

Millbay HIA (final version)

**A Rapid Prospective Health Impact Assessment of the
Millbay Action Plan, Plymouth**

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Summary: the key questions arising from this study

This *HIA* study has identified the prospective health impacts of the *Millbay Action Plan* by utilising a variety of methods and in particular by engagement with contributors from the more disadvantaged groups within the Stonehouse population.

The central aim of the study is to assist decision-makers and developers – and other people with leverage or influence concerning the regeneration of Millbay/Stonehouse – to enhance the prospective *positive* health impacts and to mitigate the prospective *negative* impacts.

The prospective health impacts identified by contributors generate fourteen public health issues and questions for consideration by policy-makers and decision-makers with an interest in the future of Stonehouse/Millbay.

Ensuring the provision of good quality community meeting-places and services

The prospective health impacts identified concur with the *Millbay Area Plan* and *Neighbourhood Study* that there is a need to increase the provision of community facilities in the area. The impacts suggest that a range of health benefits (such as reducing isolation and increasing community spirit) can stem from increasing opportunities for local people to meet and undertake activities together.

The impacts also suggest that health benefits (such as improving access to services, and the greater co-ordination of services) can result when community facilities are combined with public service provision (for example, through an 'extended school' model).

- What proposals exist, or need to be created, to ensure that Millbay prioritises the provision of high-quality community services in the area?
- What arrangements will be made to promote effective partnership working between developers, service-providers and community groups?

Promoting positive activities for young people

The prospective impacts described in this study indicate that local health improvements could be linked to increasing the availability of a good range of youth activities and services in the area.

- What scope is there in the *MAP* (and subsequent strategic planning documents) to support the development of more youth services aimed at offering opportunities to disadvantaged young people?

Local access to swimming, skating and other physical recreational opportunities

The health impacts that were identified revealed a concern about the future loss of recreational facilities currently located at the Pavillions centre, as such facilities are likely to be moved to Central Park.

- In what ways will decision-makers ensure that access to leisure and recreational facilities continues to be a feature of living in the *MAP* area?

- Will decision-makers be able to consider, in consultation with local communities, options for increasing opportunities for accessible and affordable physical recreation within Stonehouse?

Provision of green spaces and parks in the area

This is a neighbourhood where many people and families do not have private access to gardens or cars. Hence many of the *HIA* contributors regard the availability of well maintained, attractive and child-friendly parks as vital for the health of Stonehouse. The prospective impacts suggest that community health can benefit when good parks are available to offer recreational opportunities and permanent play areas and to provide a convenient location for holiday and out-of-school activities.

- How will the local regeneration strategies and the service plans for local agencies resource improvements to the existing network of small parks/green spaces in north Stonehouse?

Access to affordable homes for local people in need

New affordable housing in the area may offer health benefits (such as reducing the stress that can be caused by overcrowded accommodation) for the whole community. However *HIA* contributors observe that it will be important for local people in need (eg people on social housing waiting lists) to be given high priority when new social housing becomes available.

The identified health impacts show that it is important that new social housing is of high quality (eg with good sound insulation) and that it includes family housing with gardens. Health benefits may also be maximised if Plans ensure that some housing at least remains 'affordable'. For example, some 'shared ownership' models for affordable housing can help lower-income people (who are most at risk from unhealthy housing) continue to access such housing in the longer term.

- What process will decision-makers adopt to balance the need to fund this regeneration via the development of new private homes alongside the need to provide good-quality social housing and new housing of mixed tenure?

Making Union Street 'people-friendly'

HIA contributors acknowledge the importance of Union Street to the local area. The prospective impacts show that a regenerated and more people-friendly Union Street could promote community access and enjoyment of the built and waterside environments.

- How will decision-makers ensure that Union Street becomes more people-friendly whilst retaining its' function as a key city thoroughfare?

Accessing the local waterfront

The health impacts identified in this study indicate the importance of encouraging local people to access and enjoy the Millbay waterfront. The health benefits can include increasing opportunities for physical exercise and increasing peoples' enjoyment of their local environment.

- How will decision-makers maximise public and local access to the waterfront?
- In particular, how can people from north Stonehouse be encouraged to access this area?

Local vehicle traffic management

Some of the health impacts identified show that increasing traffic levels in the area could contribute to a range of negative health impacts.

- In what ways will the MAP be able to respond to the potential negative health impacts of increased traffic volumes?

Promoting community engagement with the regeneration process

- What approaches to community engagement will the MAP adopt to ensure effective community engagement with the regeneration process?

Promoting good health in the future

The *Stonehouse and West Hoe Neighbourhood Study* of September 2005 includes an *Action Plan* with *Objective HO1* being:

'to ensure that issues identified by various phases of the HIA are utilised as a reference point for the development of new initiatives to address health issues within the study area' (Tym & Partners/CAG Consultants 2005).

- How will decision-makers and service-providers working in this area utilise *HIA* findings both now and in the future?
- In the future how will decision-makers (etc) ensure that local health needs are being met, and that the prospective positive health impacts of regeneration programmes are being maximised?

1) Introduction

This **Health Impact Assessment (HIA)** is a study of the regeneration plans being developed for the Millbay Docks, Stonehouse and West Hoe areas of inner-city Plymouth (see Diagram 1).

Plymouth City Council (PCC) describes Stonehouse as an area which *'divides between a predominantly residential area north of Union Street and mixed commercial and industrial uses to the south including Millbay Docks'* (PCC, 2005) Currently some of the Docks area is semi-derelict. West Hoe is a smaller residential and commercial area to the east of Millbay.

This is also an area where many of the local population groups, particularly in Stonehouse, can be regarded as disadvantaged when compared with local and national averages. For example, 16.3% of Stonehouse residents describe their health as *'not good'*. This contrasts with the 10.1% of Plymouth residents, and the 9.2% of residents in England and Wales, who describe their health as *'not good'* (HMSO 2003). (Please see the Appendix I, 'A profile of the population of the regeneration area' for further information.)

However the regeneration of this area is a strategic priority for Plymouth, being seen as *'a key opportunity within Plymouth's overall regeneration, given its waterfront location, proximity to the city centre, and gateway status'* (PCC, 2005).

2) An overview of the regeneration plans for the area

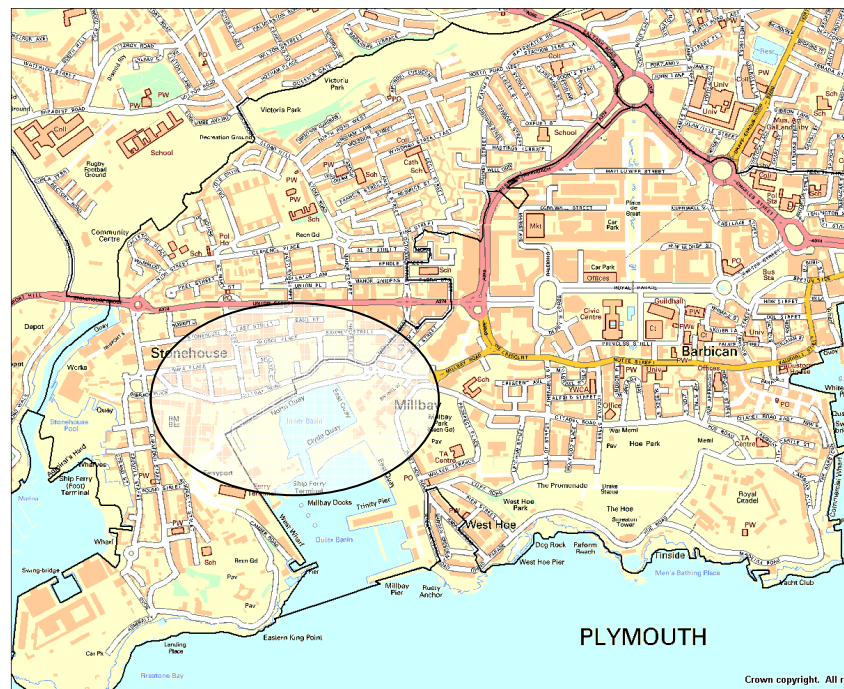
The **Millbay Action Plan (MAP)** is the main regeneration plan for the area and was commissioned by PCC, English Partnerships (EP) and the South West Regional Development Agency *'to develop an Action Plan for the delivery of the Millbay Area Regeneration Strategy'* (EP, 2005) and the *Millbay Masterplan* published in 2004.

