

Healthy Spatial Planning Project

Tower Hamlets Healthy Borough
Programme



*Strategic guidance for safeguarding and
improving the health of communities
affected by estate regeneration in Tower
Hamlets*

SUMMARY



Tower Hamlets Partnership



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1. Introduction

This summary guide aims to provide strategic level advice on maximising the health benefits of estate regeneration. It was developed for Tower Hamlets. The guide can be used by a wide range of stakeholders that include housing authorities, social and private landlords, town planners, public health professionals and members of the community.

The guide contains summary information on:

- The impacts of housing, housing improvement and regeneration on physical, social and mental health and wellbeing.
- Recommendations for safeguarding and improving health during regeneration and related processes.

Full versions of the guide and supporting information can be found at:

www.healthimpactassessment.co.uk.

In this context, the term 'regeneration' includes all programmes/interventions designed to improve the homes, community facilities, retail outlets, public, open and greenspaces.

Health and wellbeing can be affected by all stages of the regeneration process. The impacts can be positive and negative. The process of regeneration and renewal is continual/cyclical and has the following stages:

- Planning and design
- Residential relocation
- Demolition and clearance
- Construction or refurbishment
- Operation
- Maintenance
- Review and identification of need

2. "Health" and the determinants of health.

Health is 'a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease and infirmity' (based on ⁱ). A wide range of factors influence/determine health. These include biology, lifestyle, living and working conditions, social interactions and the general socio-economic and environmental conditions people live in.

The consequence of many determinants of health acting together is a health outcome. Health outcomes include mental wellbeing and conditions, obesity, injuries, infections, chronic illnesses and mortality rates.

Obesity, for example, has reached epidemic levels in the UKⁱⁱ. Part of the solution is weaving physical exercise into everyday life through urban/neighbourhood design and our means of transport.

As we grow older (and the population ages) the quality of our neighbourhoods becomes an increasingly important determinant of the quality of everyday life.

3. Health inequalities

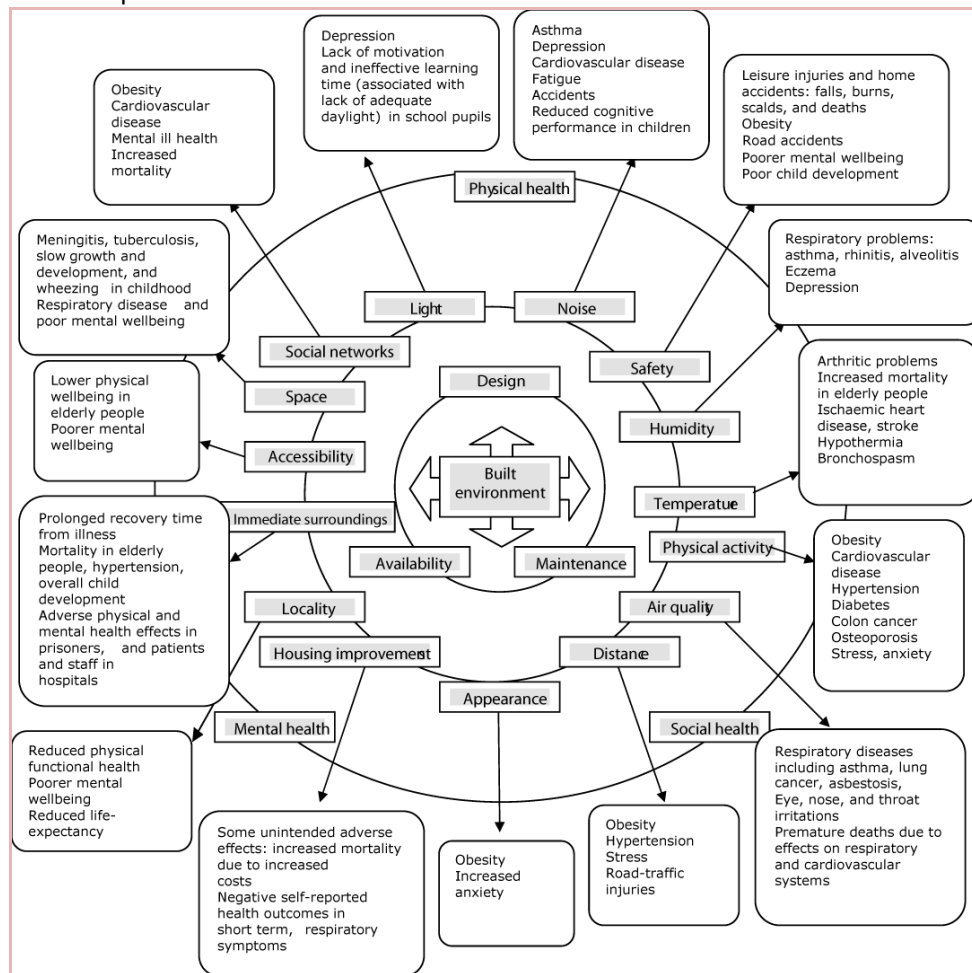
Health inequalities exist within and across communities. People living in more affluent neighbourhoods consistently have better health, on average, than people living in poorer neighbourhoods.

