

## Case-study 8.4.1

### Aylesbury Plus New Deal for Communities - rapid health impact assessment -

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#### **Introduction: Health impact assessment of the Aylesbury Plus NDC Delivery Plan**

A rapid health impact assessment (HIA) of the Aylesbury Plus New Deal for Communities (NDC) Delivery Plan has been carried out in order to

- make a “thumbnail” assessment of the likely health impacts of the overall programme;
- to help identify gaps in Delivery Plan in order to strengthen it in its early stages;
- to start to make the links between the proposed plan and health status more explicit and to facilitate the process of “joined up” thinking and working; and
- to start to identify the benefits which might be gained by a more in-depth HIA at a later stage and to explore the possibilities for how this might be done.

#### *This Case-study*

- describes the concepts and principles of HIA;
- outlines the methodology used for the rapid HIA;
- shows the findings overall and by strategic theme; and
- summarises the implications of the findings for the development of the Aylesbury Plus NDC.

#### **Concepts and principles of health impact assessment**

Health impact assessment (HIA) can be described as “the estimation of the effects of a specified action on the health of a defined population”<sup>1</sup>. It has much in common with the more established environmental impact assessment<sup>2</sup> and, although methods of HIA are still to be fully developed, current thinking suggests that it should be based on a number of key principles:

- an explicit focus on equity and social justice;
- a multidisciplinary, participatory approach;
- the use of qualitative as well as quantitative evidence;
- explicit values; and
- an openness to public scrutiny<sup>3</sup>.

These principles may be applied, for example, in assessing the impact on health of economic and social regeneration policies through

- modifying the physical environment;
- altering lifestyles;
- improving leisure opportunities;
- enhancing the training and employment prospects of local residents;
- reducing stress, anxiety and fear;
- strengthening control over people's lives and fostering empowerment;
- improving access to public services; and
- enhancing relationships between local residents and public sector agencies<sup>4</sup>.

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\* This work was commissioned by Health First, the health promotion unit for Lambeth, Southwark and Lewisham Health Authority, and Southwark Housing (London Borough of Southwark). It was carried out by Ruth Barnes, an independent public health specialist with interests in health inequalities, HIA and regeneration who is also an honorary research associate at EQUAL, University of Liverpool and the health research project manager at Shepherds Bush Housing Association. The rapid HIA was first published by Aylesbury Plus as part of their bid for New Deal funding.

HIA is therefore based on a holistic, social model of health which recognises that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care:

*Health is a state of complete physical, mental and social well being and not merely the absence of disease<sup>5</sup>.*

This definition is much broader than (but encompasses) the tradition medical model which defines health as freedom from disease which can be diagnosed clinically and is concerned primarily with treating symptoms rather than their underlying causes<sup>6</sup>.

HIA is also underpinned by an explicit value system in which equity plays a major role. In this context, equity has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status:

*Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level<sup>7</sup>.*

This represents a new approach to the evaluation of social, environmental and economic policies, programmes and projects. The importance of applying HIA to all public policy has been emphasised by the Minister for Public Health<sup>8</sup> and it is a major recommendation in the recent Acheson report on inequalities in health<sup>9</sup>. It is also recognised by Article 152 of the Amsterdam Treaty that calls for the European Union to examine the possible impact of major policies on health<sup>10</sup>.

Ideally HIA should be carried out prospectively to ensure that steps are taken, at the planning stage, to maximise the positive health impacts of a policy, programme or project and to minimise the negative effects<sup>11</sup>. In practice, it is not always possible for a comprehensive HIA to be carried out entirely prospectively because of the wide range of pre-existing circumstances that impinge on any new activity. Indeed, HIA is increasingly being carried out concurrently or retrospectively to inform the ongoing development of existing policies. It can also be done in varying levels of detail - as a rapid process or a more in-depth study - depending on the resources available.

## **Methodology**

There is no one established methodology for HIA, although a number of models are available that can be tailored to the specific policy, programme or project being assessed. For the rapid HIA of the Aylesbury Plus NDC Delivery Plan a variation of the Merseyside Guidelines for HIA<sup>11</sup> has been used. This methodology was chosen because:

- the guidelines, or variations of them, have been tested on several regeneration projects in this country, including one in a disadvantaged area of south London, and have proved to be practical and sufficiently flexible to be adapted to a range of policies, programmes and projects;
- they are underpinned by a strong value system focussing on openness, equity and participation, all of which are vital if the vision of the Aylesbury Plus NDC is to be realised.