In addition to the *MAP* there is also (from April-September 2005) a **Neighbourhood Study**:

*'commissioned by EP and local community group, Stonehouse Action, to address issues such as unemployment, housing transport and the environment. The... Study and the MAP will then be used to inform the development of a statutory planning document for Stonehouse, the **Area Action Plan**, produced by PCC. This will form the policy framework against which future planning applications will be judged'* (EP, 2005).

Please see Diagram 2 for a flowchart showing the links between these different plans for the area. This chart also shows that a brief *HIA* study – the *Millbay HIA scoping report* (Plymouth Teaching Primary Care Trust (PCT), July 2004) – has already been undertaken for this neighbourhood. This previous *HIA scoping report* considered the prospective health impacts of the *MAP's* predecessor, the *Millbay Masterplan*.

Diagram 1: A map of the regeneration area (the circular shape below)



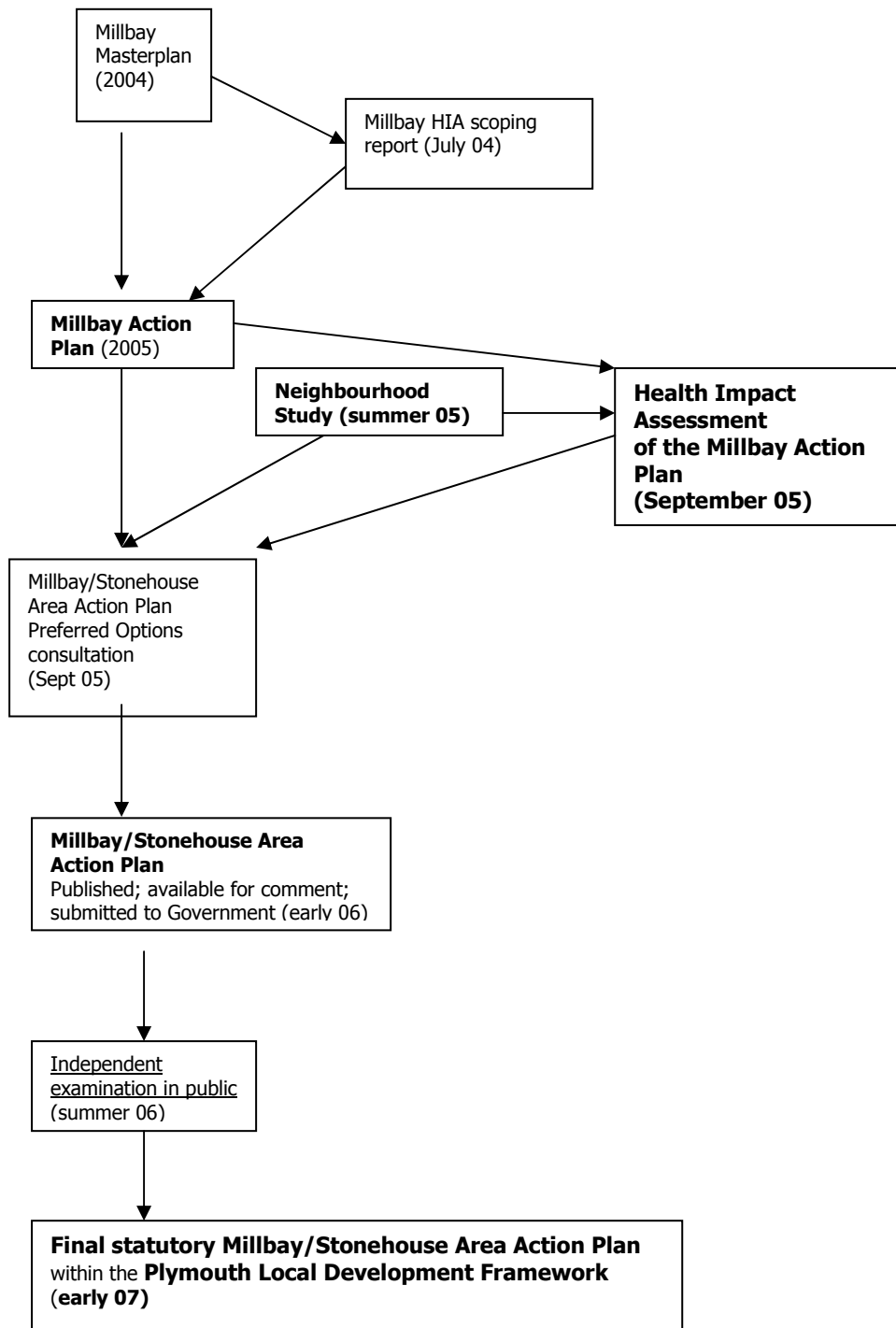
3) Aims and Objectives of this HIA

The Aim of this **Health Impact Assessment** is to assess the prospective health impacts of the **Millbay Action Plan**, whilst taking into account the simultaneous development of the *Neighbourhood Study* of the socio-economic and community needs of the Stonehouse population. This HIA has been undertaken in June and July 2005, after the publication of the *MAP*, but before the completion of the *Neighbourhood Study* and the publication of PCC's **Millbay & Stonehouse Area Action Plan: Preferred Options**.

The findings of this *HIA* will be presented to the appropriate decision-makers, including the authors of the *Neighbourhood Study*. with the overall purpose of **improving health and reducing inequalities**.

The *HIA* findings will also be presented directly to the Council Officers responsible for the relevant *Area Action Plans* and to the Millbay Management Board who are driving forward the key regeneration proposals in the *Millbay Action Plan*.

Diagram 2: a flowchart of the regeneration planning process



4) A 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.” (World Health Organisation, 1999)

HIA recognises the broad range of factors or determinants that influence health, such as personal lifestyle and living conditions and the influence of social, built and natural environments.

This *HIA* draws out the judgements of local residents and other interested groups regarding the prospective health impacts of the regeneration proposals in the *MAP*.

5) The background to this HIA

This *HIA* has been undertaken by a Specialist Practitioner from Plymouth Teaching Primary Care Trust’s Public Health Development Unit (PHDU). The PHDU workplan includes a commitment to apply *HIA* to proposals affecting disadvantaged areas in the city. Stonehouse is a disadvantaged neighbourhood which experiences health inequalities (see Appendix I); and the long-term regeneration plans being prepared for the area are likely to have significant impacts upon health in the future.

The PHDU was requested by Stonehouse Action and by the authors of the *Neighbourhood Study* to further develop the previous *Millbay HIA scoping report*. Applying *HIA* is in accord with Objective 3 of the ‘*project objectives*’ included in the *Millbay Area Plan*:

‘We would like Millbay to become a place that promotes a good quality of life and healthy living.’ (EP) 2005.

This Objective has various action points, including to: ‘*Apply HIA to the whole plan*’.

Therefore the policy-makers and planners concerned with regeneration of this area are likely to give adequate consideration to *HIA* findings before making major decisions about future developments.

6) A summary of the Millbay Action Plan (MAP)

