suicide rate in the district study area has shown a general increase over time, consistent with regional and national trends. Most recent statistics show that suicide rate in the district study area is higher than all relevant comparators.

Conversely, emergency hospital admissions for intentional self harm in the district study area has shown a general decrease over time, which is also consistent with regional and national trends. Hospital admissions for self harm are consistently higher in the district study area than regional and national averages.

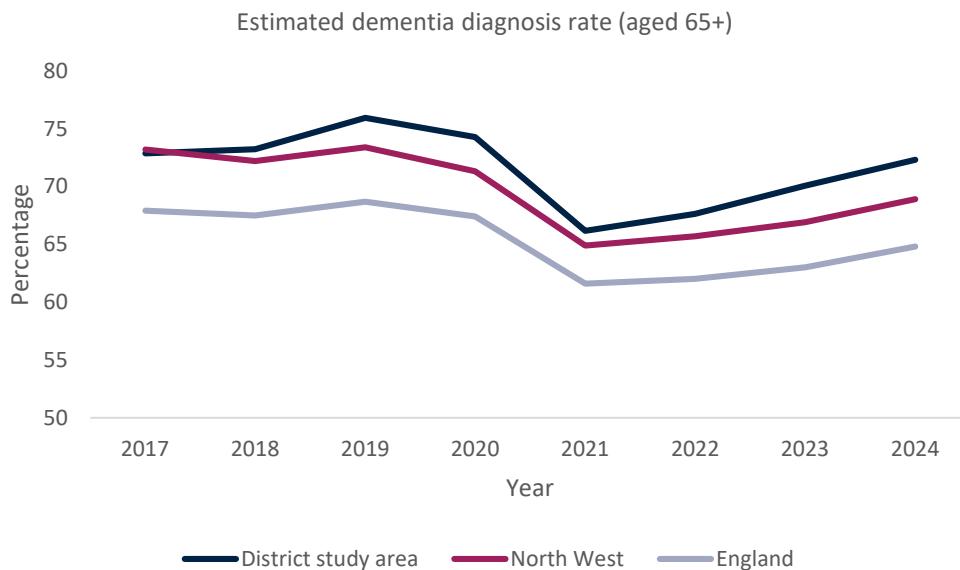
Dementia diagnosis in the district study area in those aged 65+ has been higher than the regional and national averages since 2018.



Source: OHID Fingertips



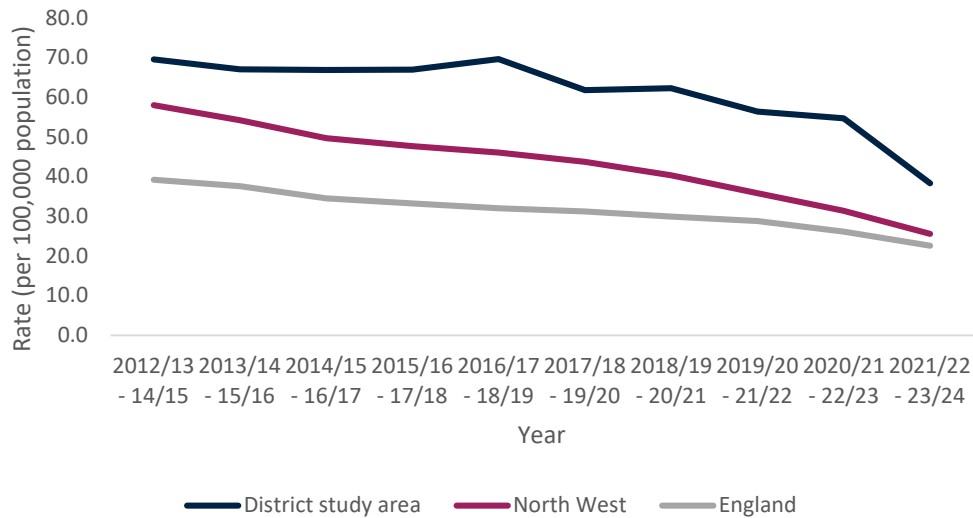
Source: OHID Fingertips



Source: OHID Fingertips

# Lifestyle and behavioural risk factors

Admission episodes for alcohol-specific conditions (Under 18s)