A simple framework was used to identify and structure the potential health impacts of the Plan and a qualitative assessment was made, based on the evidence presented in the Plan and expert public health knowledge, of the Plan as a whole. Each of the strategic themes within the Plan was also examined in this way.

The impacts were categorised as positive or negative, according to the health determinants they were likely to affect. An attempt was also made to assess the measurability of the impact (whether it was qualitative, estimable or calculable) and the level of risk of the impact (whether it was definite, probable or speculative).

At the same time, the framework was also used to identify gaps in the coverage of health issues within the Plan and these findings have been incorporated into the final draft, which will be submitted to the Department of the Environment, Transport and the Regions (DETR).

## Findings

### *Overview of the health impact of the NDC Delivery Plan*

Overall, the Aylesbury Plus NDC Delivery Plan has a great deal of potential for having a positive impact on the health of Aylesbury residents. If all the outcomes are achieved there is likely, in the short term, to be a redistribution of a range of health determinants which should, in the medium to longer term, influence morbidity and mortality rates in a way which can be quantified using routine and ad hoc data sources. Over a period of years this could conceivably offer substantial savings to the NHS and social services in terms of treatment and care costs and contribute to moving towards the goal of reducing the incidence of degenerative diseases such as heart disease and cancer amongst disadvantaged groups. Mental health and well-being is also likely to be affected in a positive way in both the short and longer terms.

However, if the Delivery Plan is only partially implemented or if only some of the outcomes are achieved, there is a strong possibility that health inequalities will be increased, both within the estate and between residents of the estate and those in other parts of the borough. This would result from an uneven distribution of the positive health impacts and could be expected to encourage movement out of the area for the beneficiaries of the projects, with those who remain being relatively more disadvantaged than at present and in a continuing downward spiral of deprivation and “ghetto-isation”.

### *Potential health impacts on health determinants*

In the following sections, the evidence base for each category of health determinant is outlined together with the current situation on the Aylesbury estate\*. The potential positive and negative health impacts of the Delivery Plan are summarised and they are listed in more detail in a table by each category of health determinant. In the tables, positive impacts are preceded by ✓ and negative ones by ✗. The risk of the impact - whether it is definite, probable or speculative - is also shown together with an assessment of how measurable it is - whether it is qualitative, estimable or calculable on the basis of current or planned data sources.

### Biological factors

#### *The evidence base*

Natural or biological factors such as age, gender and ethnicity have an important influence on health status. They cannot usually be changed but can combine with other factors to cause multiple disadvantage, for example where a deterioration in health because of age or disability is coupled with downward social mobility involving loss of income and a poorer standard of living. It is also unfortunately the case, for a complexity of reasons, that many people from black and minority ethnic groups also experience socio-economic disadvantage and poor quality service provision<sup>6</sup>.

#### *The current situation on the Aylesbury estate*

The Aylesbury estate is characterised by a diverse ethnic mix, with 66% of the population identifying itself as belonging to a black or other minority ethnic group. It is also a young, fertile population but with a significant proportion of elderly people.

#### *Potential health impacts*

The health determinants potentially affected include:

- age
- gender
- ethnicity
- disability

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\* In these sections the problems in particular are highlighted although it must also be recognised that there is already a great deal of good work being undertaken in the area.

If the NDC is fully implemented it is unlikely to have any impact on the age, gender and ethnic mix within the neighbourhood and current trends are likely to be continued. Changing outsiders' perceptions of the estate, increasing employment and trading opportunities within it and providing a more diverse range of housing however may have an effect on the overall make up of the population, bringing in young professionals and others with relatively high incomes.

There are potentially positive impacts on quality of life for some groups within the currently resident population: for example, through greater integration and participation in the community among people from minority ethnic groups or through more appropriate housing provision and community-based support for elderly people and people with physical disabilities or other special needs.

On the opposite side of the coin, there is a risk that there may be a movement out of the area of employable young people if, for example, the outcomes relating to worklessness, education and training are met but those relating to, say, aspects of the physical environment and crime are not. This would result in higher concentrations of people with more severe disadvantage living in increased social isolation.