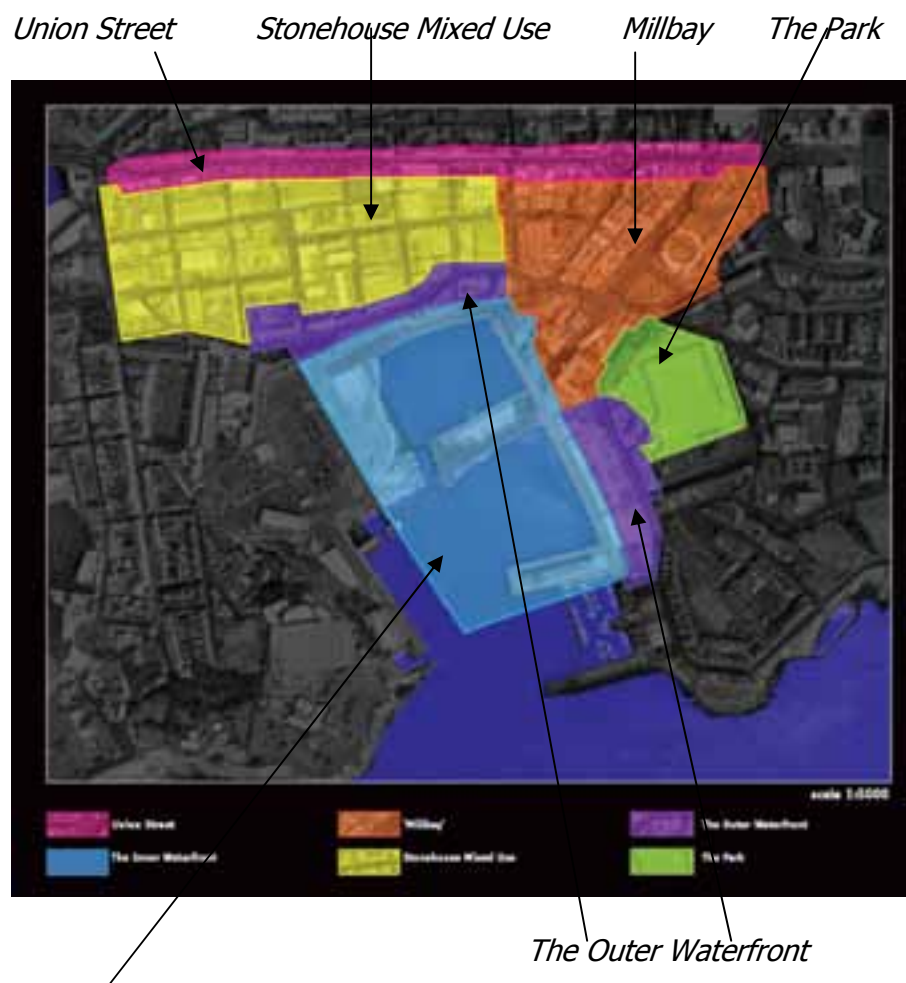
This section summarises the key points of the *MAP* published in March 2005. See Appendix II for more details of the *MAP*.

The *MAP*’s purpose is:

‘to translate preceding strategic studies into a set of deliverable actions’ and to ‘establish the context for regeneration, describe the masterplan and set out (the) specific actions necessary to move forward into implementation’ (p.7).

The *Plan* divides this part of the city into five ‘*character areas*’ (see Diagram 3):

Diagram 3: A map showing the 'character areas' of the *Millbay Action Plan*



The Inner Waterfront

This is the currently relatively derelict area immediately adjacent to the water 'which provides the opportunity to create a real regional draw'(p.44). The key proposals are

- 'A combination of cafes, restaurants and shops
- ...above these will be residential uses'
- to provide public access; 'easy access to the water and opportunities for recreation and play...a new urban beach... sailing facilities'

Millbay

Currently an area 'with no clear identity of its own'(p46).

- 'a centre at the heart of this area...(which) would include local services and community facilities'
- 'an almost equal mix of housing and commercial uses'
- a 'Canal Street... effectively extending the waterfront environment towards the city centre'

The Outer Waterfront (p48)

- 'public realm improvements.. enhance the environments of the existing and proposed housing'

Stonehouse mixed use (p48)

This refers to the area between the Waterfront and Union Street.

- *'lining the north south links to Union Street with residential and office development to create real streets that feel safe and pleasant to use'*

Union Street (p43)

This street is recognised as a critical location in terms of its role as a key transport route, and the manner in which it divides north and south Stonehouse.

- *'regaining its former grandeur..*
- *'a far wider diversity of uses'*
- *'a major development... may be appropriate'* for the intersection of Union Street with *'the Millbay-City Centre link street'*

Apart from the 5 *'character areas'*, the *MAP* presents some other issues which warrant mentioning now:

Delivering the Plan (p63)

The *Plan* proposes the following arrangements for guiding the regeneration process in the future:

- *'a Millbay Management Board of the key public agencies, landowners and lead developers*
- *'a Millbay Advisory Forum' (MAF) to advise the Board , represent views of wider stakeholders and ensure that the plan continues to deliver and integrate wider... benefits to the community'*
- *'a specific professional resource dedicated to pursuing and integrating the social, environmental and economic dimensions of the Plan'*

7) Methods used for this HIA

The following methods have been used to produce this *HIA*.

- A review of the previous *Millbay HIA Scoping Report* .
- An analysis of the key aspects of the *MAP*.
- A review of the *Neighbourhood Study* findings to date
- The production of a population profile for the Stonehouse/Millbay area
- A review of the published evidence concerning the prospective health impacts of regeneration proposals similar to Millbay
- Identifying the prospective key contributors for the *HIA*
- Designing a plan for engaging with key contributors from the Stonehouse population, in order to seek data on the prospective health impacts.
- Contacting key contributors, planning meetings
- Preparation of a 'discussion script' for use during meetings with contributors
- Writing up the comments and judgements obtained from contributors
- Undertaking a contents analysis of this data and recording prospective health impacts on a spreadsheet
- Re-readings of the data
- Producing this report, including a 'discussion of the impacts', and identifying the 'key questions' arising.

8) Issues affecting the methods used

There are various issues influencing the methods used for this *HIA*.

(The key points are printed in **bold**.)

- This is a "**rapid**" *HIA*, reflecting the resources available for the *HIA* and the decision-making timetable relevant to Millbay. Most engagement with contributors to this *HIA* has occurred during June 2005.
- It is necessary for the *HIA* findings to be available before September 9th 2005, to enable the findings to be considered by **the statutory consultation process** for PCC's *Millbay and Stonehouse Area Action Plans: Millbay Preferred Options: July 2005*.
- The *Millbay Action Plan* presents a "**broad strategy**" for the regeneration of the area rather than a specific set of proposals.
- This *HIA* study has coincided with a considerable amount of **community-consultation** type activity occurring in the Stonehouse neighbourhood.
- **Residents and service-providers in the neighbourhood** have observed that **certain groups** within the local population are less likely to be engaged with local community consultation processes. It can also be observed - based on guidance produced by the Department of Health and the Neighbourhood Renewal Unit in "*Health & Neighbourhood Renewal*" (2002) – that some of these less involved groups (such as single parents) are more likely to be experiencing **health inequalities**.

9) Structuring this *HIA*

A core feature of *HIA* is the data obtained from contributors from the relevant population – in this case the residents of Stonehouse. In the light of the issues identified above the assessing Practitioner concluded that it would not have been practical, appropriate or productive to organise specific 'structured stakeholder workshops' for this *HIA*.

The Practitioner then decided that it would be important to focus on obtaining contributions from local people from those population groups more likely to experience health inequalities (as defined by the Department of Health in 2002), such as:

- older people, especially those with low income/living alone
- families with young children
- children
- young people
- long-term sick/disabled
- work-seekers/unemployed

The Practitioner felt that it would be best to engage with people on a face to face/one to one basis in natural and informal settings and groupings.

This *HIA* assumes that valuable data can be obtained by communicating with people in these contexts. Targeted visits were planned for appropriate locations such as parent and toddler groups and older people's lunch clubs.

Communications were based around a series of informal meetings whilst using a 'discussion script' as guidance. The questions included in the discussion script were

based on the original vision and strategy documents and the *Neighbourhood Study* in progress, along with a consideration of the population and area profiles, the evidence-base, and the methodologies of other 'regeneration' type HIA studies.

The following 'headings/themes' are evident in the *Plan* reflecting both key aspects of the regeneration strategy and common concerns of the local population (as evidenced by previous consultations, the *Neighbourhood Study* etc):

- homes
- the waterfront
- jobs
- Union Street
- 'canal'/new boulevard
- the beach
- Phoenix Street
- Community facilities
- Primary health care services
- Youth centre
- Means of community involvement

Please see Appendix IV for a full copy of the 'discussions script' devised for meetings with contributors. Appendix V provides a list of the different meetings with contributors.

The Practitioner kept notes of contributors' judgements and opinions arising from this process. This data was then subjected to a content analysis and was transcribed into a series of 'prospective health impacts' recorded on a spreadsheet.

10) Discussion of the 'prospective health impacts'

The overall picture

Overall a total of 107 prospective health impacts were identified.

The health impacts were then classified into four types:

- *positive*
- *negative*
- *positive/speculative*
- *negative/speculative*

All the impacts identified are of course '*prospective*' – they may or may not occur in the future. A significant number of the impacts are however *speculative*, which perhaps reflects the fact that contributors were being asked to consider the prospective health impacts of an overall and generalised 'masterplan' rather than a set of concrete proposals for the local area.

