A prospective Health Impact Assessment of the ‘Community Village’ proposals in Plymouth’s East End

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Executive Summary

This is a health impact assessment (HIA) report of plans to develop a new “Community Village” site in Plymouth’s East End neighbourhood. The key question being addressed is:

What are the predicted future health impacts of the new Community Village development?

Introducing the East End neighbourhood
Plymouth’s East End is one of the city’s more disadvantaged neighbourhoods and provides a home to about 5,000 people, roughly 2% of the city’s population. Despite the central location of the East End, and it’s strategic importance for Plymouth as a whole, local residents have suffered from a lack of facilities and services, a poor-quality environment, and from poor health.

Explaining health impact assessment (HIA)
A HIA report aims to predict the possible future health impacts of new developments such as the Community Village, with the aim of maximising the positive health impacts of such a major new project. HIA is based on a ‘social’ model of health which recognises the influence on health of factors such as income, housing, local environment, lifestyle and so on.

HIA uses information selected from published evidence and pre-existing research, and also gathers information - via workshop discussions and interviews - from people with an interest or stake in the proposals, especially people who live in the East End.

The plans for the “Community Village”
Planned for the Community Village are several new buildings, and a new public square and footbridge along with improvements to the adjacent park. The buildings will be:

- a new Community Education and Resource Centre
- a new surgery and treatment rooms etc for the local GP’s
- a new building for the local Nomony Family Centre
- 30 new sheltered flats for older people

The Community Village will be built on currently derelict land in Cattedown, starting in 2004 and finishing in 2007.

The general findings of the health impact assessment:
Overall the HIA predicts that the Community Village will have good impacts upon the future health of the local population: 78 ‘positive’ impacts were identified and 32 possibly ‘negative’ impacts. Generally the Village is expected to increase people’s awareness of different ways of improving health.
**Better services**
The new Village is expected to significantly improve the availability of good quality and relevant services – such as primary health care, children’s ‘early years’ services, community information and education services – for local people.

**Boosting the local economy and people’s opportunities**
The Village is expected to create both jobs and skills development opportunities (eg through training courses and volunteering roles) for local people, and to help provide a boost to local businesses and the local economy.

**Creating a safer neighbourhood**
The Village, especially the new Community Centre, is expected to increase the amount of activities that people participate in which, along with the design of the new site, will help reduce criminal activity in the area. It is also predicted that local people will have a reduced ‘fear of crime’.

**Improving ‘community spirit’**
Involvement in a range of Community Centre activities is expected to increase social contact and improve people’s self-confidence. People from all parts of the community are expected to make use of the Village and the general image of the East End should be improved.

**Environmental improvements**
More people, especially children, are predicted to enjoy the improved park, and traffic problems are expected to be reduced in the vicinity of the Village. The new buildings should be well-designed and attractive, and they will include 30 new ‘supported’ homes for older people.

**Issues for discussion by decision-makers**
This HIA suggests that extra consideration of the following issues may help maximise the positive health impacts of the Village.

**Engaging with young people**
The Village offers an opportunity to improve engagement with local young people, and it is suggested that further discussions are held to discuss possible youth activities.

**Tackling potential neighbourhood ‘divisions’**
There is a possible risk that some groups in the local community may not fully utilise the new Village. Extra communications and targeted outreach activities may be useful for encouraging all sections of the community to use the new facilities.

**Ensuring construction of a new footbridge to the Village**
The Village plans include the construction of a new footbridge to improve access from the City Centre and the west of the neighbourhood. The HIA report supports the efforts being made to identify funding for this bridge, which could help maximise the positive health impacts of the Village development.
Seeking to reduce traffic in the neighbourhood
Although traffic is expected to be well-managed in the immediate vicinity of the Village, this HIA identifies a risk that traffic problems (such as traffic accidents, and air and noise pollution) will worsen in other parts of the East End. The Village site itself will include 88 new car-parking places. The HIA suggests that resources be committed to developing an effective traffic reduction strategy.

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1. Introduction

This report is an intermediate and prospective Health Impact Assessment (HIA) of proposals to develop a ‘Community Village’ (the Village) in Plymouth’s relatively disadvantaged East End neighbourhood (please see below for a definition of HIA and associated terms).

This HIA project was undertaken between November 2003 and April 2004. Construction of the new Village is due to start later in 2004, with the final units and site servicing works being completed by 2007.

At the time of writing the Community Village is one of the larger regeneration projects being undertaken in Plymouth, with a total cost in excess of £10 million. The Village will contain:

- a new building for GP surgeries and other primary health care services;
- a new building for the National Children’s Homes ‘Nomony’ Family Centre;
- a new sheltered housing scheme of 30 flats for older people;
- a new Community Resource and Enterprise Centre (CREC);
- associated improvements to the neighbouring Astor Park and adjacent roadways.

(More details of the proposals can be found in section 5).

The aims, or research questions, for this assessment were:

a) To assess the prospective health impacts of the East End Partnership Regeneration Strategy’s proposed Community Village developments, and

b) To contribute to the EEP Regeneration Strategy’s Objective 5.10 of utilising HIA for ‘major new developments’ (1), and to develop capacity and good practice for community involvement in HIA.

This HIA has been commissioned by Plymouth Primary Care Trust’s Public Health Development Unit (PHDU), in close co-operation with the East End Partnership (EEP). The EEP is ‘driven by the local community with support from Plymouth City Council and other agencies’ (PCC, 2004) and oversees the regeneration of the East End Renewal Area (which was recognised by the Council in May 2000).

The Village project is managed by a ‘Community Village’ partnership group which is in turn facilitated and co-ordinated by the City Council’s East End Renewal Area staff.
2. Defining Health & Health Impact Assessment (HIA)

2.1 Defining Health Impact Assessment

This Report is based on the following widely accepted definition of HIA:

“Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.” (WHO, 1999)

In other words, health impact assessment is an approach that uses a range of activities to help work out both the good and the unhealthy impact of new or existing plans, developments or services. Over recent years policy-makers at all levels have been taking an interest in the development of HIA, because:

“there is now clear recognition that policies in many social and economic sectors influence the underlying factors leading to poor health and to… growing inequalities in health. The WHO … and the European Union (EU) have highlighted the need to create partnerships. to deal with this situation. One way… is through the process of HIA”

(Banken, 2001)

The UK Government’s key public health strategy, ‘Our Healthier Nation’ (1999), states

“we need to ensure that in all areas of Government policy, the actions that flow from polices contribute to the goals of improving health and reducing inequality. That is why we are working towards making HIA a mainstream part of the decision making process throughout central and local government”.

Furthermore, the HM Treasury Review (Wanless, 2004) into public health recommends that ‘the Secretary of State for Health should be given the role of ensuring that the Cabinet assesses the impact on the future health of the population of any major policy development’.

In Plymouth the statutory multi-sector plan known as the ‘City Strategy’ (Plymouth 2020, 2003) includes a public health agenda for action entitled ‘Our City’s Health’. The practice of HIA is included as one of Our City’s Health’s key crosscutting themes that can be used to help tackle health inequalities.

HIA can be undertaken prospectively, concurrently or retrospectively. They can also be regarded as ‘rapid, intermediate or comprehensive’ (HDA, 2002). This HIA of the Community Village regeneration project should be regarded as an intermediate and prospective HIA.

Although there is no uniform methodology for undertaking HIA, there is a growing consensus led by organisations such as the Health Development Agency and the World Heath Organisation concerning the normative procedure or key stages that HIA should entail. (Please see sections 6-9 for details of the methods used in this report.)
2.2 Defining Health
HIA is based on a broad understanding of health. The World Health Organization definition in 1946 states: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

This definition recognises that our health is critically influenced by social and economic factors, or determinants. Individual health – and the health of the various communities within which individuals interact - is significantly affected by the following determinants:

- Age
- Biological make-up
- Income
- Housing conditions/home
- Lifestyle habits
- Exercise
- Diet
- Social support/friendships
- Stress levels
- Local environments
- Access to services

HIA therefore attempts to predict how a proposed or existing development or service will impact upon these broader determinants of health.

3. Rationale for this HIA

The first stage of HIA is screening, or deciding whether an HIA is required or appropriate. A range of policy proposals can be considered and compared using a checklist of questions (PPCT(v), 2003) such as

- are the proposals likely to have a big impact on peoples’ health?
- are the proposals of particular concern or interest to particular communities or a significant number of people?
- will the HIA be completed at an appropriate time, to enable the relevant decision-makers to take notice and if necessary act upon the HIA findings?