**Table I:****Potential health impacts - biological factors**

	<i>Potential health impact</i>	<i>Risk of impact</i>	<i>Quantification</i>
✓	Continuation of current trends in terms of the age, gender and ethnic mix within the neighbourhood.	probable	estimable
✓	There are potentially positive impacts in terms of quality of life for some groups within the population - for example through greater integration and participation in the community amongst people from minority ethnic groups or through more appropriate housing provision for people with physical disabilities or other special needs.	probable	qualitative
✓	Improved quality of life, including mental health and wellbeing for elderly people and those with disabilities as a result of community based support programmes.	probable	qualitative
✗	There is some risk that there may be a movement out of the area of employable young people if, for example, the outcomes relating to worklessness, education and training are met but those relating to, say, aspects of the physical environment and crime are not. This would result in higher concentrations of people with more severe disadvantage living in increased social isolation.	speculative	estimable

Personal or family circumstances and lifestyle*The evidence base*

A range of personal or family circumstances combine with other lifestyle factors to influence health. For most people, worklessness has a significant and adverse effect on their physical and mental health and well being. Psychological symptoms associated with unemployment range from depression and anxiety to self-harm and suicide<sup>12,13</sup>. Regarding physical illness, not only do unemployed people suffer higher levels of morbidity than people in work, their mortality rates – particularly premature mortality – are consistently higher, with an excess risk of death of more than 20%<sup>12</sup>. Amongst unemployed young men there are relatively high rates of injury and poisoning as well as suicide. The picture is little better for unemployed women, who are at increased risk of coronary heart disease<sup>14</sup>, whilst morbidity and mortality rates in the wives of unemployed men tend to mirror those of their husbands<sup>15</sup>. For people whose unemployment is related to pre-existing chronic ill health or disability there is a double disadvantage.

Educational attainment is also closely related to health status. To a greater or lesser extent it determines socio-economic position and factors such as employment, income and housing<sup>16</sup>, all of which are important health determinants in themselves, and it correlates strongly with health related behaviour such as smoking, diet and exercise<sup>17</sup>. Education can also be important in equipping young people with the social skills needed for them to play a socially useful role in society and to foster socially cohesive communities<sup>9</sup>. At the same time, it is likely that improving employment prospects through education and training is important in creating self-esteem and promoting psychological health and well-being.

There is evidence that children with a low level of educational attainment tend to suffer in later life from poor adult health<sup>18,19</sup>. This is almost certainly related to their more limited opportunities for employment and the material deprivation that might bring. This pattern, however, starts at an earlier stage. For children attending schools in disadvantaged areas, their physical environment – with litter, graffiti, vandalism and a lack of open spaces for play – may be stressful and not conducive to the mental health and well-being necessary for them to make the most of their educational opportunities<sup>9</sup>. In addition, there is evidence for a link between educational disadvantage and smoking – an important

health determinant and one that is targeted in the Government's public health policy - which operates independently of other factors such as parental socio-economic status<sup>20,21</sup>.

For the parents of children in an area of high deprivation, those with child-care responsibilities that preclude them from paid employment may find themselves not only living on very low incomes but also becoming socially isolated and without the support necessary for their physical and mental well-being. Studies from the USA indicate that projects providing support to such parents through the provision of child care and pre-school educational facilities have resulted not only in parents becoming more involved in their children's education but also in better education and employment prospects and higher financial achievement for themselves<sup>22</sup>. The same studies have also shown benefits to children in terms of higher educational attainment and healthy physical, emotional and intellectual development.

In recent years, behaviours and lifestyles such as smoking, alcohol consumption, diet and physical exercise have been increasingly recognised as an important influence on health status. For example, the direct causal link between smoking and lung cancer is well established as is the clear association between smoking and some other cancers, coronary heart disease and stroke. Smoking accounts for 18% of all coronary heart disease mortality and 11% of strokes and is the commonest preventable cause of death<sup>23</sup>. The importance of diet as a risk factor for chronic disease and its role in child development is also well documented.