For example, the prospective impact '*new homes will be good if they are of good quality eg with good sound insulation*' can be read as *positive*, and yet it is also clearly *speculative*, dependent on the details of the (to be published) actual building specifications and conditions for the various new home-building sites in this area.

Similarly, the prospective impact '*affordable to buy houses are no good for local residents*' can be read as *negative*; yet this impact is also *speculative* as it depends on the eventual details of the actual 'affordable to buy' policies which are utilised. (For example, under some policy frameworks, '*affordable to buy*' homes can be directly accessible for many social housing tenants.)

Table (i) a summary of the health impacts

Total number of 'health impacts'	107
' positive ' health impacts	39
' negative ' health impacts	16
Positive/speculative health impacts	31
Negative/speculative health impacts	21

Clustering the impacts by 'themes'

The impacts were then clustered around themes. These themes reflect the subjects and impacts which arose during engagement with contributors.

Table (ii) health impacts by 'themes'

Health impact 'theme'	Total number (overall = 107)	Positive (overall = 39)	Negative /Speculative (overall = 16)	Positive/ Speculative (overall =31)	Negative /Speculative (overall = 21)
Homes	16	6	2	5	3
Parks - & children's activities	10	3	0	7	0
Community services & facilities	26	11	4	6	5
The Waterfront	15	7	3	1	4
Union Street	8	3	0	3	2
Traffic & transport	9	2	4	2	1
Work & jobs	7	4	0	3	0
Other community issues	16	3	3	4	6

Health impacts concerned with 'homes'

Context:

- The construction of some 2,500 new homes in Millbay, capable of housing some 5,000 or so people, is a core feature of the regeneration *Plan*.
- As described in Appendix I, the current Stonehouse housing stock is of poor quality when compared with other neighbourhoods, and over 73% of homes are flats (the city average is 23.5%). Nearly 78% of residents are tenants (compared with a city average of 36%).
- The *Plan* proposes that at least 25% of new homes will be '*affordable*', which includes social housing for rent, '*shared ownership*' homes and homes for sale at '*affordable*' prices.

Impacts:

- Contributors' comments to this *HIA* suggest that housing is a crucial determinant of health and that - depending on the eventual details of future housing supply - the provision of new homes could have *positive* health impacts. Poor quality housing can contribute to poorer health (eg

overcrowding and/or excess noise causing stress); the ability to access secure and comfortable housing is a fundamental determinant of good health.

- Contributors predict that the construction of a diversity of new housing, and the attraction of a new mixture of people into the area, should have *positive* health impacts – so long as existing local people in need are able to benefit from the new social housing. Contributors observe that the future health impacts may also depend upon which affordable housing ‘models’ are used (for example, some shared ownership approaches can ensure that houses remain affordable in the longer term).
- Contributors indicate that it is also important that the new housing is of good quality with (for example) good standards of sound and heat insulation. The availability of new (social) family housing with gardens – rather than simply the provision of more flats - would be seen as offering *positive/speculative* health impacts.
- Contributors speculate that there could be *negative* health impacts if the new housing creates social and spatial divisions between (for example) expensive waterfront apartments and blocks of lower quality new and existing social housing elsewhere in Stonehouse.
- Contributors also *speculate* that health could be *negatively* affected if existing social housing residents are displaced from the area because (for example) rising property values persuade social housing providers to sell off or realign their local property assets.

Health impacts concerned with Parks – and children

Context

The *Millbay Plan* considered by this *HIA*, and the eventual *Area Action Plan*, are aiming to establish general frameworks and principles for the regeneration and ongoing developments in the area (and for Millbay in particular). The *Millbay Plan* does not specifically consider existing parks in the area, except for speculating that a new public park could be created on current Ministry of Defence land in West Hoe/Millbay.

Impacts

- Many contributors to the *HIA* – and parents and children in particular – are very clear that well-maintained, safe and attractive parks will help produce *positive* health impacts. Seven of the ten impacts identified (see Table ii) have been categorised as *speculative*, as the current *Plan* does not address the issue of existing parks.
- This *HIA* has revealed that many local people are hoping that the regeneration of the area will have *positive* health impacts by including significant improvements to existing parks, especially those parks to the north of Union Street (Manor Street, Adelaide Street, King Street etc) where most current residents and families live.
- Contributors observe that parks in themselves give children somewhere to be and something to do, and can also provide a base for the provision of constructive out-of-school activities. The provision of actual ‘play areas’ further improves the prospective health impacts of parks (which is particularly relevant for the significant number of local people who have neither gardens nor access to private transport).
- Young people in particular were concerned that the popular existing West Hoe Park might be under threat, which could have *negative* health

impacts. (At the time of writing it appears that there are no plans to remove West Hoe Park).

- One young contributor *speculated* that the provision of public toilets in parks would produce *positive* health impacts (there appears to be a lack of public toilets in the area and this can cause environmental health problems and may restrict the organising of family play days etc).

Community services and facilities

Context

- The issue of 'community services and facilities' generated more prospective health impacts than any of the other 'themes' emerging from this *HIA*.
- The *Millbay Plan* identifies the need to provide improved community services and proposes a new multi-purpose 'community centre' in the Millbay area. The *Neighbourhood Study* is prioritising a range of community needs and interests which are intended to overlay the *Millbay Plan* in the eventual *Area Action Plan*.

Impacts

The community services theme can itself be subdivided into three issues: **activities for young people; access to physical recreation; and community meeting-places and services.**

Activities for young people

- The contributors identified the *positive* health impacts that can stem from providing extra activities and opportunities for young people, and possibly a new 'centre', as mooted in the *Millbay Plan*.

Access to physical recreation eg swimming and skating/relocation of the Pavillions

Context

The *Millbay Plan* proposes demolition of the Pavillions and the relocation of its various functions. At the time of writing (July 2005) the latest PCC proposals aim to relocate the Pavillions' sporting facilities (the swimming pool, ice-rink, basketball courts etc) away from the Stonehouse/Millbay neighbourhood to a new base in Central Park (approximately 3km from the Pavillions).

Impacts

- Contributors *speculate* that there may be *negative* health impacts if the swimming and other 'sporting' facilities are relocated. The current facilities lie just to the east of the main residential areas of Stonehouse. People are concerned that Central Park is further away and, at present, difficult to access by foot and public transport.
- Another *speculative/negative* impact revealed concern that there might be a delay between demolition of the Pavillions and the opening of new facilities elsewhere.
- Some *positive/speculative* impacts indicated that increasing sporting opportunities in Stonehouse, including access to a gym, could yield *positive* health benefits.

Community meeting-places and services

- Contributors suggested that a new affordable and accessible multi-purpose community centre would be *positive*. The impacts predict there would be health benefits resulting from increased local access to affordable and good quality community facilities across the neighbourhood.
- The impacts predict that a new 'extended' or 'community' school – including a library, for example - would be *positive*, and synergies could be achieved by combining this with general community facilities.
- A general increase and improvement in local primary health care services should produce *positive* health impacts by, for example, reducing the need for residents to travel across the city to access health services.
- *Speculative* impacts suggest that the possible inclusion of an NHS dentist within a community centre, or anywhere in the neighbourhood, would be *positive* for health.

The Waterfront

Impacts

- Contributors predicted that establishing and promoting public access to a regenerated waterfront area would offer health benefits.
- Contributors were also predicting that *positive* impacts could stem from the proposed creation of a new beach (and one contributor proposed that providing beach huts would be *positive* for health!).
- However, some contributors were concerned about *speculative negative* impacts if local water quality proves to be too poor or even too unsafe for swimming activities.
- Contributors considered that the proposed 'Canal Street'/new boulevard could also have *positive* health impacts by improving the image of the area, attracting visitors and boosting local community pride.
- However, the construction of a marina at Millbay could have *negative speculative* health impacts by contributing to social inequality and tension, and leading to a conflict of interests in usage of the newly-regenerated waterfront. Some contributors perceived marinas as '*only attracting the wealthy*'. A further *negative speculative* impact suggests that the opening of lots of new 'upmarket' waterfront restaurants could have similar effects.
- It is also *speculated* that there could in the much longer run be *negative* health impacts across the neighbourhood caused by the increasing risk (due to climate change) of severe coastal flooding.

Union Street

Context

The *Plan* envisages retaining Union Street's role as a key city thoroughfare whilst gradually restoring a more traditional and multi-functional 'streetscape'.