The option of an HIA on the East End’s Community Village matched all of the above criteria, and benefited further from the following contexts:

- the Community Village is currently one of the larger regeneration projects being planned in Plymouth.
- the East End neighbourhood is recognised by various local and national strategies as being a disadvantaged area which experiences health inequalities.
• the Village proposal is one of the key ingredients of the East End Regeneration Strategy, and in addition the Strategy contains Proposal 5.10 recommending that ‘HIAs are undertaken for major developments in the area’.  
• a major element of the Village will be the construction of new GP premises by the new Local Improvement Finance Trust (LIFT) established by the Plymouth Primary Care Trust. This Community Village HIA can build on the work undertaken by an earlier HIA of the original LIFT strategic plan for Plymouth.  
• few HIAs or related research appeared to have been carried out elsewhere in the UK or beyond into the prospective health impacts of major new-build regeneration projects such as the Community Village.  
• community representatives and decision-makers at the EEP (whose staff are overseeing the Village planning process) were supportive of this HIA project.  
• although planning for the Village is well advanced it is still possible for the findings of this HIA to influence several major planning and operational decisions.  
• pragmatically, it was felt that the PHDU had enough human and other resources to effectively deliver this HIA.

4. Introducing the East End

It is helpful to introduce the East End area and describe the overall regeneration strategy for the neighbourhood before examining the Village proposals in detail.

Plymouth’s East End Renewal Area has been identified by the City Council as one of the city’s 43 “natural neighbourhoods” (PCC, 2002), occupying a large part of the Sutton/Mount Gould Ward and comprising the three communities of Cattedown, Coxside and Prince Rock (including the southern section of St Judes). The neighbourhood covers an area of roughly 1.6 square kilometres or 0.62 square miles (the whole city of Plymouth covers an area of 28.8 square miles) and has a population of 5,132 people (PPCT(i)).

The East End is also recognised as a disadvantaged area requiring regeneration and given priority, along with 13 other neighbourhoods, in the city’s Neighbourhood Renewal strategy (PCC, 2002).

The East End is situated to the east of the City Centre and hosts a complex mixture of different uses, activities and buildings. The traditionally “strong” residential communities (EEP, 2003) are situated alongside large-scale port and marine industries, big leisure attractions, large industrial complexes and a host of smaller back-street businesses.

The East End also has several locations attracting significant new private sector investment, such as the large blocks of new flats at Coxside, which are aimed at private purchasers. Another major feature of the neighbourhood is
the presence of several major highways providing access to the city centre. These busy roads tend to divide up the area, causing significant air pollution and noise, and pedestrian access across the area is very poor (EEP, 2003).

The East End Regeneration Strategy of 2003 states that “the East End provides the Plymouth sub-region with a number of key strategic facilities”. However the actual residential population of this neighbourhood are the 12th (out of 43 neighbourhoods) most disadvantaged in the city, when all the social and economic factors are considered (PPCT, 2002). Please see Appendix A, the “East End Neighbourhood Profile”, for more information about the East End population.

Following the recognition of the East End’s renewal area status in 2000 a wide-ranging Regeneration Strategy was drawn up, with a vision “To achieve an economic, environmental and social renaissance in its own right and to contribute to Plymouth’s demands for improved economic performance and the creation of sustainable residential areas of high environmental quality and good service provision.”

This ambitious vision has 10 objectives, which are similar to the generic aims of central Government’s Single Regeneration Budget schemes and indeed to the key determinants of health (‘to create safety from crime or traffic… to improve housing conditions…’ and so on).

The strategy has 6 ‘themes’:

- ‘a new East End’… concerned with utilising the strategic location and assets of the area, such as the ‘Waterfront Walkway’.
- ‘developing the East End’… focusing on supporting growth for the industrial, port, business, leisure and retail sectors.
- ‘local priorities’… aiming to ensure that new developments will meet local priorities eg for a highly pedestrian-friendly East End.
- ‘changing perceptions of the East End’… an urban design strategy that also meets social and economic objectives etc.
- ‘vibrant communities’… concerned with addressing specific community needs, with the Community Village as the key flagship proposal.
- ‘dynamic traffic management’… seeking to resolve the acknowledged traffic problems of the area.

The wide-ranging Community Village development proposals represent a practical embodiment of all the key East End regeneration themes and thus provide an excellent subject for a pragmatic and topical health impact assessment.
5. The Proposals for a ‘Community Village’

This section describes the plans as they existed in January 2004 when the key HIA stakeholder workshops took place, and the following text was supplied to stakeholders in advance of the workshops. It is important to note that the details of the Village plans are subject to many changeable factors such as the availability of funding, the planning cycles of different agencies and so on.

The vision is to establish a ‘village’ at the heart of the East End neighbourhood. The plan is to bring together facilities that are currently widely dispersed, and to develop new services, with the overall aim of meeting the needs of all sectors of the community, and reducing the need to travel for day-to-day needs.

The Community Village is to be developed on a derelict brownfield site adjacent to Cattedown Road. This road lies at the heart of the Renewal Area. The Village site is being temporarily used as a site compound for the contractors working on the housing regeneration works in the area. It is also a target for fly tipping.

Please see Map A (below) of the East End neighbourhood, with the star indicating the location of the Village site. Map B shows the possible layout of the Village site.

The Village proposals incorporate the following elements:
1. The Community Resource and Enterprise Centre
2. 30 sheltered housing units for older people
4. A new surgery for the 4 GPs at Wycliffe & Partners currently located in premises off Elliot Road.
5. Continuing improvements to Astor Park, adjacent to the Village site, to create attractive linkages and encourage access to the East End’s largest green space: eg a new Park entrance, playing field improvements, new performance area and changing facilities, teenage play area and shelter
6. Road calming and other pedestrian-friendly changes to Cattedown Road, a key access point to the neighbourhood, which runs between the Park and the Village site
7. Landscaping and other associated infrastructure works within the Village – including the creation of a public square and car parking areas.

The Community Village will be developed as four separate buildings each with individual funding packages. Common design and sustainability principles will be adopted throughout the development.
5.1 Community Resource & Enterprise Centre (CREC)
The overall aim of the East End CREC is to work in partnership with the local community and other agencies to create a Centre meeting the needs of both local residents, businesses and community organisations. There are three core objectives:

a) To provide a modern, friendly and accessible building which meets the needs of all sectors of the community.
b) To establish a local centre which can offer employment opportunities, training and support for those living, working, or visiting the area.
c) To become an established venue for conferences, workshops and other events.

The Centre will incorporate the following:
- A new home for Enterprise Plymouth Limited. This will bring together the services which EPL currently offers at two disparate locations. Whilst it is a re-location of existing activity there will be significant added value in bringing all the services under one roof in a more central location.
- ‘Incubator’ business space for new businesses. This would take the form of individual work stations to be managed by Enterprise Plymouth and offered on a flexible rental basis to fledgling businesses in the City;
- Conference, training and I.T facilities which will be available for hire and for use by service providers to provide training courses tailored to the needs of local residents. The Centre will incorporate a large hall which could also be available for weddings and other social occasions at weekends thus providing a vital source of income generation to ensure the long-term sustainability of the building.
- A Community Resource facility for the residents of the East End to expand the existing facility at 37A Cattedown Road;
- Office accommodation for the East End Partnership and its residents groups;
- A Community Café to be managed as a social enterprise;
- Creche facilities available for those hiring conference and training facilities and for those attending community meetings.
- A venue and space for Healthy Living Network activities

5.2 Older Person’s Sheltered Housing (with extra Care Provision)
Sheltered housing for the elderly: 30 units will be provided in a building at the eastern end of the site. This will be funded by Signpost Housing Association and a Housing Corporation grant.
The key features of this scheme are:
- a single building 5 or 6 stories in height
- 30 self contained 1 and 2 bedroom flats
- communal lounge and laundry
- personal alarms for residents
- communal kitchen and dining room/day care room
• assisted bathroom
• guest room and/or care assistants sleep-over suite
• (possible) restaurant, exercise room, clinic room, craft/hobby room
• a range of needs to be catered for; full time scheme Manager on site plus additional staff to provide 24/7 support
• parking spaces