The complex interactions between individuals' behaviours and lifestyles and the extent to which they are a matter of choice are not fully understood. What is clear is that the risk factors associated with behaviours and lifestyles are unevenly distributed between social classes. Smoking is a prime example, with less than 20% of professional men and women smoking compared with almost 50% of unskilled manual workers<sup>24</sup>. Smoking rates amongst young women from social classes IV and V are also high. There is anecdotal evidence that this is not because of a lack of knowledge about the long-term dangers of smoking but because giving up is not a priority when set against the more pressing social and environmental problems some of these women are facing. Similarly, the evidence suggests that poor nutrition and obesity are more common among people from social classes IV and V<sup>25</sup> and this can be directly related, at least in part, to the cost and availability of "healthy" food.

#### *The current situation on the Aylesbury estate*

The Aylesbury estate has very high unemployment rates, which can be directly linked to educational standards, and income levels are low, with almost a third of residents in receipt of income support. A third of residents live in single person households and there are four times as many lone parent families than the national average. Mortality rates from heart disease and respiratory disease are high.

#### *Potential health impacts*

The health determinants potentially affected include:

- worklessness
- income
- education and training
- family structure and functioning
- self-esteem
- risk-taking behaviour (e.g. smoking, alcohol and other substance abuse)
- recreational behaviour (e.g. use of leisure facilities)

Successful implementation of the proposed projects to reduce the proportion of long-term unemployed people in the Aylesbury estate and to improve education and training opportunities has the potential to produce significant spin-off benefits in terms of health by shifting the distribution of health determinants. Income patterns will be key to this change. Short and longer term health benefits can also be expected as a result of the successful implementation of the projects to improve educational attainment, thereby improving employment prospects, of the children on the Aylesbury estate and also equipping them to play an active and fulfilling role in the community. In addition, it is anticipated that they will foster closer links between the schools, the community and other sectors. This will enhance the opportunities for school-based health promoting interventions such as action on smoking, substance misuse and sex education.

Both educational attainment and employment patterns are closely linked with individual health-related behaviours. Many of the projects offer the potential for producing positive changes in levels of self-esteem and concomitant patterns of, for example, smoking, uptake of leisure activities, alcohol and other drug abuse and sexual health (particularly unplanned pregnancies and sexually transmitted diseases).

The potential negative impacts include widening gaps between groups and increased social isolation for some people if there is not an even distribution of the projects' benefits. There is also a risk of increasing work-related stress if the employment opportunities that are created are inappropriate to residents' skills. As children's expectations of their future employment prospects are raised there is also a possibility that, if the national economy as a whole is "unhealthy", they will be unable to attain their aspirations and suffer stress as a result.

**Table II:**

**Potential health impacts - personal or family circumstances and lifestyle**

	<i>Potential health impact</i>	<i>Risk of impact</i>	<i>Quantification</i>
✓	Improved self esteem and reduced incidence of stress, mental ill health and suicide as a result of lower rates of worklessness and other factors.	probable	estimable
✓	Improved nutrition as a result of educational programmes and income changes, with benefits for child development and, in the longer term, the incidence of degenerative disease.	speculative	probable
✓	Improved self esteem and associated changes in risk taking behaviour as a result of a range of projects to tackle worklessness and education and training, with resultant reduction in the incidence of heart disease, cancers and respiratory infections and a promotion of more positive role models for children.	probable	estimable
✓	Reduced smoking rates and other risk taking behaviour amongst children with associated health benefits in later life, as a result of improved education.	probable	estimable
✓	Reduction in unplanned pregnancies and sexually transmitted disease rates as a result of improved education, health education delivery and self esteem.	probable	calculable
✗	Widening gap between the "haves" and the "have nots", as a result of changing income patterns, increasing social isolation and associated mental and physical ill-health in some groups.	speculative	qualitative
✗	Increase in work related stress.	speculative	qualitative
✗	Increased social isolation for lone parents unable to benefit from opportunities to take up child care and employment, with associated detriment to mental health and social cohesion.	speculative	qualitative

Social environment

*The evidence base*

Quality of life is undoubtedly influenced by the social environment, the presence or absence of social support networks of family and friends, whether cultural diversity is valued and the opportunity to play a full and fulfilling role in society. This may be self evident but it is reinforced by an increasing body

of research from which social cohesion is emerging as a crucial factor in quality of life, and one which may be even more important than the direct effects of material living standards<sup>26</sup>.

*The current situation on the Aylesbury estate*

Almost half of Aylesbury estate residents have lived there for more than ten years, although a section of the population is more transient. A high proportion of residents receive help from their neighbours which, together with the large numbers of people expressing a wish to remain living on the estate, suggests that there is a strong sense of community belonging. Despite this, participation in community groups and events appears to be low.