Impacts

- Contributors predicted that regenerating Union Street would have *positive* health impacts by, for example, encouraging community appreciation of the area's heritage and identity.

- Contributors' identified impacts also suggested that it will be important to ensure attractive and accessible non-vehicular travel across Union Street from the northern residential areas. At present Union Street can operate as a boundary, making a clear separation between the more populous area to the north and the waterfront areas (Millbay) to the south. Encouraging easy access by foot and bicycle across the street may help prevent future social division and polarisation between north Stonehouse and Millbay.
- For similar reasons to the above, the *Plan's* more specific proposal to make Phoenix Street into an attractive and prioritised pedestrian route across Union Street to the waterfront is seen as supporting *positive* health impacts in the future.
- Contributors *speculated* that one method of mitigating the potential *negative* health impacts of future social polarisation (as identified above) would be to ensure that some high-profile physical regeneration work occurs to the north of Union Street.
- The *Plan's* proposal for the restoration of the large 'listed' Palace Theatre building could prove *positive* for health by improving the built environment and boosting a sense of local pride and heritage.
- A *negative/speculative* impact is the potential clash between the current 'night-club' environment on Union Street and the *MAP's* aim to renew and revive the Street as a neighbourhood centre. Such conflict of usage might reduce the health benefits which could arise from a regenerated Street offering a range of shops and community services.

Traffic and Transport

Context

- Contributors to this *HIA* describe their perception that traffic-related health problems – such as air and noise pollution and the risk of accidents for children and older people – are increasing in the area.
- PCC data (from the Local Transport Plan Report 2004) shows that the overall trend since 2000 has been upward for (morning) traffic flow along Union Street. It has not been possible to obtain specific data for air quality in Stonehouse or for traffic flows in the residential areas of north Stonehouse.

Impacts

- Contributors were therefore speculating that the expected increase in vehicle traffic resulting from the Millbay regeneration (eg an increasing and more affluent local population, a growing numbers of visitors) could result in *negative* health impacts (such as the fear of an increased risk of traffic accidents).
- Some contributors also described an existing shortage of residential car-parking spaces in the area and *speculated* that the problem could worsen in the future, causing *negative speculative* health impacts such as stress and conflict for residents.
- Conversely, *HIA* contributors predicted *positive* health impacts (such as a reduced fear of accidents, a reduction in noise pollution to arise from the *Plan's* proposed increase in pedestrianisation, 'home-zone' style street design, cycle routes and public transport options.
- New *speculative* public transport options such as water-taxis, a cable-car – even an idea for rowing boats on Canal Street! – could also be *positive* for health, as (for example) they might reduce isolation by offering new and

attractive methods for traveling about and enjoying the city, without adding to existing road congestion.

Work and opportunities

Impacts

- The *MAP* aims for an increase in local employment and in this *HIA* contributors predicted that extra jobs will bring local health benefits, such as increased personal income and self-esteem.
- Contributors *speculated* that locally targeted training for employment might have *positive* health impacts by helping local people to access more of the anticipated new employment in the area.
- Contributors *speculated* that health benefits could be maximised if job and training opportunities are focused on younger men and single parents.
- Contributors also *speculated* that, if many of the new jobs prove to be low-waged and low-skilled, then health benefits may be reduced, as such employment may not in fact boost individual incomes and self-esteem.

Other community issues

Context

The *Plan* suggests it is important for the local community to maintain engagement with the ongoing regeneration process through such channels as the Millbay Advisory Forum and the Stonehouse Action Group.

Impacts

- Some contributors stated that they were still relatively unaware of the *Millbay* regeneration plans and of groups like Stonehouse Action and *speculated* that there could be *negative* health impacts if too many '*untargeted*' community consultations are held. For example, a profusion of consultations risk causing confusion amongst potential participants, or being perceived as too demanding by community representatives with limited time and resources. Frustration can also be caused if, after consultation, the '*powers-that-be*' appearing to be not delivering the changes that people desire.
- Contributors predicted *positive* health impacts when public agencies work together in efficient and '*joined up*' ways and do make efforts to meet local needs and/or to innovate appropriately. Agencies displaying such accountability are likely to reduce stress and to increase confidence amongst the local community.
- The *MAP* is likely to displace the current street prostitution based in Millbay. Some contributors identified the danger of future conflict and other health risks if regeneration displaces the sex industry to other locations, and *speculated* that *negative* health impacts (such as the danger of attack for women working alone) could be mitigated if realistic plans for the location and future of the local sex industry are discussed in partnership with sex workers themselves.
- Some contributors also *speculated* that there will be health benefits – such as reduced crime, and a reduced fear of crime - if the regeneration programme displaces some of the current local drug abuse problems.
- A *speculative/negative* health impact was the concern that nuclear submarine-related activity in the neighbouring Devonport Dockyards might pose a threat to local health.

- Other contributors *speculated* about the health impacts of the tall buildings suggested in the *Plan*; concern was expressed that the erection of a large number of big buildings might harm health by trapping pollution and reducing natural light.

11) Key questions

This *HIA* study has identified the prospective health impacts of the *Millbay Action Plan* by utilising a variety of methods and in particular by engagement with contributors from the more disadvantaged groups within the Stonehouse population.

The central aim of the study is to assist decision-makers and developers – and other people with leverage or influence concerning the regeneration of Millbay/Stonehouse – to enhance the prospective *positive* health impacts and to mitigate the prospective *negative* impacts.

The prospective health impacts identified by contributors generate fourteen public health issues and questions for consideration by policy-makers and decision-makers with an interest in the future of Stonehouse/Millbay.

Ensuring the provision of good quality community meeting-places and services

The prospective health impacts identified concur with the *Millbay Area Plan* and *Neighbourhood Study* that there is a need to increase the provision of community facilities in the area. The impacts suggest that a range of health benefits (such as reducing isolation and increasing community spirit) can stem from increasing opportunities for local people to meet and undertake activities together.

The impacts also suggest that health benefits (such as improving access to services, and the greater co-ordination of services) can result when community facilities are combined with public service provision (for example, through an 'extended school' model).

- What proposals exist, or need to be created, to ensure that Millbay prioritises the provision of high-quality community services in the area?
- What arrangements will be made to promote effective partnership working between developers, service-providers and community groups?

Promoting positive activities for young people

The prospective impacts described in this study indicate that local health improvements could be linked to increasing the availability of a good range of youth activities and services in the area.

- What scope is there in the *MAP* (and subsequent strategic planning documents) to support the development of more youth services aimed at offering opportunities to disadvantaged young people?

Local access to swimming, skating and other physical recreational opportunities

The health impacts that were identified revealed a concern about the future loss of recreational facilities currently located at the Pavillions centre, as such facilities are likely to be moved to Central Park.

- In what ways will decision-makers ensure that access to leisure and recreational facilities continues to be a feature of living in the *MAP* area?
- Will decision-makers be able to consider, in consultation with local communities, options for increasing opportunities for accessible and affordable physical recreation within Stonehouse?

Provision of green spaces and parks in the area

This is a neighbourhood where many people and families do not have private access to gardens or cars. Hence many of the *HIA* contributors regard the availability of well maintained, attractive and child-friendly parks as vital for the health of Stonehouse. The prospective impacts suggest that community health can benefit when good parks are available to offer recreational opportunities and permanent play areas and to provide a convenient location for holiday and out-of-school activities.

- How will the local regeneration strategies and the service plans for local agencies resource improvements to the existing network of small parks/green spaces in north Stonehouse?

Access to affordable homes for local people in need

New affordable housing in the area may offer health benefits (such as reducing the stress that can be caused by overcrowded accommodation) for the whole community. However *HIA* contributors observe that it will be important for local people in need (eg people on social housing waiting lists) to be given high priority when new social housing becomes available.

The identified health impacts show that it is important that new social housing is of high quality (eg with good sound insulation) and that it includes family housing with gardens. Health benefits may also be maximised if Plans ensure that some housing at least remains 'affordable'. For example, some 'shared ownership' models for affordable housing can help lower-income people (who are most at risk from unhealthy housing) continue to access such housing in the longer term.

- What process will decision-makers adopt to balance the need to fund this regeneration via the development of new private homes alongside the need to provide good-quality social housing and new housing of mixed tenure?

Making Union Street 'people-friendly'

HIA contributors acknowledge the importance of Union Street to the local area. The prospective impacts show that a regenerated and more people-friendly Union Street could promote community access and enjoyment of the built and waterside environments.

