





## <u>Retrospective Health Impact Assessment - Area Renewal Plan, Denbighshire County Council (DCC)</u>

#### Introduction

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government (WAG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. It works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks and it can also identify any 'gaps' that can then be filled. HIA can also provide a way of addressing the inequalities in health that continue to persist in Wales by identifying any groups within the population who may be particularly affected by a policy or plan.

The Wales Health Impact Assessment Support Unit (WHIASU) was established to support the development of HIA in Wales and is funded by Welsh Assembly Government via Cardiff University and Public Health Wales. Its remit is to support, facilitate, train and build capacity in HIA and raise awareness of how the process can support and contribute to improving health and wellbeing.

#### **Background**

The objectives of a Renewal Area are to halt a downward spiral of decline in an area and achieve a more pleasant, safe, attractive environment to live in, in which its residents can live more securely and healthily and in which they can take pride.

Funding for works in the Renewal Area is received on an annual basis from the Welsh Assembly Government through a bidding process. This amount can vary each year and schemes are programmed accordingly. Improvements are carried out to external elements of buildings within the Renewal Area.

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The health impact assessment built on a variety of evidence that had already been collated by the project team and aimed to inform the review and future development of the Housing Renewal Plan within DCC and the impact that it has had within its 10 year lifespan.

The HIA was led by Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU) and was supported by Delyth Wyn Jones, Principal Public Health Officer from Denbighshire local public health team and was qualitative in nature. It followed the systematic methodology described in the Welsh HIA guidance of 'Improving Health and Reducing Inequalities: The Practical Guide to HIA (1)

The HIA highlighted not just any potential positive or negative health and wellbeing impacts that the plan has had but also the client groups and any vulnerable groups within the population who have been affected by it.

Key vulnerable groups who were affected were identified at the outset, using Appendix 2 of the Welsh guidance. They were divided as follows:

## Population groups which have benefitted from the development of the Housing Renewal Plan

- Properties are targeted as opposed to the population unlikely to know who the population groups would be within these properties.
- Tenanted properties not known who would be in these properties
- Private households would know numbers and breakdown of family unit within these properties as the application would be means tested

# Group members and identified groups which had not benefitted from the development

- Travellers
- Religious groups
- People seeking asylum (although this is mainly unknown)

## It was specified that the following groups were potentially impacted more than other population groups:

- Elderly
- Families with children

After agreement on the above, the group then worked through the wider or social determinants of health in turn in order to assess the health and wellbeing impacts (as listed in Appendix 1 of the Welsh guidance) of the plan, identifying if they were positive or negative and if there were any gaps. These are summarised in the table below.

Many positive impacts were identified and potential implications for the review of the Plan. Some detrimental impacts were also identified. These are listed in the table below.

Mitigation was discussed to reduce these possible detrimental effects and it was concluded that current practice, evidence gathered via wide consultation and continued learning from the best practice of other schemes and stakeholders would inform and ensure the effectiveness of the Plan. A number of local stakeholders were invited to participate in the HIA and these are listed below.

### The Health Impact Assessment

#### Committee Room, Russell House, Rhyl: 22 April, 2010

#### 9.30 - 12.00

#### Present:

Bob Baines - Public Health Practitioner, Public Health Wales
Delyth Jones - Principal Public Health Officer, Public Health Wales
Gareth Roberts - Housing & Area Renewal Manager, DCC
Carol Evans - Principal Housing & Area Renewal Officer - DCC
Paul Sellwood - Clerk of Work, Housing & Area Renewal Section, DCC
Paul Roberts - Site Manager, Wynne Construction
Keith Lockyear - Scheme Project Manager, Downies
Liz Green - Principal Health Impact Assessment Development Officer, Wales Health
Impact Assessment Support Unit
Mr & Mrs Lockitt - Residents
Sian Bennett - Health Improvement Officer, DCC

#### **Evidence**

In putting together the previous Area Renewal Plan, the local authority had consulted with many partner organisations and members of the public. It used the available evidence base to inform the direction of the Plan and the principle of it ties in with national and local Regeneration strategies (2, 3, 4). This evidence included community information and statistics from local authority and census data (5,6),and supporting research that indicates that the quality of housing and internal and external environments that people live in can have a detrimental or beneficial impact on their health and wellbeing (5, 6, 7, 8, 9).

The Area Renewal Plan wanted to provide better quality of housing and living conditions for those in identified target areas. This included areas of Rhyl and Denbigh which have been recognised as amongst the most deprived in Wales according to the Welsh Multiple Index of Deprivation for Wales (12). The HIA Development Officer searched for previous similar projects that had been subject to an HIA via the HIA networks (13, 14, 15) but whilst there were a few which had been completed on associated housing plans and schemes (16, 17,18) none had been undertaken specifically on a scheme like this.

As statistical evidence on the health impacts had been considered already, the aim of this workshop was primarily to gather lay and community knowledge and

evidence around the impacts of the Housing Renewal Area Plan. These are summarised in the tables below.