Health inequalities can be reduced through interventions that promote active travel, public transport, healthy eating and high quality internal and external environments. Improving access to greenspaces and leisure activities can also promote health and reduce inequalities.

4. The physical environment and health

The physical environment includes both the built environment and the natural environment. The built environment includes housing, streets, local facilities and public spaces. It has both indoor and outdoor components. The natural environment includes local greenspaces.

The relationships between the built environment and health are summarised belowⁱⁱⁱ.



4.1 Greenspace and health

There is good evidence on how the outdoor environment affects health and well-being^{iv}. Physical, mental, social and spiritual health is affected. Key factors include access to physical activity and recreation, air, noise and light pollution, road traffic and safety, street and neighbourhood design and contacts with nature.

4.2 Housing and health

Housing is an important determinant of health. Some of the associations between housing and health are summarised in Table 1. Housing improvement can influence each of these factors.

Table 1 Summary of the associations between housing and health

Key factors	Potential effects include
Indoor pollution (e.g. CO ² , asbestos)	Impacts on physical, mental and social health.
Lack of space/overcrowding	Physical and mental ill health.
Flat dwelling/high-rise dwelling	Isolation, crime, reduced privacy and physical activity.
Hygiene, sanitation and water supply	Increased morbidity and mortality levels, e.g. from gastro-intestinal and diarrhoeal disease.
Excess heat, cold, damp and mould	Highest risks to health are from cold, damp and mouldy conditions, particularly for children. Increased heat and cold waves in UK linked to increased morbidity and mortality.
Hazards in the home (e.g. trip, slip, fall, fire, burn, shock, gas, explosion, entrapment)	Home hazards increase likelihood of accidents with potentially severe consequences. Children and older people are particularly at risk.
Inadequate provision of amenities	Impacts on physical, mental and social wellbeing.
Crime and safety/fear of crime	Crime impacts on victims, perpetrators, friends and families. Fear of crime prevents everyday activities.
Provision of adaptations for elderly or disabled	Well maintained adaptations essential for participation in everyday activities.
Cost/affordability of housing	High cost housing can restrict access to decent and appropriate homes. Increasing costs can take income away from essential household budgets.
Homelessness	Homelessness can greatly increase morbidity and mortality levels.

4.3 Urban/neighbourhood design and health

Urban design is concerned with the spaces and features that surround buildings and how buildings relate to one another. The needs of people are at the centre of all good urban design. The urban design of a neighbourhood and the design of individual properties (architecture) affect many of the determinants of health. The [Healthy Urban Development Unit](#) (HUDU) provides extensive evidence and guidance, including a [checklist](#) for assessing planning applications^v. The focus is on new development but equally applies to regeneration.