5.3 NCH Nomony Family Centre
This is currently located in smaller premises near the Community Village site. The new building will be funded by Centre of Excellence funding from the Department for Education and Skills, the Single Regeneration Budget and NCH capital reserves. In 2002 the Nomony Centre became one of only a few facilities in the South West to be a designated Centre of Excellence. The new-build centre will improve existing services – eg by increasing the age range of participating children and increasing the opening hours – and will potentially develop new services. In summary the Nomony Centre will provide:
• specialised facilities (Nursery Room, Baby Room, Soft Room, Sensory Room, Quiet Room, Nappy Change/Shower, Kitchen, Child Workshop Room, Adult Workshop Room, Parent’s Room, Utility Rooms, Offices, Small Meeting Room, Conference Room, Plant Room) to help provide the following services:
• community day nursery, open all year, free term time sessions, affordable nursery service for holidays
• parent and toddler group(s)
• lifelong learning for adults (range of classes according to resources/demand)
• packed lunch club for parents with pre-school children
• nursery equipment loan
• toy library
• secure outdoor playground, including a Baby outdoor play space
• laundry facilities
• a venue for Healthy Living Network activities

5.4 New GP Surgeries and Community Health Services
The Wycliffe Surgery, currently located in Elliot Road in Prince Rock, is the main GP’s practice with 5 family Doctors serving people living in the East End. The Wycliffe Surgery is due to move to new larger and purpose built premises on the Village site, which is about a quarter of a mile - or a 5 minute walk – from the existing Surgery.

The new Surgery will incorporate treatment rooms and other facilities not available at the current premises. Existing services will be generally improved and often extended (eg longer opening hours) thanks to the opportunities offered by a new building. The surgery will be funded through the LIFT Private Sector Partnership which the Primary Care Trust and Plymouth City Council have established with Midas Sutton Harbour.
• consulting rooms for 5 GP’s
• rooms for 2 student GP’s
- a custom-designed Treatment Room
- Diabetic clinic
- Asthma clinic
- Well-woman & well-man clinics
- (extended to full time) ECG readings
- (extended) midwife services
- (extended) Coronary Heart Disease clinic
- (extended) Drugs & Alcohol Advisory Service
- (extended) “hearing aid” facilities and support
- (new) a minor operation room
- (new) facilities for a Diabetic “fundal” (diagnostic) camera and Nurse
- (new) eye check facilities especially for children
- (new) spirometry (respiratory-related) service
- (new) chiropody service
- Parking spaces
- (Dentistry service, if possible?)

**Indicative Costings**
It is anticipated that total investment in the Community Village will be in excess of £10million from both public and private sector funding sources. In addition, a further £1 million will be required for site servicing and landscaping costs and for a new footbridge to link the site more effectively with Coxside and the Barbican/City Centre.
Map B. Plan of Community Village
6. **Methodology: Research objectives and structure of the HIA**

As described in the *Introduction*, this HIA was initiated by the Plymouth Public Health Development Unit in partnership with the EEP to *assess the prospective health impacts… of the Village proposals*. The HIA seeks to influence policy-makers with the aim of maximising the positive health impacts of the development.

The designation of the East End as a ‘renewal’ area recognises the relative disadvantage experienced by many residents and enables the neighbourhood to access resources such as the Single Regeneration Budget and Neighbourhood Renewal related funding streams. These central Government funding sources share various objectives that are reflected in the local Regeneration Strategy and broadly match the key determinants of the ‘social model’ of health (section 2, and *italics* below), yielding the following specific research questions:

- Will the Village provide *facilities* to help meet the *everyday needs* of residents? What health impacts are predictable?
- Will the Village help provide a *healthier and more attractive environment*?
- Will the Village help support residents groups and improve “*community spirit”*?
- Will the Village help create a “*safer*” *neighbourhood*?
- Will the Village help create *employment opportunities* for local people?
- … What *other types* of health impacts are predictable?

These research questions help provide a guiding structure for this assessment.

The research questions also acknowledge those specific groups in the population which are commonly vulnerable to health inequalities:

- Families with children, pregnant women, young children and teenagers
- Vulnerable people, including older people, people experiencing disabilities, and their carers
- People who may be disadvantaged by reason of their gender or sexuality
- Black and minority ethnic communities (including asylum seekers & refugees) and those who find communication in English difficult

(These population categories are identified in the Bro Taf Health Authority ‘*Inequalities in Health HIA Toolkit*’ (2000) and in various Department of Health publications.)
7. Summary of the Evidence Review

A review of relevant evidence and literature was undertaken, with the findings being gathered into a separate document that was sent to stakeholders in advance of the workshops. The full copy of the Evidence Review for this HIA is available as a separate document from the PHDU.

It is important to be aware that there is no pre-existing ‘off-the shelf’ evidence-base that can be directly referred to when seeking to predict the health impacts of a complex multi-agency regeneration project such as the Community Village. Rather, evidence has to be gathered from a variety of sources and assembled into a coherent framework.

However, the UK Government’s Neighbourhood Renewal Unit (NRU) has established the “www.renewal.net” website to promote the best available evidence of ‘what works’ in neighbourhood regeneration. The key headings used by the NRU are comparable (with minor alterations) with the key social determinants of health being used to structure this assessment, and these headings have provided a pertinent framework for assessing evidence that appears relevant to the Village proposals.
### Types of Health Impact

<table>
<thead>
<tr>
<th>Types of Health Impact</th>
<th>Evidence Suggests….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services</td>
<td>Depends on location, opening hours, choice, affordability, transport, targeting, type of person</td>
</tr>
</tbody>
</table>
| Mental health (eg stress levels) | Is affected by access to services & recreational opportunities  
…can be increased by perceptions eg of “nuisance” from bored young people  
eg of quality of built & natural environments |
| Creating jobs, improving “employ-ability” | Social enterprise can improve opportunities for local people |
| Housing quality        | Has a direct effect on health especially for the elderly and the very young |
| Parental/family support services | Can affect parental mental health |
| Early years services   | Can diminish barriers to employment  
Affects long term determinants of health |
| Quality of life        | Is affected by community facilities/resources |
| Community spirit       | Is affected by access to local resources & can affect individual & neighbourhood health  
Revitalising social opportunities can affect health |
| Social exclusion, divided communities | Neighbourhoods can be divided by regeneration, negative health impacts can increase for people on the margins of development areas.  
| Social exclusion, divided communities | People from ethnic minorities can experience more severe social exclusion, as can refugees.  
| Environmental quality  | -High traffic levels can cause harm…  
-More access to green space & a cared-for, well designed environment brings benefits, affects quality of life |
| Public policies        | Negative health impacts can arise if authorities do not share power, positive health impacts can arise when agencies are joined up locally with residents |
8. Assessment

8.1 Stakeholders
Engagement with stakeholders is a critical aspect of HIA and a full list of 50 people and groups was identified (see Appendix B) using guidance from the resource manual ‘Introducing HIA’ (PPCT(v), 2003).

The Plymouth Public Health Development Unit (PHDU) emphasises the importance of community engagement with HIA – as is outlined in the PHDU’s “Strategic Framework for HIA” (PPCT(vi), 2003) - particularly for a regeneration area based assessment of this type. Therefore a range of methods were considered for maximising the opportunity for local people to participate in this HIA, whilst being aware that:

- many community members are already very busy donating their time to the EEP.
- community members are also engaged in many other community activities.
- many local people have already participated in a range of local consultations and engagements, not least in the preparation of the Regeneration Strategy, the Community Village plans and subsequent activities to form the Development Trust which will be managing the Village’s new CREC Centre.

It was decided that:

- the HIA project would be introduced to community representatives via a brief presentation at an EEP Community Group meeting, accompanied by an open invitation for people to participate. Initially it had been planned to stage actual stakeholder ‘mini’-consultations within pre-existing community meetings, but this proved not possible due to the pressure upon community meeting agendas.
- that the HIA would be generally publicised via the local jargon-free Community Magazine, distributed to all households.
- that specific HIA workshop invitations would be sent to all identifiable people who have a community representational role ie locally elected Councillors, and the Chairs and Vice-Chairs of all local resident’s groups.
- that 2 structured interviews would be held with 3 representatives of the 2 (out of 3) geographically-based community groups who were unable to attend the workshops.
- that the workshops would be held during ‘working’ hours in order to maximise ‘professional’ participation, whilst also recognising that many people invited because of their professional role were also local residents (eg the Healthy Living Network co-ordinator).
8.2 Workshop Materials and Process

Letters were sent to the 50 identified stakeholders, offering a choice of dates for the workshops and requesting reply by post, phone, fax or email. Two workshop dates were then selected and all respondents were written to again along with copies of the Neighbourhood Profile, the Village proposals and the Evidence Review.