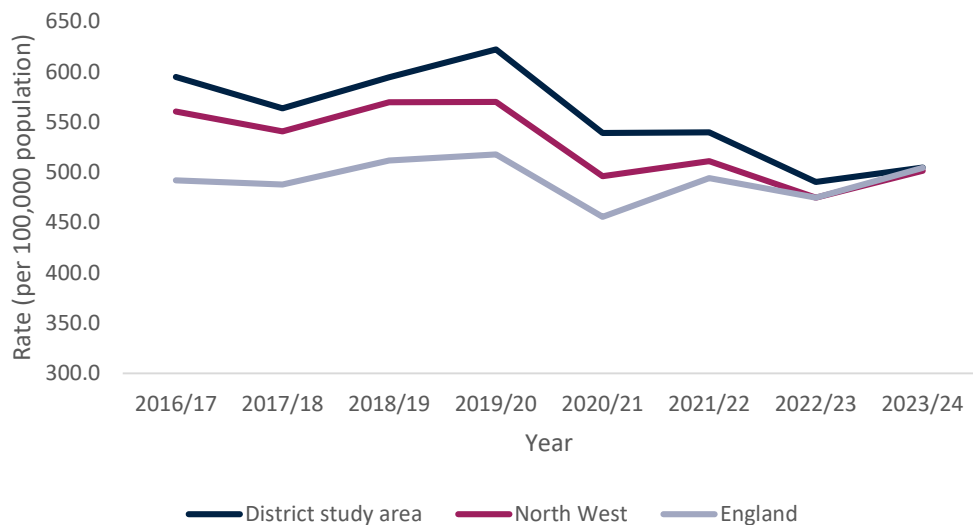
Hospital admissions for alcohol-specific conditions in under 18s in the district study area has reduced over time, but has been consistently higher than all relevant comparators.

In the adult population, hospital admissions for alcohol-related conditions has shown a general decrease over time in the district study area to a level which is comparable to the regional and national averages.

Smoking prevalence has been reducing in the district study area, consistent with regional and national trends, to a level which is lower than all relevant comparators.