HUDU also supply a planning tool ([HUDU Model](#)) for assessing the additional health care facilities required by new communities. This could be used as a basis for calculating charges for the new [Community Infrastructure Levy](#) and [Section 106 agreements](#).

Guidance is available from the [Commission for Architecture and the Built Environment](#) (CABE). CABE is the Government's advisor on architectural and urban design. They describe how good design makes healthy places.

The [Royal Town Planning Institute](#) (RTPI) has issued guidance on the links between spatial planning and health^{vi}.

4.4 Housing improvement, new build and health

Health impacts occur during four main phases: before, during, early post-works and late post-works. Positive and negative health impacts occur at each stage. The impacts can affect physical, social and mental health.

4.4.1 Before the works

This is the period when residents are informed about improvement plans. It is a time of anticipation, delay and worry. The resident is living in a poor physical environment that may be cold, damp and unsafe. They may be disabled and awaiting housing adaptations. The resident may be offered choices about the design of fixtures and fittings and be consulted about other potential home improvements.

Whole house and high-rise refurbishments typically involve the relocation of existing residents during the period of improvements (decanting). Relocation can either be temporary, while homes are refurbished, or permanent. Relocation may be voluntary or compulsory. Residents are moved to unfamiliar locations with unfamiliar neighbours and this can be a time of anxiety, uncertainty and fear. Compulsory relocation has potentially far greater negative health impacts.

4.4.2 During the works/construction phase

The works/construction phase is a period of disruption, inconvenience and annoyance. Residents are exposed to hazards including dust, noise and solvents. They may be offered temporary respite accommodation. If properly implemented, the [Considerate Constructors Scheme](#) should ensure high standards of safety in and around building sites, and thoughtful treatment of residents by contractors.

4.4.3 Early post-works

When new or newly refurbished homes are first occupied the improved conditions may lead to improved well-being and an initial sense of euphoria. Some stress from disruption may continue into this phase. Dealing with faults and snags may be stressful. There may be raised exposure to indoor air pollutants.

4.4.4 Late post-works/long-term

In the long-term some of the initial benefits of improved conditions may diminish as the novelty wears off. If well maintained, the determinants of some chronic medical conditions have been permanently improved and the home environment is safer and warmer. The physical and social environment outside the home and the social situation of the resident may remain just as before. Rises in rent and energy costs may erode any potential financial benefits.

5. Policy context

The wide policy context of regeneration should be considered. This will include health, housing and planning policy, and policies relating to the other determinants of health such as economic, education, transport, green space and building design at local to international levels. The continuity between different policies/policy levels (e.g. local and national) should be examined together with the attention paid to health.

6. Decent Homes Standard and the Housing Health and Safety Rating System (HHSRS)

'A Decent Home is one which is wind and weather tight, warm and has modern facilities' ^(vii). A decent home meets the following four criteria:

- Statutory minimum standard for housing
- A reasonable state of repair
- Reasonably modern facilities & services
- Reasonable degree of thermal comfort

Homes that meet these criteria are likely to protect and enhance health. The Decent Home Standard incorporates the HHSRS.

The [HHSRS](#) is a risk assessment tool (required by the [Housing Act 2004](#)) designed to help local authorities identify and protect against the health and safety hazards that are most likely to be found in homes.

The Decent Homes criteria and the HHSRS help to protect and enhance health. Implementation/enforcement of the HHSRS has been criticised^{viii}. Current implementation is limited to the immediate, most severe, life threatening hazards required by the Housing Act.

7. Community health profiles and vulnerable residents

Community health profiles can, alongside other methods, help to identify the health needs and vulnerabilities of residents. Vulnerable residents (see **Error! Reference source not found.**) need additional protection and support during the regeneration process.

Table 2 Examples of residents more vulnerable to the effects of regeneration

• Chronically ill	• Frail elderly	• Disabled
• Mentally ill	• Sensory impaired	• Families with children

Health profiles should include indicators and analysis from each of the following categories of indicators:

- Demography
- Lifestyle
- Social and community networks
- Living and working conditions
- Health status and morbidity
- Mortality and life expectancy

Key sources of data include [Joint Strategic Needs Assessments](#), [Annual Public Health Reports](#) and [UK National Statistics data](#).