14 people booked for the January 20th workshop, and 16 people for February 2nd (a 60% response rate). However when it became clear that 2 critical stakeholders – a local GP representative, and a local School Teacher – would not be attending, it was decided to offer locum payments to the Surgery and School respectively to enable these stakeholders to attend the workshops. This enabled the senior partner from the GP Practice to attend the February workshop.

Eventual stakeholder attendance was eighteen people, of whom five were also local residents. Overall, eight local residents were participants in this HIA.

A three-hour workshop was devised, based on the Morice Town HIA model (Elliston & Maconachie, 2002), consisting of:

- brief presentations to define HIA and health
- brief presentations to summarise the neighbourhood profile, the Village proposals and the evidence review
- a brief site visit (postponed due to inclement weather for the second workshop)
- two group discussions

Each participant was given a task book which included definitions of HIA and health, prompt questions for the two discussions and work sheets for the recording of their findings. In the eventuality data was primarily recorded by the facilitators’ of the small group discussions, using their own taskbooks (Elliston, 2003).

The workshop participants were divided into two groups and requested to use the prompt questions to guide their discussions. These prompt questions were based on the core research questions described earlier, hence the first discussion was initiated with the question ‘What will be the potential health impacts in relation to…. Families with children… Vulnerable people” and so on, focusing on those groups recognised as being vulnerable to experiencing health inequalities.

The second more lengthy discussion then focused on the core determinants of health as reflected in the regeneration objectives, hence ‘Will the new Village help meet the everyday needs of residents? What kind of health impacts do you expect?’ and so on.
Participants were encouraged to discuss and prioritise the health impacts, by:

- describing the impact
- classifying them as positive or negative
- describing the cause of the impact
- stating which population groups would be most affected
- the likelihood of the impact (definite, probable or speculative?)
- suggesting methods for measuring the impact

The same structure of introductions and prompt questions etc was used for the two structured interviews held with three representatives from two of the residents’ groups.

8.3 Data Analysis
Data was then transcribed into a spreadsheet and the impacts totalled, giving 110 impacts: 78 positive, 32 negative.

The data was read and re-read in separate sittings and assigned to one of the 6 previously identified main categories (reflecting both key health determinants and EEP regeneration objectives).

Separate worksheets were then created for each main category and the impacts re-read to identify both the key themes or derived categories within categories, and the likelihoods or ‘weight’ of these impacts: 22 derived impact categories were identified.

As shown on the pie chart below, issues connected with Service Provision generated by far the most impacts (43), followed by Community Spirit (25). This distribution of the impact categories does not however diminish the importance of any of the ‘major impact’ categories.
9. The Health Impacts

Following the format of the LIFT HIA Study (Elliston, 2003), this section describes the impacts by their ‘major categories’, and the key themes or ‘derived impacts’ arising within categories. The Tables show the exact number of separate impacts recorded; a small minority of identified impacts are double-counted, because they apply to more than one main category.

Each Table is accompanied by descriptive text about the impacts identified. Within the text similar impacts have been aggregated to avoid repetition and to increase clarity.

9.1 Service Provision
Definition: the provision of services and facilities that meet the day-to-day needs of residents

<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Number of positive impacts</th>
<th>Negatives</th>
<th>Impact certainty: D= definite P= probable S=speculative</th>
<th>Total Number of impacts = 43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provision</td>
<td>Access to services</td>
<td>10</td>
<td>7</td>
<td>9 = D 7 = P 2 = S</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Quality of services</td>
<td>11</td>
<td>2</td>
<td>3 = D 9 = P 1 = S</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Services for particular groups of people</td>
<td>9</td>
<td>4</td>
<td>4 = D 7 = P 3 = S</td>
<td>14</td>
</tr>
</tbody>
</table>
Access to services: Positive
- The provision of more local services on one conveniently located site, in modern purpose-built and fully accessible buildings are definite impacts, with probable improvements to both public transport and pedestrian access to services (especially if the new footbridge is constructed).

Access to services: Negative
- Definite impacts recognise that some residents will have to travel further to access the new health services, and that the Village site remains a difficult walk away for Coxside residents with mobility difficulties, as the pedestrian route encounters several major roads and suffers from a lack of pedestrian crossings etc.
- Hence it’s probable that some families will not access all of the new facilities, and speculative that access to services will be restricted without an extra bridge and improved transport options.

Quality of services: Positive
- Definite impacts are the provision of better quality and extra services (currently unavailable locally) especially for primary health care, such as Coronary Heart Disease Screening and diabetes-related services. There should be better privacy for service-users, better investment in services, and home support elderly residents of the Village.
- Probable is the delivery of high-quality training, such as anti-discrimination training, for the increased number of staff and volunteers working across the Village facilities (particularly the CREC), which should improve service access and usage for “minority” groups. It is probable that local people will increase their access of the neighbouring “Leisure Village” facilities (especially if the new bridge is built), and that the parallel development of Queen Anne’s Marina will improve general service opportunities in the neighbourhood.

Quality of services: Negative
- A speculative impact is that local GP’s will face extra demand (from non-residents working in the area or attracted to the new site) which may affect services provided for local people.

Services for particular groups: Positive
- Definite impacts are the improvement of services for older people (their travel needs will be reduced, as many more services will now be available on one local site), young children (via the Nomony Centre), families (via the Nomony and the CREC), and disabled people (such as through the construction of new accessible buildings).
- Probable impacts are health improvements for young families (benefiting from a wide range of quality services), and better usage of services such as sexual health clinics and CREC activities by young people. People from ethnic minorities could also benefit from a greater diversity of better quality appropriately-provided services

Services for particular groups: Negative
A probable impact would arise for minority groups be if pro-active engagement work concerning service delivery is not undertaken with minority representatives.

It is speculated that young people will not feel included in the Village and may not take up services available; and that the Village may not in its own right improve men’s take-up of primary care services (in general men tend to neglect accessing primary health care services).

9.2 Employment and Local Business Opportunities
Definition: To increase employment opportunities for local people and support and encourage local businesses

<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Positives</th>
<th>Negatives</th>
<th>Impact certainty: D= definite</th>
<th>P= probable</th>
<th>S= speculative</th>
<th>Total impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and local business opportunities</td>
<td>(Creating) local jobs</td>
<td>6</td>
<td>2</td>
<td>D = 4</td>
<td>P = 3</td>
<td>S = 1</td>
<td>8</td>
</tr>
<tr>
<td>Developing local skills</td>
<td></td>
<td>5</td>
<td>0</td>
<td>D = 4</td>
<td>P = 1</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>The working environment</td>
<td></td>
<td>1</td>
<td>0</td>
<td>D = 1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Local economy</td>
<td></td>
<td>4</td>
<td>1</td>
<td>D = 3</td>
<td>P = 2</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

Local Jobs: Positive

- **Definite** impacts will be the creation of jobs for local people through the Village development and in particular through the creation of CREC and the relocation of Enterprise Plymouth to the locality.
- **Probable** is the generation of extra jobs in the Leisure Village and the local area in general, spurred on by the prestige of the Village development.

Local Jobs: Negative

- A probable impact is that many of the new jobs created will be low waged (and, speculatively, short-lived) and they may not greatly improve the incomes of the workers.

Local Skills: Positive

- **Definite** impacts are the creation of volunteering and skills development opportunities, such as financial management skills, particularly through the management and operation of CREC, and this will probably improve the income-generating capacity of local people.

Working Environment: Positive
- A *definite* impact will be the creation of attractive and pleasant working environments in the Village.

**The Local Economy:** Positive
- A *definite* impact will be the greater number of people becoming economically active, and the creation of work and enterprise opportunities in the locality, especially for small businesses.
- It is *probable* that local shops and the Leisure Village and hence the local economy will be boosted and encouraged, increasing incomes for local people.

**The Local Economy:** Negative
- A *definite* impact will be the risk of new small businesses – such as those being incubated by Enterprise Plymouth at CREC – making losses and closing.