- How will decision-makers ensure that Union Street becomes more people-friendly whilst retaining its' function as a key city thoroughfare?

Accessing the local waterfront

The health impacts identified in this study indicate the importance of encouraging local people to access and enjoy the Millbay waterfront. The health benefits can include increasing opportunities for physical exercise and increasing peoples' enjoyment of their local environment.

- How will decision-makers maximise public and local access to the waterfront?
- In particular, how can people from north Stonehouse be encouraged to access this area?

Local vehicle traffic management

Some of the health impacts identified show that increasing traffic levels in the area could contribute to a range of negative health impacts.

- In what ways will the MAP be able to respond to the potential negative health impacts of increased traffic volumes?

Promoting community engagement with the regeneration process

- What approaches to community engagement will the MAP adopt to ensure effective community engagement with the regeneration process?

Promoting good health in the future

The *Stonehouse and West Hoe Neighbourhood Study* of September 2005 includes an *Action Plan* with *Objective HO1* being: *'to ensure that issues identified by various phases of the HIA are utilised as a reference point for the development of new initiatives to address health issues within the study area'* (Tym & Partners/CAG Consultants 2005).

- How will decision-makers and service-providers working in this area utilise *HIA* findings both now and in the future?
- In the future how will decision-makers (etc) ensure that local health needs are being met, and that the prospective positive health impacts of regeneration programmes are being maximised?

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MILLBAY HIA (September 05): Appendices

Appendix I: A profile of the local population

The *Millbay Action Plan* will clearly have impacts for the whole city's population and beyond. This *HIA* however is focused on predicting the health impacts that may be experienced by the local population.

In 2002 PCC divided Plymouth into 43 'natural neighbourhoods' (PCC, 2002). Each ward in Plymouth ('wards' are the standard sub-divisions of local authority areas) will contain several neighbourhoods (and parts of neighbourhoods). Stonehouse falls within the *St Peters* ward for the city

The *Millbay Plan* covers an area within two of these neighbourhoods, that is the **Stonehouse** and **City Centre** neighbourhoods, and affects a population of approximately 6582, almost 3% of Plymouth's total population, with most residents coming from Stonehouse and a small minority from the **West Hoe** area (which forms part of the City Centre 'neighbourhood').

When considering Census, City Council and NHS data for the entire Stonehouse neighbourhood, it can be regarded as the second most disadvantaged neighbourhood overall in Plymouth (see the Table below from *A summary of health and its determinants in Plymouth's priority neighbourhood renewal areas, Version 2*, published by Plymouth PCT in 2004). In comparison, the City Centre ranks as the fifth most disadvantaged neighbourhood in the city.

The Summary of health... considers 17 health indicators selected because they are either 'determinants of health, proxy measures for health or direct measures of health status (either self-reported or based on registered events)'.

'Stonehouse is the 2nd most deprived neighbourhood in the city. It has the 28th highest percentage of under 5s (4.8%) and virtually the same percentage of over 75s as the city average (7.6%). The percentage of low birthweight births (11.8%) is above the city average (rank 6th). 55.9% of families with young children in Stonehouse are in the 'vulnerable' category (rank 1st) and in 56.2% of families one or more of the parents smoke – this is the 4th highest in the city. The percentage of people with a limiting long-term illness is the highest in the city (28.8%). 13.1% of people are permanently sick or disabled – this is the highest city value. 16.3% of people described their health as 'not good' – this is the highest in the city. Stonehouse has the 8th highest rate of A&E attenders for under 75 year olds and has the 9th highest rate of new

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outpatient referrals in this age group. 17.3% of Stonehouse residents didn't turn up for their first outpatient appointment. This is the 3rd highest city value and compares with an average of 10.3%. Stonehouse has the 23rd highest rate of elective admissions for under 75s, but the 3rd highest rate of emergency admissions in this age group. The death rate for under 75s in Stonehouse is the 12th highest in the city. The death rate from circulatory diseases (under 75s) is higher than the city average (rank 8th). The death rate from cancers is lower than the city average (rank 33rd).

Data matrix table from *A summary of health and its determinants in Plymouth's priority Neighbourhood renewal areas, version 2*

	Barn Barton	Devonport	East End	Ernesettle	Honicknowle	North Prospect	Stonehouse	Plymouth City
Townsend Material Deprivation Score (2001)	4	1	12	7	8	3	2	n.a.
Percentage of under 5s (2002)	1	4	19	13	16	2	28	n.a.
Percentage of 75+s (2002)	43	30	27	15	13	40	20	n.a.
Percent low birthweight births (<2,500 grams) in 2002	21	3	8	35	17	13	6	n.a.
Percentage of families on health visitors caseloads experiencing 4 or more health needs factors (2002)	7	4	6	9	11	3	1	n.a.
Percentage of families on health visitors where one or more parents smoke (2002)	5	1	6	12	10	2	4	n.a.
Percentage of people with a limiting long-term illness (2001)	27	4	14	5	6	11	1	n.a.
Percentage of people who are permanently sick or disabled (2001)	6	2	12	4	5	3	1	n.a.
Percentage of people who described their health as 'not good' (2001)	18	3	33	4	5	7	1	n.a.
A&E attendances per 10,000 population aged <75 years (2002/2003)	1	6	13	12	10	9	8	n.a.
New elective referrals per 10,000 population aged <75 years (2000-2002)	5	7	16	3	14	6	9	n.a.
Procedures per 10,000 population aged <75 years (2000-2002)	2	1	8	15	16	5	3	n.a.
Elective hospital admissions per 10,000 population aged <75 years (2000-2002)	5	3	33	2	9	12	23	n.a.
Emergency hospital admissions per 10,000 population aged <75 years (2000-2002)	12	1	6	9	13	4	3	n.a.
Deaths from all causes per 10,000 population aged <75 years in 2002	19	4	16	13	16	6	12	n.a.
Deaths from circulatory diseases per 10,000 population aged <75 years in 2002	27	1	32	16	22	9	8	n.a.
Deaths from cancers per 10,000 population aged <75 years in 2002	17	15	12	27	18	8	33	n.a.

This table shows the values and rankings (from 1 to 43) of each of the 'priority' Plymouth neighbourhoods for the 17 indicators selected for the *Summary of health* in Plymouth.

Some further information:

- 16.3% of residents describe their health as 'not good' (the highest in Plymouth)
- 13.1% are permanently sick or disabled (highest in the city)
- the unemployment rate of 6.8% is over double the city average, as is the 'other economically inactive' rate of 5.6%
- a relatively high proportion of 1-person households (pensioners living alone, lone parents)
- 77.9% of residents are tenants (city average is 36%)
- 77.3% of homes are flats (city average is 23.5%)
- 55.9% of families with young children are defined as 'vulnerable' (the highest proportion in the city)
- 26.1% are 16-29 year olds (city average of 18.9%)

(This data is obtained from the HMSO *Census Area Statistics* (2003) and the PCT's *Health Visitor Data 2004: Neighbourhood Report*).

Stonehouse also falls within the *St Peters* ward for the city. Ward-based crime figures from the Police service show that domestic burglary rates are recorded as 29.7% in *St Peters* as compared with a city average of 16.1%. Violent crime is recorded as 61% (*St Peters*) versus 14.3% city average (although Stonehouse does include the main nightclub area in Plymouth)

A *Needs and Market Analysis* undertaken by PCC Social Services Department in 2004 shows that *St Peters* ward has the highest proportion of households without a car (57.4%). It is also the most deprived ward in Plymouth and falls within the top 10% of deprived wards in England. (From the *Indices of Multiple Deprivation 2004*).

There is some information available specifically for the population of the actual *Plan* area, such as:

- only 42% of 16-74 year olds have full or part-time employment
- the relatively low levels of educational attainment and relatively high levels of unemployment in Stonehouse may indicate that a lack of skills in the area (is one factor) presenting a barrier to accessing well paid local jobs
- the proportion of residents describing themselves as 'non-white British' is at least 4% higher than the city or county average.
- local people's priorities already identified include access to good quality affordable housing, the promotion of healthy lifestyles and the viability of the local community, better public transport and more pedestrianisation, improving the local environment, and more jobs for local people.

(Data from the 'first phase' report of a *Strategic Environmental Assessment* commissioned by PCC in 2004.)