Geographical Information Systems can spatially illustrate areas of concern/hotspots and the widespread health inequalities that exist across London and elsewhere.

About 42% of social renting households in England contain a member with a serious medical condition or disability^{ix}. The rate is about twice that in other forms of tenure and it is increasing. RSLs/developers need to know who the vulnerable people are and have sufficient information to inform their management of them. RSLs need up-to-date, well designed and integrated information management systems. Contractors contact teams often have insufficient training, skills and tools to fully identify and manage vulnerable residents.

8. Engaging with communities

Community engagement is the process of involving people in decisions that affect their lives^x. It allows people to identify existing local health issues and impacts. Through engagement people have a chance to identify recommendations to manage impacts and improve lives. Involvement in decision making is good for health.

There are challenges to conducting community engagement in the social housing context, for example, access issues, reaching ‘hard to reach’ groups, over-surveying, staff training, language and cultural issues. They need to be identified, recorded and overcome for representative engagement to occur.

9. Planning for climate change and fuel scarcity

Projects designed today will have to operate under different conditions in the future. As a consequence of climate change^{xi} and increasing energy scarcity^{xii}, fossil fuel will be in limited supply and greenhouse gas emissions will be substantially reduced. The effects of climate change will become more apparent – with increased summer temperatures and more

extreme weather events. These changes are expected to amplify existing health risks and inequalities. Elderly people are most vulnerable to temperature extremes^{xiii}.

The reduced availability and high cost of fossil fuels is likely to affect private car transport. Small electric vehicles are likely to be more common, especially for the elderly and disabled, or those who cannot use public transport. Public charging points and bays will be needed on estates to cater for this. Cycles may continue to grow in popularity and secure cycle storage will be needed, together with dedicated cycleways. The health co-benefits of changes in diet and transport in response to climate change are substantial^{xiv}.

Many local authorities are developing special plans to cope with heat waves and social landlords should be aware of them.

Passive design features, such as passive solar gain to heat buildings and windows that open wide but remain secure, can reduce energy consumption and the negative health impacts of climate change.

10. Assessing the health impact of specific projects

This (summary) guide highlights some of the general health considerations associated with regeneration. More specific tools may be required for particular projects. One such tool is Health Impact Assessment (HIA). HIAs identify the health impact of specific projects and strategies and result in evidenced based recommendations designed to promote positive impacts and reduce negative impacts. HIAs include community engagement which can promote wellbeing and may help to reduce opposition to development.

Using HIA, from a strategic perspective, requires screening, procurement and a steering group. Further information can be found in section 6 of the main guide.

11. Recommendations

Summary recommendations are provided below. They are presented in chronological order for ease of use. However, in practice housing and neighbourhood improvement/regeneration is a continual, cyclical process.

11.1 BEFORE THE WORKS

11.1.1 Tenant participation

- Give tenants choices and involve them in decision making.
- Expand opportunities and techniques for involving a wider range of tenants, e.g. address the issues associated with tenants attending events such as those relating to access and care/childcare.

11.1.2 Communication with tenants

- Provide a minimum of 2 and preferably 4 weeks' notice before specific work commences and provide detailed information on the nature and phasing of work to tenants.
- Provide tenants with regular updates and early prior notice of any delays/cancellations.
- Address language issues and consider the use of alternative forms of communication, for example, videos and audio CDs.
- Consider increasing the frequency of newsletters during the design, construction and early post works stages and the possibility of collaborative newsletters with partners.
- Include answers to Frequently Asked Questions (FAQs) in a regular feature about the improvements in newsletters; repeat on Websites.