9.3 Safety
Definition: *to help create a safer neighbourhood, both from crime and traffic* (*Please note that the derived category for traffic impacts has been placed within the Environment general category.*)

<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Positives</th>
<th>Negatives</th>
<th>Impact certainty: D = definite&lt;br&gt;P = probable&lt;br&gt;S = speculative</th>
<th>Total impacts = 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer neighbourhood</td>
<td>Crime and anti-social behaviour</td>
<td>3</td>
<td>2</td>
<td>P = 3&lt;br&gt;S = 3</td>
<td>5</td>
</tr>
<tr>
<td>Fear of crime</td>
<td></td>
<td>4</td>
<td>1</td>
<td>D = 3&lt;br&gt;P = 2</td>
<td>5</td>
</tr>
</tbody>
</table>

**Crime and Anti-Social Behaviour:** Positive
- A *probable* impact is a net reduction in local crime caused by the Village development in its entirety (providing extra activities and services, more people ‘out and about’ particularly in the evenings, etc). Crime should
also be reduced by the physical design of the Village site, including the better street-lighting. The provision of a dedicated ‘youth shelter’ in the Park could reduce the incidence of anti-social behaviour.

Crime and Anti-Social Behaviour: Negative
- A speculative impact is the risk that the brand new Village site, with elderly people as the only residents, could be a target for bored youngsters and vandalism. There could be a risk of drug abuse and anti-social behaviour creating a ‘no-go’ area in the Park.

Fear of Crime: Positive
- A definite impact is greater reassurance for residents via improved access to local Police services, as the Police will be able to use the Village for regular surgeries, information points and so on. And there should be greater perceptions of safety and a reduced fear of crime caused by the design and street-lighting of the Village, and the general creation of a more vibrant area, especially in the evenings.

Fear of Crime: Negative
- A probable impact, if the new footbridge is not erected, is the risk of intimidating behaviour occurring in the subsequent ‘dead-end’ areas which could be created.

9.4 Community Spirit
Definition: to help support residents groups and improve community spirit

<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Positives</th>
<th>Negatives</th>
<th>Impact certainty: D = definite, P = probable, S = speculative</th>
<th>Total impacts = 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community spirit</td>
<td>Social inclusion</td>
<td>5</td>
<td>4</td>
<td>P = 7, S = 2</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Community facilities</td>
<td>5</td>
<td>0</td>
<td>D = 3, P = 1, S = 1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Sense of community</td>
<td>5</td>
<td>0</td>
<td>D = 3, P = 2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Image of the area</td>
<td>2</td>
<td>0</td>
<td>D = 2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Social contact</td>
<td>6</td>
<td>0</td>
<td>D = 4, P = 2</td>
<td>6</td>
</tr>
</tbody>
</table>

Social Inclusion: Positive
Probable impacts are the inclusion in the local community of often ‘excluded’ groups such as ethnic minorities, who may find that the Village presents opportunities for being involved rather than ‘hidden’ in the neighbourhood, perhaps through the provision of language classes or other activities. Similarly, young people may feel included in the Village through the likely provision of a graffiti wall and the potential planning of integrated youth activities between the Village and the nearby Tothill Youth Centre (due to reopen imminently), subject to funding.

Social Inclusion: Negative
- Probable is the risk of social exclusion if certain East End residents located furthest from the Village (such as Coxsie) feel less well served by the new developments.
- Speculative is the risk that ‘them and us’ feelings could be created if CCTV and other anti-crime measures are perceived as excessive and over-prominent in the Village.

Community Facilities: Positive
- Definite impacts will be the improvement of community spirit via the creation of a new dedicated Community Centre with relevant facilities and information, which also provides a natural centre and focus for the neighbourhood.
- A speculative impact is the creation of a new and attractive access to not just the Village but the whole neighbourhood, if the proposed footbridge is constructed.

Sense of Community: Positive
- Definite impacts will be the creation of a more vibrant neighbourhood, with visual and concrete improvements raising people’s confidence and self-image. Community spirit may be increased by people having more ‘respect’ for themselves, for fellow-residents and for the area in general.

Image of the area: Positive
- The image of the East End should be improved across the city as outsiders notice the increased vibrancy and community spirit and the construction to high standards of the new Village.

Social contact: Positive
- Definite impacts will be greater opportunities for people to mix with others, reducing isolation, via various Community centre attractions and events and especially the café.
- Probable impacts will be a high level of community involvement in the CREC facilities, and an enhancement of the natural networking that occurs through shared and public facilities.

9.5 Environments
Definition: to help provide a healthier and more attractive environment
<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Positives</th>
<th>Negatives</th>
<th>Impact certainty:</th>
<th>Total impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environments</td>
<td>The natural environment</td>
<td>3</td>
<td>4</td>
<td>D = 5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P = 2</td>
<td></td>
</tr>
<tr>
<td>Traffic</td>
<td>3</td>
<td>5</td>
<td></td>
<td>D = 5</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P = 3</td>
<td></td>
</tr>
<tr>
<td>The built environment</td>
<td>3</td>
<td>1</td>
<td></td>
<td>D = 3</td>
<td>4</td>
</tr>
<tr>
<td>(Homes &amp;) Housing</td>
<td>2</td>
<td>2</td>
<td></td>
<td>D = 1</td>
<td>4</td>
</tr>
</tbody>
</table>

**Natural environment:** Positive
- *Definite* impacts are improved access to an improved Park, particularly for infants and primary school-children.

**Natural environment:** Negative
- *Definite* impacts are increased pollution during the Village construction, and the continuing problem of odour pollution from the Cattedown sewage works.

**Traffic:** Positive
- *Definite* will be the extra management and hence safety of traffic in the immediate area of the Village. Traffic should be reduced, and slower, which in turn reduces noise and air pollution.

**Traffic:** Negative
- *Definite* will be an overall increase of traffic in the East End area due to firmly established local and national trends as well as the Village development. Traffic management measures around the Village may displace traffic pollution and accident risks to other residential areas. High levels of traffic in urban areas pose most health risks to pedestrians, particularly younger children.
- *Probable* will be an increased in pedestrian related accidents on Gydnia Way (the key city highway which bounds two thirds of the CV site), possibly even if the new footbridge over Gydnia Way is built.

**The built environment:** Positive
- *Definite positive* impacts are the development of an attractive visual gateway for both the East End and Plymouth as a whole, and generally an improved and more attractive built environment, including the introduction of ‘public art’ features.

**The built environment:** Negative
- It is possible that some local people will find the modern buildings with their extensive glass features unattractive.

**Housing:** Positive
- A *definite* impact will be the provision of attractive and high-quality homes for older people on the Village site.
- A *speculative* impact is that the provision of new housing for older people will release other local housing stock to the benefit of local people.

**Housing:** Negative
- It is *probable* that the Village development will further spur the ongoing rapid rise in local house prices, which will probably cause difficulty for local people seeking to purchase a local home.
9.6 Other Determinants
Definition:  *impacts affecting other key health determinants*

<table>
<thead>
<tr>
<th>Major Impact Category</th>
<th>Derived Impact category</th>
<th>Positives</th>
<th>Negatives</th>
<th>Impact certainty:</th>
<th>Total impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other determinants of health</td>
<td>Diet</td>
<td>1</td>
<td>0</td>
<td>D = 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>1</td>
<td>0</td>
<td>D = 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>1</td>
<td>0</td>
<td>P = 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Health awareness</td>
<td>1</td>
<td>0</td>
<td>D = 1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Diet:** Positive
- A definite impact is the greater availability of – and interest in – healthy food, via the creation of a cheap and health-orientated community café.

**Income:** Positive
- A definite impact is an increase in income for less affluent residents who take up the ‘benefits advice services’ which are due to be offered a base in the Village.

**Exercise:** Positive
- A probable impact is the encouragement of cycling as a healthy means of transport and exercise, via the provision of bike racks in the Village and other road calming measures.

**Health awareness:** Positive
- A definite impact of the Village development will be a better general awareness of good health, such as through both the higher profile and availability of primary care services and a range of health-promoting activities.

10. General Discussion of the Findings

This section of the report combines the health impacts predicted by the stakeholders with the evidence presented by the literature review, and discusses the key issues arising from this process.