Appendix II: A summary of the Millbay Action Plan

The MAP's purpose is:

'to translate preceding strategic studies into a set of deliverable actions' and to 'establish the context for regeneration, describe the masterplan and set out (the) specific actions necessary to move forward into implementation' (p.7).

The Plan divides this part of the city into five 'character areas' (see Diagram 3):

The Inner Waterfront

This is the currently relatively derelict area immediately adjacent to the water *'which provides the opportunity to create a real regional draw'* (p.44). The key proposals are

- *'A combination of cafes, restaurants and shops with additional opportunities for small scale marine related industries and workshops'*
- *...above these will be residential uses*
- *an opportunity for an iconic tall building*
- *to provide public access; 'easy access to the water and opportunities for recreation and play'*
- *a new urban beach*
- *possibly, 'development of a (larger) marine related' industrial building and space*
- *sailing facilities*
- *options are considered as to the future use of an existing landmark building, the grain silo.*
- *In the shorter term the Plan proposes a 'Visitor Centre' as one of the first new constructions (possibly only a temporary centre).*

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This is currently an area *'with no clear identity of its own'* (p46).

- The Plan envisages the eventual emergence of a new neighbourhood identity.
- *'a centre at the heart of this area... (which) would include local services and community facilities'*
- *'an almost equal mix of housing and commercial uses'*
- *'a new high quality office environment'*
- *a 'Canal Street... effectively extending the waterfront environment towards the city centre'*
- *'a significant public space' in the current vacant plot adjacent to Phoenix Street and behind the Palace Theatre*

The Outer Waterfront (p48)

- *'public realm improvements*
- *'enhance the environments of the existing and proposed housing'*

Stonehouse mixed use (p48)

This refers to the area between the Waterfront and Union Street.

- *'recreate the original block structure'*
- *'linking the north south links to Union Street with residential and office development to create real streets that feel safe and pleasant to use'*

Union Street (p43)

This street is recognised as a critical location in terms of its role as a key transport route, and the manner in which it divides north and south Stonehouse.

- *'regaining its former grandeur.. through redevelopment and renovation of premises along the streets length'*
- *'a far wider diversity of uses'*
- *'the restoration and more intensive use of the Palace Theatre'* (one of Plymouth's more famous listed buildings).
- *'a major development... may be appropriate'* for the intersection of Union Street with *'the Millbay-City Centre link street'*

Apart from the 5 'character areas', the MAP presents some other issued which warrant mentioning now:

The Park (p48)

This is a less precise part of the MAP, whereby the document seeks *'to highlight the very real potential of this area'*, proposing a new *'dramatic park'* on current Ministry of Defence land, and even considering a cable car link to the grain silo.

Delivering the Plan (p63)

The Plan proposes the following arrangements for guiding the regeneration process in the future:

- *'a Millbay Management Board of the key public agencies, landowners and lead developers to specifically co-ordinate their land ownerships and investments in Millbay'*
- *'a Millbay Advisory Forum' (MAF) to advise the Board on delivery of the Action Plan, represent views of wider stakeholders and ensure that the plan continues to deliver and integrate wider social, environmental and economic benefits to the community'*
- *'professional resource to support the role of MAF in communicating'*
- *'a specific professional resource dedicated to pursuing and integrating the social, environmental and economic dimensions of the Plan'*

Appendix III: A summary of the published evidence concerning similar regeneration schemes

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 and they provide a pertinent framework for assessing evidence that appears relevant to the *Millbay* proposals.

This *HIA* has utilised the evidence summary, shown in the Table below, used for *A prospective HIA of the Community Village proposals in Plymouth’s East End* (PPCT 2004).

<u>BROAD CATEGORY OF EVIDENCE</u>	<u>EVIDENCE SUB-HEADINGS</u>	<u>PROSPECTIVE HEALTH IMPACTS SUGGESTED BY THE EVIDENCE (RELEVANT TO CV)</u>
Health: Access to health & other services	Primary care	Distance from services, opening hours, transport access, access to pharmacies, nature of the building, ease of making appointments... can all affect health (23) + (25)
		Improved access to especially primary services improves health (7)
		Improved local leisure facilities can improve health (7)
		Adequate resources for primary care accommodation and services improves health (7)
		Most disadvantaged areas tend to be least well-served by primary care services (24) (the “inverse care” law)
		Stability of local primary care staff creates trust & benefits health (18)
		Services need to reach out to (minority ethnic) groups with a high risk of ill-health, like refugees, young families & people isolated in their homes (37)
		Asian women, for example, find it hard to register with a female GP, yet they rate being able to do so more highly than women from most other ethnic groups (37)
	General services	Better access to services/recreational opportunities can reduce mental illness (10)
		Working through the mainstream so that services becomes responsive to disadvantaged populations can reduce health inequalities (33)
		Targeting specific interventions (& offering different ways of meeting needs) can reduce health inequalities (33)
Health: Issues		Cardiovascular disease & cancer can be impacted upon by policy interventions such as Local Transport Plans, Healthy Living Centres, land use/planning, access to affordable physical exercise opportunities, access to screening programmes etc (25)
Health: People & groups	Older people	Older people... do not get fair access to health & social care services (35)
		Older people from lower socioeconomic groups have higher rates of illhealth & disability than those from more affluent

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		groups. Health & social services can ameliorate the experience of poor health & disability in old age (36)
	Young children & families	Disadvantaged women with young children are vulnerable to mental ill-health (hence easier access to family/child support can improve mental health) (1) Early years services can have a positive effect on children's learning/social skills & parental skills (7) Supporting families with children is identified as a key principle for tackling health inequalities by the DoH (33) Better childcare provision diminishes barriers to employment which can improve health (8) People socially participating perceive higher life quality (2)
Health: Settings		
Neighbourhood renewal: quality of life	Social capital / social relationships	Social circumstances have pervasive health consequences & can influence vulnerability to disease (15) Can improve neighbourhood health by diffusing information & increasing access to services (16) Social networks are key mediators between deprivation & pathways involved in (positive) health effects (17) Interventions to increase social capital (community spirit) are limited without improvements to mainstream services (19) Appropriate facilities, meeting places, neighbourhood resources can enable a better sense of community (14) Will fail ...without adequate targeting on the different needs of different parts of the community... without sufficient involvement of local communities in decision-making...without engagement with main programmes (20) Revitalising social space by improving opportunities for social interaction & integration... can provide access to nearby... environments; improve access to leisure & services; and create safer more attractive environments... several studies suggest that health improvements resulted...from these wider changes(32) The best developments improve quality of life through environmental improvements... quality public space & development of community facilities (26) Better value for clients (& regeneration staff) & easier engagement if agencies have integrated planning & working (30)
	Delivering neighbourhood renewal	
	Delivering neighbourhood renewal	Authorities must have real commitment to power-sharing & partnerships or there can be negative health impacts (stress, frustration etc) (21)
		Only at the local level can different facets of regeneration be brought together in joined up solutions (34)
	Tackling social exclusion: guidance from previous programmes	Possibility of increasing exclusion & area division through regeneration (27) & residents on the margin of regeneration may experience more stress & depression by being left out (28) (29). Areas may become divided by regeneration (28) Regeneration may have negative impacts on the health of people living on the margins of development areas (32)
	Tackling social exclusion: BME communities	People from minority ethnic groups are more likely to experience ill health than white people. There are, however, wide variations between & within communities... The ethnic groups with the worst health are also those who live in the most deprived localities & on the lowest incomes (37) Barriers to inclusion... include... language (not just the possibility of (English) being a foreign language but also issues around formality & the use of jargon) (38)
		BME communities are over-represented on almost all measures of social exclusion... the lack of BME communities engagement in regeneration is widely acknowledged as one of the principal factors limiting impact on these communities... (public/community) services not catering to specific needs & cultural differences (38)