11.1.3 Vulnerable tenants

- Identify tenants with “seen” and “unseen” vulnerabilities, including those with learning, organisational and mental health problems.
- Enhance information management system/s and data collection techniques (see section 3.4 of main report: ‘Social Landlords Information Systems’) to enable the systematic identification of all vulnerable groups.
- Ensure all frontline staff (including RSL/ALMO and contractor contact staff) have access to, and training in, the use of handheld flagging systems that can be used when identifying vulnerable tenants, and potentially dangerous tenants. Ensure consistent approaches within and across organisations.
- Integrate the findings of customer surveys that identify vulnerable tenants.
- Expand the list of questions in surveys to identify further vulnerable groups/individuals.
- Ensure that the system is accessible to all relevant staff, appropriate agencies and actors.
- Obtain advice on the support needs of vulnerable tenants from health and social services.
- Design amenities to take account of the future needs of tenants, including the ageing population.

11.1.4 Residential relocation process

- Develop a clear, coherent residential relocation strategy for whole house and high-rise refurbishments and new build.
- Define open, transparent and equitable housing relocation systems and processes.
- Make the strategy publicly accessible through a Website.
- Involve tenants in the development of the strategy.
- Offer support to tenants who are to be relocated as early on in the process as possible.
- Support all tenants who are to be relocated through needs planning that identifies health and other forms of support before, during and after relocation.
- Tailor support to the needs of individuals, with particular attention to the needs of vulnerable tenants.
- Prepare document templates with notification of address changes for GPs, social services, schools etc.
- Re-locate tenants within, or as close as possible to, existing communities.
- Where possible give tenants choices as to where they relocate.
- Inform staff/partners of relocation developments and support for residents.

11.1.5 Public realm/greenspaces

- Work with partners to ensure appropriate levels of street lighting in all areas.
- Improve CCTV coverage of high-risk areas.
- Use CABE and HUDU design guidance for neighbourhood and environmental improvements.
- Develop a coherent plan to improve and maintain the general physical environment in conjunction with partners (public, private and voluntary).
- Use greenspace typology studies to identify the availability, accessibility and suitability of local greenspaces by type (e.g. informal sports, formal sports, walking/dog walking, local nature).
- Provide access to a range of greenspace typologies through improved quality and range/type of greenspaces.
- Safeguard greenspaces and allotments during land use developments.
- Improve access to greenspaces for disabled and sensory impaired users.

- Work with partners to provide more “user friendly” environments in order to prevent injuries (e.g. in parks and play areas and traffic calming measures).
- Try to provide a park or small supervised (overlooked) play area within walking distance of every home.
- Encourage active travel by providing secure cycle storage and good quality bus stops.

11.1.6 Adaptation to climate change (Including heat and cold waves)

- Develop an explicit, multifaceted approach to managing excess summer heat/heat waves including improvements to ventilation, greenspaces and deciduous tree planting, orientation of any new buildings, green roofs and shade.
- Consider fitting windows that can be opened wide while remaining secure to allow better cooling during heat waves.
- Use deciduous tree planting to control microclimates/temperatures.
- Choose insulation materials based on evidence and apply consistently.
- Ensure improvements are energy efficient and adaptable to a lower energy regime. For example, make provision for the location of electric car charging points.

11.1.7 Construction safety and complaints procedure

- Extend safety awareness programmes to the general neighbourhood. As children are one of the main concerns, conduct awareness raising campaigns in local schools.
- Deliver leaflets on safety to houses in the general area of interventions.
- Ensure construction staff receive up-to-date training on the requirements of [Considerate Contractors Scheme](#) (CCS).
- Develop an independent complaints procedure, via housing provider, for tenants to report issues during the works. Relay this information to the CCS team.
- Provide information to neighbours on how they can complain if they are affected by poor work practices.

11.1.8 Hazards in the home and the HHSRS

- Conduct full HHSRS surveys and attempt to address all (four) levels of hazards.
- Prioritise hazard reduction interventions to the most vulnerable (e.g. trip and fall hazard removal/reduction to homes of young children and the elderly).