This discussion occurs in the context of aiming to improve the positive health impacts of the Community Village development, by assessing the data and generating practical suggestions for decision-makers, since:

> “it is crucial – whatever methods and approaches are used – to maintain a clear focus on the ultimate purpose of the HIA, namely to inform and influence subsequent decision-making”

(Blair-Stevens/Taylor, 2002)
Providing good-quality, accessible and inclusive services

It is clear from stakeholder discussions and the available evidence that the Village will significantly improve a wide range of service-provision in the East End. This is because there will be more services of better quality in a convenient location that more groups will access. Primary health care, early years services and supported housing for older people will be especially improved along with community-centre type services. It is also likely that public transport services will be improved in the locality.

Older people, young families and disabled people will particularly gain from better services (such as hearing aid and diabetic services, for example), and there may also (speculatively) be benefits for people from ethnic minority communities.

However some residents from some of the less advantaged parts of the East End may find the Village services to be inconveniently located, especially if the proposed new footbridge cannot be funded, as they will face a longer and more hazardous walk along roads that are busy with large lorries and other industrial traffic. In addition, young people, and possibly ethnic minority people, may not access services unless pro-active community engagement is undertaken.

Increasing local employment and skills development opportunities and encouraging the local economy

It is to be expected that the Village will create a range of new local jobs and, in particular, voluntary opportunities that help local people improve a range of skills. Similarly the relocation of Enterprise Plymouth will support small businesses originating in the East End (and elsewhere). The health impacts suggest it is probable that the East End neighbourhood, including the current Leisure Village and local shops, will become more economically prosperous.

These expectations are tempered by the possibility that some of the new businesses will be unsustainable, and that some of the new jobs may be low-waged.

Creating a neighbourhood safer from crime

The design and location of the Village is predicted to reduce the actual incidence of crime and, importantly, the fear of crime and anti-social behaviour. A ‘safer’ neighbourhood is to be expected due to the careful design of the Village along with the greater numbers of people ‘out and about’, especially in the evenings. The Village will also provide a positive opportunity for accessing the local Police service through local surgeries.

The health impacts also suggest a speculative risk that young people will engage in anti-social behaviour around the Village and in the Park.

Helping to support residents groups and improving community spirit

The predicted health impacts are backed up by an increasing amount of published research evidence which predicts that regeneration developments such as the new Village will have widespread ‘community’ benefits.
The broad range of activities and facilities associated with the Community Centre will increase social contact and reduce isolation. The Village should provide a much-needed natural ‘focus’ to the neighbourhood. The new footbridge (if funds are obtained for its construction) could significantly improve access to the whole neighbourhood.

The perception by the rest of the city of the East End area will be improved along with local community self-confidence. The Village represents tangible, visual and prestigious investment in an increasingly vibrant neighbourhood.

The local community could also become more socially inclusive if the opportunities presented by the Village are utilised for engagement with young people and ethnic minority communities in particular. The identified health impacts indicate a link with “Providing Services” (see above), suggesting that the designing of appropriate services in partnership with minority representatives will help promote general social inclusion as well as service “take-up”.

Conversely, there is a risk of increased social exclusion if any population groups in the East End - including those residents living furthest away from the Village - do not feel well served by the opportunities cited above.

Providing healthier and more attractive environments (including traffic issues)
The Village is expected to help improve local people’s access to a better natural environment, primarily through improvements to the Park and a localised reduction in air and noise pollution from traffic.

However, the lengthy 2 years or longer construction period for the Village will cause environmental hazards, and traffic levels and dangers are expected to continue rising in the East End neighbourhood as a whole. There could be increased pedestrian accidents on the main city highway (Gydnia Way) that borders much of the Village site.

The Village is predicted to be a visually attractive development that significantly improves the built environment and provides much-needed high-quality new homes for older people who require some form of support.

The Village – by making the area more attractive - may also further boost the already fast rising local house prices, which can make homes increasingly unaffordable for local ‘first-time buyers’.

Influencing other key health determinants
Stakeholders consulted for this Report have also predicted that the Village will have a positive effect on various health determinants not specified under other headings.
People reliant on state benefits (who often experience poorer health) may increase their incomes through access to a ‘benefits advice service’, which is expected to be made available at the Village.

Healthy food is predicted to be made more popular, and to become more available, though the community café.

More people may be encouraged to experience the health benefits of cycling.

Generally, the Village is expected to improve the population’s awareness of and interest in good health.

11 Potential Issues for Discussion by Community Village Decision-Makers

This health impact assessment has identified a range of positive health impacts for all communities in the East End arising from the new Community Village development.

These positive health impacts will benefit the neighbourhood; however there are also a number of potentially negative impacts on health which require consideration by the relevant policy-makers.

Engaging with young people
- This HIA suggests that the health impacts of the Village could be improved if decision-makers are able to consider more specific engagement with and provisions for young people (aged 11 plus), for example through the following methods:
  - The aspirations for a Youth Shelter in the Park and a graffiti wall in the Village should be realised.
  - The Village development presents significant opportunities for planning various youth-orientated activities. Such ideas would best be discussed with young people themselves, the Youth Service and other stakeholders.
  - The planning of integrated youth activities between the Village and the nearby specialist Tothill Youth Centre (due to reopen at the time of writing), subject to funding.
  - Renewed engagement with young people’s interests might not only minimise the risk from anti-social behaviour but could also maximise positive health impacts for young people, and could represent an extra investment in helping to deliver a cohesive long term future for the neighbourhood.

Tackling potential divisions in the local neighbourhood
- This HIA highlights the need for decision-makers to increase discussions with those communities who may in part perceive that the Village is not for them. These may be geographical communities based
in certain parts of the East End and/or communities of interest, such as people from an ethnic minority background.

- Both the evidence base and the health impacts identified by this report suggest that these community tensions can be caused by historical situations and attitudes, and cultural or ethnic differences, and the physical barriers (such as main roads) and distance that could restrict how various communities access the Village.

- Solutions might include the use of appropriate consultations, the delivery of pro-active outreach activities, targeted communications, the planning of joint events, the provision of specialist services and any other possible measures that can be taken to encourage access to the Village site in Cattedown.

**Ensuring construction of a new footbridge**

- It is clear that the Village decision-makers and planners recognise the benefits of constructing a new highly accessible footbridge onto the site.

- A new bridge is important for the integrity of the whole development and will help the Village maximise its positive impacts on health (and other aspects of the East End Regeneration Strategy). A new bridge will help many different groups of people to access the Village.

- The findings of this Report endorse the efforts being made by City Council officers to identify funding for a new bridge.

**Traffic reduction**

- Traffic already causes health problems (such as accident risks and air and noise pollution) in the area. There is a risk that the success of the Village could be hampered and some of the traffic problems displaced onto equally unsuitable residential areas if a traffic reduction strategy is not developed.

- The Village development will potentially increase the amount of traffic in the area (the Village plans include the creation of c.88 new car-parking spaces) and the prospect of extra traffic should be seriously tackled, with all parties sharing responsibility to take action to reduce vehicle usage in the area.

- This Report therefore suggests the importance to the Village of developing an effective and well-resourced traffic management and reduction strategy.

**Prioritising better bus services**

- This Report encourages the Village decision-makers to continue to prioritise their close co-operation with public transport providers.

- Current bus services in the East End appear to be limited, and it is predicted that the construction of the Village will greatly increase demand for convenient local bus services.

- There is much published evidence indicating that disadvantaged groups, who often experience worse health inequalities, are especially dependent on local public transport services. Increased bus services that link Coxside with the Village site would be particularly welcome.
12. Evaluation

An evaluation of this HIA will be undertaken 1 year after the presentation of this report to the Community Village steering group. The aim of the evaluation will be to assess the value of the HIA process itself, ie:

- Has this HIA had any influence over the planning and delivery of the Village development?
- Has this HIA been of interest and use to people connected with the Village development?
- What were the most interesting aspects of the HIA process?
- How could the HIA have been improved?
- How could HIA best be applied (if at all)?
- Has this HIA made a useful contribution to the broader HIA and public health evidence-bases?
- Any other comments?

The evaluation will consist of short structured interviews face to face or by telephone with key players, and the wider use of a structured questionnaire reproducing the interview questions. Participants will include Village policy-makers, key EEP representatives, the workshop participants, and other key informants (to be confirmed at a later date).

13. Study Limitations

This study is based on an assessment of the published evidence and the HIA judgements of the stakeholders attending the workshops and the two structured interviews.