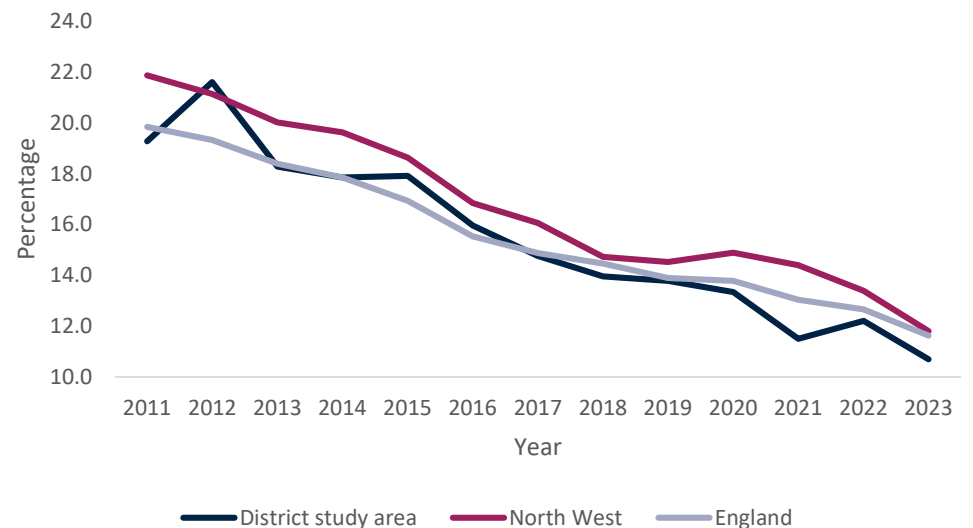
Source: OHID Fingertips

Admission episodes for alcohol-related conditions



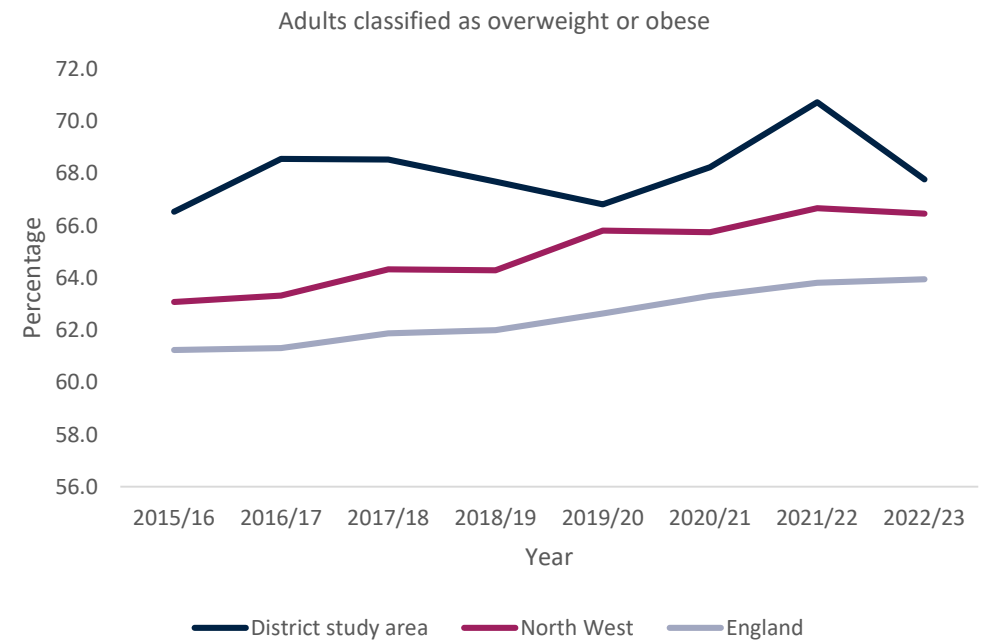
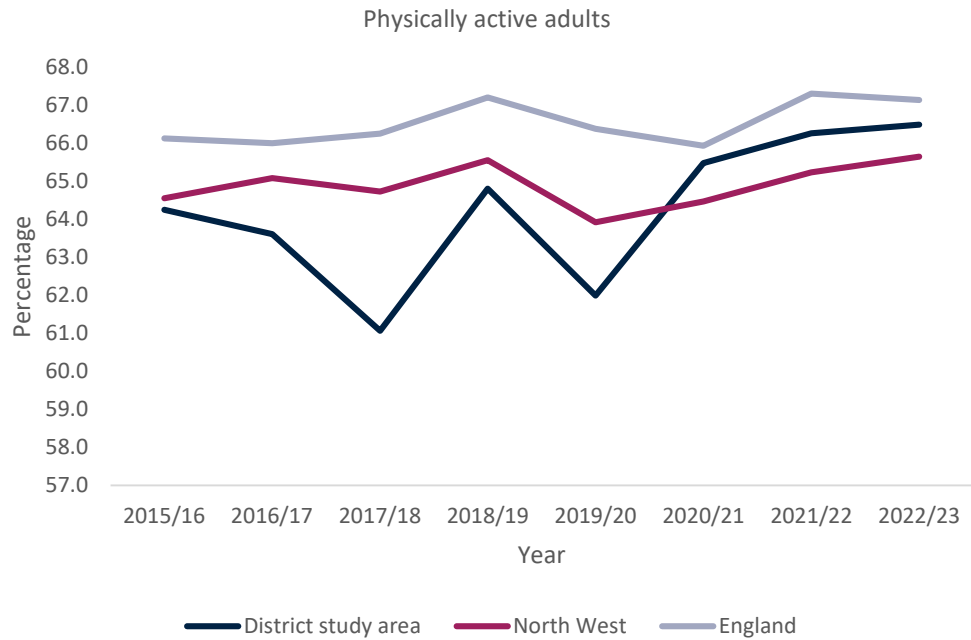
Source: OHID Fingertips

Smoking prevalence in adults



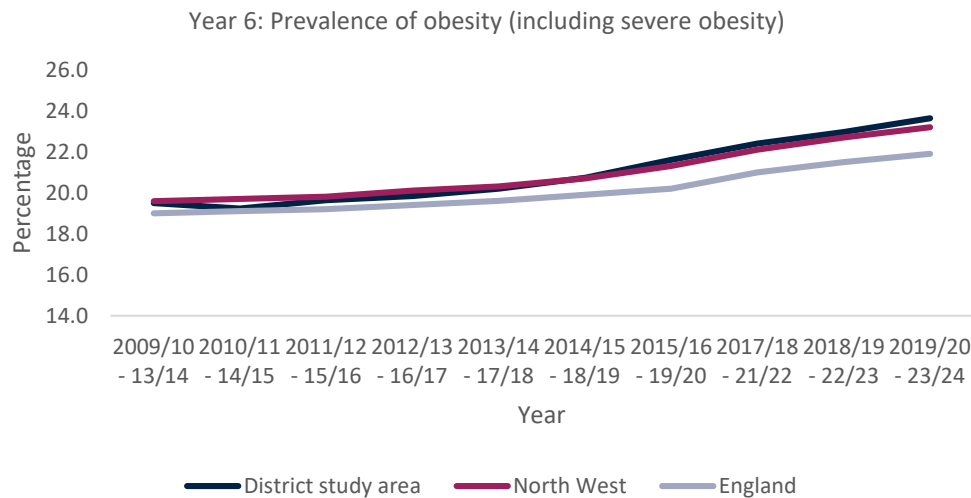
Source: OHID Fingertips

# Lifestyle and behavioural risk factors (cont.)



Source: OHID Fingertips

Source: OHID Fingertips



Source: OHID Fingertips

The percentage of physically active adults in the district study area has fluctuated over the years and recently shows an increase to a level which is higher than the regional average and lower than the national average. The percentage of adults classified as overweight or obese has been consistently higher than all relevant comparators.

The prevalence of obesity in children (Year 6) has been increasing in the district study area, consistent with regional and national trends, and in recent years is higher than all relevant comparators.