11.1.9 Health impact assessment

- Consider adopting HIA procedures for specific projects as described in section 10.

11.1.10 Timing/phasing of works

- Ensure phasing of works is designed to minimise the frequency and severity of disturbance for tenants.
- Ensure the timing of interventions (e.g. fitting double glazing/doors) is sensitive to the vulnerability of tenants.

11.1.11 Other recommendations

- Consider providing additional air vents to smokers.
- Consider noise from air vents.

11.1.12 Implementation priorities

- Provide high quality aids and adaptations for the disabled at the earliest possible point in time.
- Prioritise interventions to the most vulnerable tenants.
- Deliver environmental improvements early/at the same time as home improvements to maximise benefits.

11.2 DURING THE WORKS

- Apply the principles of the CCS to all sites and monitor compliance.
- Ensure timing is sensitive to vulnerable tenants (e.g. don't fit windows in January in homes of frail elderly, no noise near schools during exams).
- Maintain the general physical environment in conjunction with partners (public, private and voluntary).

11.3 AFTER WORKS/LONG-TERM

- Ensure high standards of maintenance of the improvements.
- Work with partners to ensure maintenance of the local environment and provide stakeholders with information and mechanisms to report problems such as graffiti, vandalism and litter.
- Monitor and maintain all improvements into the long-term.
- Promote access to allotments and promote 'growing things' at home.
- Regularly review the aids and adaptation needs of disabled people.
- Ensure aids and adaptations for the disabled are maintained to a high standard.
- Publicise the aids and adaptations service for the disabled so that all groups are aware of it.
- Ensure staff and tenants are aware of other sources of support such as [Job Centre Plus Access to Work](#) grants for people with disabilities and learning difficulties.

12. Implementing the guide's recommendations

- Recommendations that are accepted should be incorporated in a specific management or implementation plan. An example of an outline plan is shown in Table 3 Example of an outline implementation plan.
- The plan should be based on a detailed understanding of the resources that are available for implementation. Stakeholders should be given opportunities to contribute to the detailed development and delivery of the plan.

Table 3 Example of an outline implementation plan

Recommendation	Accept/Reject	Champion	Budget	Date
1. Identify vulnerable tenants in a systematic manner.				
2. Provide tenants with regular updates and early prior notice of any delays/cancellations.				

- i [WHO \(1948\)](#) Preamble to the Constitution of the World Health Organization.
- ii [Butland B, Jebb S, Kopelman P, McPherson K \(2007\)](#) Tackling Obesity: Future Choices.
- iii [Rao M, Prasad S, Adshead E, Tissera H \(2007\)](#) The built environment and health. *Lancet*.
- iv [Sustainable Development Commission \(2008\)](#) Health, place and nature. How outdoor environments influence health and well-being: a knowledge base.
- v [HUDU \(2009\)](#) Watch Out for Health: a checklist for assessing the health impact of planning proposals.
- vi [RTPI \(2009\)](#) RTPI Good Practice Note 5, Delivering Healthy Communities.
- vii [DETR \(2000\)](#) Quality and Choice: A Decent Home for All: The Housing Green Paper.
- viii [House of Commons Environment, Food and Rural Affairs Committee \(2008\)](#) Energy efficiency and fuel poverty.
- ix [Hills J, Ends and Means \(2007\)](#) The Future Roles of Social Housing in England.
- x [Communities Scotland \(2008\)](#) Community Engagement How To Guide.
- xi [IPCC \(2007\)](#) Climate Change.
- xii [Branson R, Marchant I, Souter B, Dilley P \(2010\)](#) The Oil Crunch, A wake-up call for the UK economy.
- xiii [Michelozzi P, Accetta G, De Sario M, D'Ippoliti D \(2009\)](#) High Temperature and Hospitalizations for Cardiovascular and Respiratory Causes in 12 European Cities.
- xiv [Bollen J, Brink C, Eerens H, Manders T \(2009\)](#) Co-benefits of climate change mitigation policies.

The main guide contains complete referencing.