		People from minority ethnic communities also suffer the consequences of racial discrimination (39)
		The need for better local information about the circumstances, needs & Preferences of people from minority ethnic communities to enable more informed policy & service design & delivery (39)
	Public facilities	Decay of public space worsens life quality (& by inference, better public spaces improve life) (2)
Education	Early years	Excellence centres provide high quality early years education, & childcare & social services (& hence can improve long-term health determinants for children & families) (3)
Housing & environment:	Environmental quality	Health could be improved by reducing derelict space, litter, noise/air pollution & by increasing access to green open space etc (4) + (7)
		Older people are more vulnerable to poor health caused by poor housing (8)
		Increases in traffic volume/speed/curb parking Can increase accidents (12)
		Exposure to traffic pollutants affects health (13)
		Traffic volume & location can cause community "severance" & damage health (11)
		Importance of built environment & an area's reputation... on health (22)
		Increased investment, community involvement & agency co-operation should improve the environment (4)
	Housing quality	Decent housing... (is).. a prime requisite for health. Multiple housing deprivation appears to pose a health risk ..(as great as).. smoking. Vulnerable groups..the elderly, the very young... are particularly at risk (31)
	Managing the neighbourhood	Mainstream programmes can tackle decline in disadvantaged areas by improving partnership working & by ensuring a named person/position is in "charge" (5)
		Emphasis... on residents taking responsibility for the management of the new community buildings... has been rewarded with a neighbourhood regarded by its residents as 'low stress', safe and... where they want to be for the foreseeable future (32)
Reviving local economies	Social enterprise	Economic regeneration is linked with improving the stability & vibrancy of local communities (6) Residents skills & time can be utilised by employment & volunteering with social enterprises (6) Social enterprises can deliver services which agencies may not be able to provide efficiently (6)
Crime: crime & people:	"youth nuisance"	Perceived nuisance behaviour can cause fear of crime/stress/poorer health when young people feel bored, have inadequate facilities, nowhere to 'hang out' (9)

References for the Table of evidence:

- 1) www.renewal.net: People & Groups Overview
- 2) " " : Quality of life Overview
- 3) " " : Early Years Overview
- 4) " " : Environmental Quality Overview
- 5) " " : Managing the neighbourhood Overview
- 6) " " : Social Enterprise
- 7) "Reviewing the evidence base for neighbourhood renewal" NRU 2003
- 8) renewal.net: Settings

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- 9) " " : Youth Nuisance
- 10) HIA for regeneration: selected evidence base: East London HAZ 2001/Cave et al
- 11) " " p.6
- 12) " " " p7
- 13) " " " p10
- 14) " " " p 78
- 15) " " " p67
- 16) " " " p70
- 17) Social Capital for Health: Health development Agency 2003
- 18) " " "
- 19) " " "
- 20) renewal.net: Delivering neighbourhood renewal overview
- 21) Social Capital for Health: H D A 03
- 22) " " "
- 23) renewal.net: Access to health & other services overview
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- 25) Health & Neighbourhood Renewal p81: NRU 2002
- 26) JRF Findings: Retailing, sustainability & neighbourhood regeneration 2001
- 27) HIA of Housing Improvements: Public Health Institute Scotland 03: Douglas M et al
- 28) Regeneration & Health: Kings Fund 01 Elliot E et al
- 29) A Drop in the Ocean: Uni of Brighton 2000, P Ambrose
- 30) Developing People, Regenerating Place: JRF Findings July 03
- 31) Housing & Health (summary) BMA May 03
- 32) Regeneration & Health: Ed: Popay: Kings Fund 2001
- 33) Tackling Health Inequalities: Dept of Health 2003
- 34) Lessons for Area Regeneration from Policy Development in the 90's: JRF Findings 1999
- 35) Inequalities in health cross-cutting review: DoH(2002)
- 36) Independent Inquiry into Inequalities in health: Acheson D, 1998
- 37) The health of ethnic minority communities: Kings Fund briefing July 2000
- 38) BME Communities: Overview: www.renewal.net 2003
- 39) Minority Ethnic Issues in Social Exclusion & Neighbourhood Renewal: Social Exclusion Unit 2000

There has not been time during this study to consider a recent publication *Status Syndrome: How Your Social Standing Directly Affects Your Health and Life Expectancy* (London: Bloomsbury 2004) by Sir Michael Marmot, Professor of Epidemiology and Public Health at University College, which examines how social position affects health. However a recent article by Marmot suggests a link with health inequalities:

'Our research shows that people and places both matter for health in Britain... More deprivation in an area means worse health. Lower social position means worse health.... In fact, the two (causes) interact... ..segregation of poorer people geographically is a bad policy. Poorer people have, if anything, more to gain from a cohesive neighbourhood than those with higher social position.'
(Marmot, Society Guardian, 16/2/05)

This potential evidence is echoed by Joseph Rowntree Foundation (JRF) research by Green et al from March 2005, showing:
'..a strong relationship between neighbourhood assets and neighbourhood well-being. Social assets – trust, safety and reciprocity – are the most important, followed by the quality of the housing stock and that of the neighbourhood environment. ..Regeneration programmes, specifically the provision of homes for owner-occupiers with better qualifications and stronger connections to the wider world outside the neighbourhood, can attract aspirational residents with relatively high incomes... On the other hand, these new residents tend to be critical of the neighbourhood environment and socially distanced from the tenants of social housing nearby.'

Appendix IV: A copy of the 'discussions' script devised for communications with contributors

A basic 'discussions' script and prompt questions were then produced:

"Various public agencies, including the Council, are proposing a 20 year regeneration plan for Millbay and West Hoe which will have a big effect upon people in Stonehouse. In a nutshell, there will be lots of new blocks of buildings, especially new housing and business units, including shops, and new public 'spaces', built mainly between the Millbay waterfront and Union Street...

Do you have any general thoughts as to how this regeneration might affect the overall health of local people?
What do you think might be the health impacts.....
... of 2,500 new flats & houses , of which 25% will be affordable, & increasing the local population?
..... of developing the waterfront with housing, businesses, marinas & new public access?
... of attracting visitors, businesses & up to 5000 jobs to the area?
.. of increasing the number of shops, businesses & homes (& restoring the 'street' design) along Union St?
.. of creating a canal and new main thoroughfare between the 'Toys R Us' roundabout and the waterfront
... of creating a new public access Beach on the waterfront?
... of making Phoenix Street into a key pedestrian route between the waterfront and Union Street and north Stonehouse
... of providing new ' community facilities ' in the Millbay area (possibly linked with a new 'extended' School)
.. of increasing primary health care services by enlarging the GPs surgeries at West Hoe & increasing the services available at the Cumberland Centre?
... of providing a new Youth Centre in the area?
... of using the Millbay Advisory Forum & Stonehouse Action Group to help provide ongoing community views on the regeneration (alongside official consultations etc) ?
Any other general or concluding thoughts?"

Appendix V: A list of meetings with contributors

The following engagements were organised to gather data for the assessment.:

- meeting with key staff from SAG and the PHDU
- attending and observing the Stonehouse `professionals forum`
- attending the `health theme` group consultation for the *Neighbourhood Study*
- meeting staff from the Neighbourhood Voluntary Visiting Service (who work with older people)
- older peoples` group coffee morning at the Frederick Street Community Centre
- meeting parents of young children (from the new Chrysalis parents` group) at the Oasis community café
- meeting a parents group at High Street School
- meeting patients in the Adelaide Street GP practice waiting room
- shadowing the Stonehouse Youth Project `detached` youth workers
- workshop with Year 6 students at Stonehouse High St School
- attending an older people`s luncheon club group at Oasis café
- meeting local resident and Councillor Mark King (Chair of the local Stonehouse Creek Community Centre)

As the list shows, communications with contributors occurred in a range of settings, with the onus always being upon the Assessor to note down people`s comments and observations.

Appendix VI: Limitations of this HIA

This is a rapid *HIA* that does not utilise the structured stakeholder workshop (or interview) approach commonly used for such studies. Rather, communications with contributors occurred in informal and natural settings, with the Practitioner utilising a structured series of prompt questions.

In many cases contributors would naturally talk generally about their problems with and/or wishes for the neighbourhood. It was the Practitioner's role to record this data and subsequently to analyse the content and transfer the information into a '*prospective health impacts*' format. A clear limitation of such a technique is the fact that the recording of contributors' 'data' is particularly dependent upon the Practitioner's interpretation and judgement.

It was also not possible to identify and engage with a group of contributors who would statistically be representative of the local population. Contributors to this *HIA* are essentially self-selecting - although the *HIA* has achieved its intention of ensuring that the great majority of contributors can be portrayed as being local residents from population groups who typically experience health inequalities.

The prospective health impacts and subsequent issues identified by this *HIA* are not based on quantitative approaches. Rather this *HIA* has sought to demonstrate an inclusive approach to a wide range of data, and offers a picture of the lay understanding of the broader determinants of health in the Stonehouse neighbourhood.