#### Lifestyles

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- Diet
- Private investment attracted to the area - possibly this has supported access to healthy food
- Builders moved the drug dealers during the development
- More opportunities to walk the dog
- Gardens improved attracts people out of the house
- Communal garden improved this gives an opportunity for people to sit and use outside area e.g. barbecue
- Communal garden supports the neighbourhoods to get together
- All work undertaken to DDA specification therefore accessible to all and residents can get out of the house
- Kitchen improvements possible effects on food preparation (only if not existent and if there is a need to remove kitchen to undertake work)

None Identified

## Social and community influences on health

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- Happier knowing that in the future there will not be a surprise big cost e.g. replacement of roof as this has been already done.
- Rear alleys have been tidied
- Removing active drug dealers was one of the main reason for improving Morley Road - walls dropped, trees thinned, street lighting
- Accessible driveways to back of properties, increases use of these and less opportunity for drug dealing to happen
- Residents have been enabled to

- Concern re: need to improve partnership working between Housing and Social Services
- Everyone wants the same home improvements - this can cause some discussion and frustration/conflict during the work

get out of the house owing to DDA accessibility (evidence Resident liaison with Site Manager a key for communication during programme of work Neighbourliness improved programme brought people together Good practice shared - new neighbours want to emulate the work which has been undertaken Increased community pride as a result of the work Community identity has improved Living environmental conditions affecting health + Built environment and Street cleaning services - clean neighbourhood have been road prior to the bin collection addressed - Morley Rd, Alley service (should be other way gating, waste disposal, boundary around) walls During construction there is Community bin scheme - very disruption - dust, noise etc well received by residents Need to vacate to undertake the Off road parking provided e.g. damp course - inconvenience and taking front walls down or back disruption lane access Pre-conceived perception re: Church Street - considerable inconvenience of road closure improvement for parking issue prior to the work been undertaken Parking at back reduces drug Feedback from residents on the dealing Contractors ensured that work need for roof spikes to deter minimised disruption and dust seagulls - this now undertaken Steps, paths and walls - trips hazards have been removed Indoor environments - much improved - noise reduction, reduction in bills, additional security - windows, gates and alley gates Feedback from residents was listened to and action taken e.g.

#### Economic conditions affecting health

windows

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• DCC informed the residents consistently re: update on

 Contracting company went into liquidation - which nullified the

- companies contracted
- Loan scheme encourages participation - no interest payment - repayable when house is sold or within 10 years. Gave peace of mind to residents.
- Contributes to reduction in fuel poverty
- Likely to encourage retail investment
- Workplace conditions improved - self employed working from home
- 20 local lads for 8 months employed to deliver the scheme - knock on multiplier effect on local services e.g. architects, cafes, suppliers

- guarantees on windows and specialist pointing which had an impact on development.
- DCC contractual rules did not take account of above scenario contractual procedures now rewritten.

### Access and quality of services

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- Easier to get out to shops
- Education and training looking to introduce social clauses in contracts
- New skills introduced to the contractors
- New technology to be used in listed buildings - negotiation very useful with council
- Better access to own property as a result of off street parking

None identified

#### Macro-economic, environmental and sustainability factors

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- Better insulated properties
- Incentives for new technology provided by Council
- Wood waste used in wood burner of householders

• Disposal of waste - street area confines the skip numbers

#### **Next Steps**

The information and evidence gathered as part of the HIA will be used to inform the redrafting of the Area Renewal Plan throughout summer 2010. This will be formally consulted on towards the end of 2010 at which point a much broader participatory stakeholder HIA workshop will be completed in order to discuss the potential health and wellbeing impacts of the final draft and any amendments can be made. The final Plan will then be published.

#### Conclusion

The HIA was found to be highly positive as a process for both DCC Housing and Area Renewal Section and the local people and stakeholders who participated. The session took place over a morning and helped inform the authors of the Plan not just about the current positive impacts but any mitigation that may be needed in order to alleviate any detrimental ones. It followed a systematic process and made connections to other policy areas and identified groups within the population who have been affected (or not) by the Plan. It also fitted the wider local authority engagement strategy in order to gather evidence to support the review.

#### **Authors**

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Gareth Roberts, Housing and Area Renewal Manager, Denbighshire County Council

#### References

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- 2 Better Homes for People in Wales'. WAG, 2006
- 3 National Housing Strategy 'Improving Lives and Communities Homes in Wales' WAG 2010
- 4 Denbighshire County Council Housing Strategy. 2007-2012
- 5 Neighbourhood Profile for Rhyl, Office of National Statistics, <a href="https://www.statistics.gov.uk">www.statistics.gov.uk</a>.
- 6 Interactive Health Map, Public health Wales http://www.infostats.wales.nhs.uk/IADataserver/MapSelect.asp#
- 7 Thomson H, Petticrew M (2005). Is housing improvement a potential health improvement strategy?
- Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/Document/E85725.pdf, June 14th 2010
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11 Jacobs, D. Wilson, J. Dixon, S. Smith, J. & Evens, A. (2009), The Relationship of Housing and Population Health: A 30-Year Retrospective Analysis, Environmental Health Perspectives, 117(4), 597-604

12 Welsh Index of Multiple Deprivation

http://www.dataunitwales.gov.uk/ProductsServices.asp?cat=159

13 Welsh Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk

14 HIA Gateway website <a href="http://www.apho.org.uk/default.aspx?QN=P\_HIA">http://www.apho.org.uk/default.aspx?QN=P\_HIA</a>

15 IMPACT website http://www.liv.ac.uk/ihia/

16 Elliott E, Williams G. Housing, Health and Wellbeing in Llangeinor, Garw Valley: A Health Impact Assessment. School of Social Sciences and Regeneration, Cardiff University, 2002

17 Reports and Publications, HIA Gateway website <a href="http://www.apho.org.uk/default.aspx?QN=P\_HIA">http://www.apho.org.uk/default.aspx?QN=P\_HIA</a>

18 Health Impact Assessement of Housing Improvements: A Guide. Douglas M, Thomson H, Gaughan M. Health Impact Assessment of Housing Improvements: A Guide, Public Health Institute of Scotland, Glasgow, 2003.

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