The stakeholders were identified using accepted HIA models (Introducing HIA: Plymouth Primary Care Trust 2003) and were double-checked with EEP staff. An open invitation to participate was also issued through the EEP Community Group meeting. Nonetheless the stakeholders actually participating were by definition self-selected (ie they were able to respond positively to the official invitations), and the numbers involved were also limited by circumstantial issues such as illness or unexpected and competing priorities.

In addition it is recognised that the workshop process is time-limited; hence the judgements of the small group facilitators and the assessor are deployed (rather than collective stakeholder discussion) when completing the prioritisation of some of the impacts identified (eg the assessor is required to make a judgment as to whether some impacts are definite or probable and so on).

Nonetheless the assessment contains the judgements of people with direct experience of all the main groups within the East End population, including
five recognised community representatives as well as other residents of the neighbourhood.

Within the context of this HIA study it is thus reasonable to generalise the views expressed as being broadly representative of the majority of population groups in the East End.

14. Concluding Remarks

This HIA has involved a thorough examination of the Community Village proposals in Plymouth’s East End neighbourhood. A wide range of data has been considered, including information obtained from pre-existing evidence bases, and information generated by stakeholder workshops and interviews.

The overall conclusion is that the Village development is expected to contribute to a range of positive health impacts for people living in the East End neighbourhood.

The HIA has also identified further issues for consideration by policy-makers connected with the Village development. The discussion of these issues will assist maximising the positive health impacts as a well as minimising the negative impacts of the Community Village. It is recommended that these issues are considered by the wide range of people and organisations concerned with the planning, construction and management of the East End Community Village.
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Plymouth Primary Care Trust (ii): data supplied by the Office for National Statistics: 2003

Plymouth Primary Care Trust (iii): data supplied by South & West Devon Health Informatics: 2003

Plymouth Primary Care Trust (iv): Plymouth Neighbourhood Report: (Health Visitor data) July 03. Plymouth: Plymouth Primary Care Trust

Plymouth Primary Care Trust 2003 (vi): *A strategic framework for HIA (Draft consultation paper)* Plymouth: Plymouth Primary Care Trust


Appendix A

East End Neighbourhood Profile
A neighbourhood profile was produced using data reflecting the determinants of health and health inequalities. An effective HIA requires a good understanding of the population affected by the relevant regeneration proposals, and hence the text of the profile is included below. This text was also supplied to stakeholders in advance of the workshops.

When compared with other Plymouth neighbourhoods, the East End has the poorest housing conditions in the city - 88% of the housing was built before the First World War. Most of the housing is terraced, with a high proportion of flats (PCC, 1999). It should be noted, however, that the current ongoing housing renewal and related programmes in the East End are expected to produce great improvements to local housing.

According to both the Regeneration Strategy and Plymouth Council’s Neighbourhood Renewal Assessment of 1999, the area has for many years suffered from un-coordinated planning and decision-making, and in the past a general lack of public and private investment. In the past, community facilities and access to services (such as dentists, educational opportunities etc) have been very poor. Also, residential areas have been made unpleasant by noisy traffic, polluting factories, and other hazards.

Current primary health care services are supplied by 5 GP’s and associated staff in the Wycliffe Surgery. These health services are due to be relocated a short distance to new purpose-built premises on the Community Village site.

Characteristics of the overall population
The East End has a population of 5,132 people (which is 2.09% of the overall Plymouth population of 245,153) (PPCT, 2002). The population structure is similar to the Plymouth average, although it is useful to note the following variations compared with the city as a whole:

- a higher proportion of people in the 20-29 age group (Table 1)
- a higher proportion of single and divorced or separated people (Table 1)
- a higher proportion of single-person households (Table 2)
- a lower proportion of owner-occupiers (Table 2)
- a higher proportion of private tenants (Table 2).
- the proportion of households without central heating is double the city average (Table 1)
- a lower proportion of households with access to a car (Table 1)
- a higher proportion of people registered as unemployed (Table 1)
- a higher proportion of people registered as long-term sick or disabled (Table 3)
- a higher proportion of people describe their health as “not good” (Table 3)
Families with young children
Although there is a slightly lower proportion than average of households with young children in the East End (Table 1), statistics collected by Health Visitors (Table 4) show that many of these families experience poorer health and greater poverty. This suggests that disadvantage in the East End is at least partly concentrated amongst families with young children.

Older people
The review of published evidence (see the next section) suggests that older people living in disadvantaged areas are likely to experience greater poverty. This is due to the well-researched links between old age, low income, health problems, poor housing and poor services (such as public transport).

The proportion of over 60’s living in the East End is slightly below the city average (Table 1). Nonetheless it is reasonable to predict that those older people who do live in the East End will often tend to experience more severe health problems than older people living in less disadvantaged parts of Plymouth.

Black and Minority Ethnic people and Refugees
The proportion of “Black and Minority Ethnic (BME)” and “non-white” people in the East End is 2.2%, which is similar to the city average of 2.1% (Table 1). However the evidence review suggests that BME individuals living in disadvantaged neighbourhoods tend to be particularly vulnerable to ill-health and poverty.

It is important to note that the 2001 Census statistics for the local BME population do not include asylum-seekers or many refugees, who are usually from non-white population groups. Refugee numbers are difficult to calculate but it is very likely that the refugee population in Plymouth has increased significantly since the 2001 Census; and local information suggests that many refugees are based in the East End. Asylum-seekers and refugees are often some of the poorest people in the community.

Table 1: general statistics
All figures from the 2001 Census except where noted* (HMSO, 2003)

<table>
<thead>
<tr>
<th></th>
<th>East End %</th>
<th>Plymouth %</th>
<th>England &amp; Wales %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 0 to 4</td>
<td>5.4</td>
<td>5.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Aged 20 to 29</td>
<td>19.1</td>
<td>13.3</td>
<td>12.6</td>
</tr>
<tr>
<td>Aged 60+</td>
<td>18.7</td>
<td>20.8</td>
<td>20.9</td>
</tr>
<tr>
<td>Single (never married)</td>
<td>42.3</td>
<td>30.2</td>
<td>30.1</td>
</tr>
<tr>
<td>Separated</td>
<td>3.9</td>
<td>2.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Divorced</td>
<td>12.4</td>
<td>10</td>
<td>8.2</td>
</tr>
<tr>
<td>From “non-white” ethnic group, including “mixed”</td>
<td>2.2</td>
<td>2.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4.2</td>
<td>3.2</td>
<td>3.4</td>
</tr>
<tr>
<td>Residents eligible for means-tested benefits* (PCC, 1999)</td>
<td>36%</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>No qualifications</td>
<td>32.1</td>
<td>29</td>
<td>29.1</td>
</tr>
<tr>
<td>No car</td>
<td>43.3</td>
<td>30.2</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Table 2: housing-related statistics
All figures from the 2001 Census except where noted

<table>
<thead>
<tr>
<th></th>
<th>East End %</th>
<th>Plymouth %</th>
<th>England &amp; Wales %</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-person households</td>
<td>44.4</td>
<td>32.1</td>
<td>30</td>
</tr>
<tr>
<td>Owner occupied Household</td>
<td>49.9</td>
<td>63.8</td>
<td>68.9</td>
</tr>
<tr>
<td>Private tenant</td>
<td>30.7</td>
<td>15</td>
<td>11.9</td>
</tr>
<tr>
<td>No central heating</td>
<td>33.1</td>
<td>15.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Terraced properties</td>
<td>55.8</td>
<td>35.2</td>
<td>26</td>
</tr>
<tr>
<td>Flats</td>
<td>39.9</td>
<td>23.5</td>
<td>19.2</td>
</tr>
<tr>
<td>“unfit” housing* (PCC, 1999)</td>
<td>24 to 37</td>
<td>12</td>
<td>7.5</td>
</tr>
</tbody>
</table>
Table 3: Health-related statistics
All figures from the 2001 Census except where noted

<table>
<thead>
<tr>
<th></th>
<th>East End %</th>
<th>Plymouth %</th>
<th>England &amp; Wales %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-description of health:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;good&quot;</td>
<td>62.9</td>
<td>66.8</td>
<td>68.6</td>
</tr>
<tr>
<td>&quot;not good&quot;</td>
<td>11.6</td>
<td>10.1</td>
<td>9.2</td>
</tr>
<tr>
<td>Have a long-term illness</td>
<td>22.9</td>
<td>20.6</td>
<td>18.2</td>
</tr>
<tr>
<td>Permanently sick/disabled</td>
<td>8.8</td>
<td>6.6</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Table 4: Health-related statistics (continued)

<table>
<thead>
<tr>
<th></th>
<th>East End data</th>
<th>Plymouth city-wide data</th>
<th>East End ranking out of 43 Plymouth local neighbourhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of low birth-weight births (under 2500g) 2002* (PPCT(ii), 2003)</td>
<td>11.6%</td>
<td>7.9%</td>
<td>8th worst</td>
</tr>
<tr>
<td>Rate of emergency hospital admissions (for under 75s) per 10,000 people, for 2000-2002* (PPCT(iii), 2003)</td>
<td>885.4 (per 10,000)</td>
<td>705.5 (per 10,000)</td>
<td>5th worst</td>
</tr>
</tbody>
</table>
Table 5: Health Visitor statistics
- this is based on a database of up to 27 different “Health Needs Factors” (eg “the major wage-earner in the household is unemployed”) recorded by Health Visitors in Plymouth (PPCT(iv), 2003)
- this data is recorded for a total of 10,799 families across Plymouth, and these statistics are then divided up into Plymouth’s 43 “local neighbourhood areas”

<table>
<thead>
<tr>
<th>Health Needs Factor</th>
<th>East End neighbourhood %</th>
<th>Plymouth average %</th>
<th>“Ranking” of East End out of 43 neighbourhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families experiencing 4 or more “Health Needs” (ie vulnerable families)</td>
<td>41.4 (compares with only 4.2% for Glenholt neighbourhood)</td>
<td>25</td>
<td>6th worst</td>
</tr>
<tr>
<td>“Poor housing having a detrimental effect”</td>
<td>33.9</td>
<td>8.7</td>
<td>Most worst off</td>
</tr>
<tr>
<td>“Temporary accommodation”</td>
<td>8.8</td>
<td>4.3</td>
<td>5th worst</td>
</tr>
<tr>
<td>“Parents smoke”</td>
<td>51.5</td>
<td>34.7</td>
<td>6th worst</td>
</tr>
<tr>
<td>“Difficulties with English” (ie literacy issues etc)</td>
<td>3.3</td>
<td>1.5</td>
<td>6th worst</td>
</tr>
<tr>
<td>“Major wage-earner unemployed”</td>
<td>35.1</td>
<td>21.4</td>
<td>7th worst</td>
</tr>
<tr>
<td>“Low-income, benefits-dependent”</td>
<td>52.7</td>
<td>32.1</td>
<td>8th worst</td>
</tr>
<tr>
<td>“One-parent families”</td>
<td>27.6</td>
<td>18.7</td>
<td>8th worst</td>
</tr>
</tbody>
</table>

Table 6: local opinion survey statistics (PCC, 1999)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents who like the area</td>
<td>92%</td>
</tr>
<tr>
<td>Residents concerned by crime</td>
<td>81%</td>
</tr>
<tr>
<td>Residents concerned by industrial activity</td>
<td>74%</td>
</tr>
<tr>
<td>Residents concerned by traffic</td>
<td>65%</td>
</tr>
</tbody>
</table>
## Appendix B

### List of Stakeholders Invited to Participate

*Italics = actual participant in workshop or interview; (Brackets) = (booked, but unable to attend on the day) Bold italics = participants who are also local residents*

<table>
<thead>
<tr>
<th>GROUP or ORGANISATION</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cattedown residents group</td>
<td>Chair and members x 1</td>
</tr>
<tr>
<td>Coxsie residents group</td>
<td>Chair and members</td>
</tr>
<tr>
<td>Prince Rock residents group</td>
<td>Chair and members</td>
</tr>
<tr>
<td>G2 Youth Club</td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>Little Acorn Community Group</td>
<td>Co-ordinator</td>
</tr>
<tr>
<td><strong>East End Partnership</strong></td>
<td>Chair</td>
</tr>
<tr>
<td>Plymouth City Council Members</td>
<td>Local Ward Councillors</td>
</tr>
<tr>
<td>(East End Resource Centre)</td>
<td>(Co-ordinator)</td>
</tr>
<tr>
<td>Tothill Community Centre</td>
<td>The Manager, 207077</td>
</tr>
<tr>
<td>Plymouth CityBus</td>
<td>Schedules Manager</td>
</tr>
<tr>
<td>PCC Parks Department</td>
<td>Landscape Architect</td>
</tr>
<tr>
<td>(PCC Enviromental Health)</td>
<td>(Local Officer)</td>
</tr>
<tr>
<td>PCC Transport</td>
<td>Local Transport Plan Coordinator</td>
</tr>
<tr>
<td>EE Renewal Area Staff</td>
<td>(Manager) &amp; Village Co-ordinator</td>
</tr>
<tr>
<td><strong>East End Healthy Living Network</strong></td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Sector Manager</td>
</tr>
<tr>
<td>Primary Care Trust Health Visitors x 3</td>
<td>Attached to local surgeries</td>
</tr>
<tr>
<td>GP’s</td>
<td>C/o Practice Manager</td>
</tr>
<tr>
<td>Police Service</td>
<td>Local Community Constable</td>
</tr>
<tr>
<td>Disability Information &amp; Advice Centre</td>
<td>Outreach worker</td>
</tr>
<tr>
<td><strong>Detached youth worker</strong></td>
<td>C/o Central Youth Work Team</td>
</tr>
<tr>
<td>Activ8 community development team</td>
<td>Manager</td>
</tr>
<tr>
<td>(Signpost Housing Association)</td>
<td>(Local Manager)</td>
</tr>
<tr>
<td>Nomony Family Centre</td>
<td>Healthy Living Network Co-ordinator + (Manager)</td>
</tr>
<tr>
<td>Architects Design Group</td>
<td>Marc Nash</td>
</tr>
<tr>
<td>(Primary Care Trust Service Director)</td>
<td>(Manager, Waterfront Local Care Group)</td>
</tr>
<tr>
<td>(Local Improvement Finance Trust project)</td>
<td>(NHS Manager)</td>
</tr>
<tr>
<td>Midas Sutton Harbour, LIFT private sector partner</td>
<td>LIFT Project Director</td>
</tr>
<tr>
<td><strong>Hope Plymouth Credit Union Ltd</strong></td>
<td>Co-ordinator</td>
</tr>
<tr>
<td>(Single Regeneration Budget)</td>
<td>(Funding Manager at PCC)</td>
</tr>
<tr>
<td>Plymco Supermarket</td>
<td>The Manager</td>
</tr>
<tr>
<td>Theatre Royal</td>
<td>TR2: The Obstacle Race project</td>
</tr>
<tr>
<td>(Barbican Theatre)</td>
<td>(The Director)</td>
</tr>
<tr>
<td>Plymouth Christian Centre</td>
<td>The Minister + Co-ordinator, Community Care</td>
</tr>
<tr>
<td>Prince Rock Primary School</td>
<td>Headteacher</td>
</tr>
<tr>
<td>(CD Brammall Vehicles)</td>
<td>(Training Manager)</td>
</tr>
<tr>
<td>Co-Active (social enterprise agency)</td>
<td>Manager</td>
</tr>
<tr>
<td>SW Regional Development Agency</td>
<td>Plymouth Co-ordinator</td>
</tr>
<tr>
<td>GROUP or ORGANISATION</td>
<td>ROLE</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>PCC Neighbourhood Renewal team</td>
<td>The Manager</td>
</tr>
<tr>
<td>Routeways Sutton Link/Family Learning</td>
<td>The Manager</td>
</tr>
<tr>
<td>Plymouth MIND</td>
<td>The Manager</td>
</tr>
<tr>
<td><em>(Plymouth Age Concern)</em></td>
<td><em>(The Manager)</em></td>
</tr>
<tr>
<td>SW Water</td>
<td>Area Manager</td>
</tr>
<tr>
<td><em>Benefits Agency</em></td>
<td><em>The Manager</em></td>
</tr>
<tr>
<td>Enterprise Plymouth Ltd</td>
<td>The Manager</td>
</tr>
<tr>
<td><em>(Care &amp; Repair Home Help service)</em></td>
<td><em>(Co-ordinator)</em></td>
</tr>
<tr>
<td>Harbour Centre</td>
<td>Drugs worker</td>
</tr>
<tr>
<td><em>(Community Service Volunteers Media)</em></td>
<td><em>(Co-ordinator)</em></td>
</tr>
</tbody>
</table>