*Potential health impacts*

The health determinants potentially affected include:

- social support networks
- social cohesion
- community participation
- cultural acceptance/tolerance (valuing cultural diversity)
- discrimination
- peer pressures

The proposed projects aim to improve inclusiveness, participation and social capital within the Aylesbury estate and to facilitate the involvement of residents in decision making, all of which should contribute towards the development of a healthier social environment for individuals and for the community as a whole.

In particular, the health projects proposed in the Plan complement other parts of the NDC work on the Aylesbury estate by helping to tackle the material and social conditions so closely associated with ill-health. These health projects potentially offer very positive health impacts as a result of changing the distribution of the main social and economic health determinants. In addition the Health Gateway project and plans for a healthy living centre will encourage community participation and involvement in health and health care issues.

**Table III:**

**Potential health impacts - social environment**

	<i>Potential health impact</i>	<i>Risk of impact</i>	<i>Quantification</i>
✓	Reduced stress and mental ill-health as a result of improved social cohesion and community participation.	probable	qualitative
✓	Decrease in substance abuse as a result educational and youth support projects.	probable	qualitative
✓	Decrease in crime rates and fear of crime with associated improvements in mental health and well-being as a result of crime reduction projects.	probable	estimable
✓	Increased participation in leisure activities, including physical activity, with associated improvements in mental health and well being and in rates of degenerative diseases.	probable	qualitative
✗	Increased social isolation with resultant deterioration in mental health, as a result of uneven uptake of opportunities offered by the NDC projects.	speculative	qualitative

## Physical environment

### *The evidence base*

The place where we live is perhaps one of the most important influences on our health and well being. Good-quality housing - which is warm and dry, safe and free from infestation - is one of the pre-requisites for health set out by the World Health Organization<sup>27</sup>.

Respiratory infections, particularly amongst children, are associated with damp conditions and mould growth and a lack of adequate heating is responsible for increased incidence of hypothermia, heart disease and stroke, particularly in older people<sup>28</sup>. Amongst families on low incomes, overcrowded housing compounds the problems they already experience and makes them more vulnerable to respiratory infections, stress and accidental injury. Outside the home the wider physical environment is important too in terms of, for example, crime and the fear of crime, community safety, leisure and recreational facilities, transport and access to shops and health services and access to social networks.

Crime and violence can profoundly affect quality of life, causing not only physical injury but also serious damage to the psychological health of victims, who may suffer from severe and longstanding post traumatic stress disorder<sup>9</sup>. Fear of crime and perceptions of safety are also important. Fear of crime is associated with mental distress and a feeling of social exclusion, with women and older people being disproportionately affected despite the fact that they are much less likely to be the victims of contact crime than young men<sup>29</sup>.

High crime rates and high levels of fear of crime tend to be concentrated in areas of social deprivation, where vandalism, graffiti, nuisance and substance abuse can all be used as indicators of crime not reported to the police<sup>30</sup>. There is also evidence that widening income gaps between the affluent and the poor and the spatial separation of these groups may be an important underlying cause of social disintegration and the crime associated with it<sup>31,32,33</sup>.

### *The current situation on the Aylesbury estate*

Much of the housing stock - a high proportion of which is social housing - on the Aylesbury estate is in need of refurbishment. There is also evidence that it is inappropriately allocated, with overcrowding being three times higher than the national average. The range of shopping facilities is generally poor and a major thoroughfare, Thurlow Road, cuts through the estate acting as a social barrier as well as placing residents at risk from accidents, poor air quality, noise and congestion. There are high levels of concern about litter, graffiti and disused open space on the estate and crime levels are relatively high.

### *Potential health impacts*

The health determinants potentially affected include:

- housing quality
- the internal environment (e.g. heating, damp, ventilation, overcrowding)
- noise
- public safety and fear of crime
- transport
- gardens and open spaces
- shopping facilities

The proposed projects aim to tackle not only the material quality of the housing on the Aylesbury estate but also to make these improvements within the wider context of improving the overall quality of the physical and social environment. More appropriate allocation of housing based on needs assessment has the potential to improve health and well-being for people with special needs. There should also be some very tangible health benefits in terms of reduced rates of respiratory disease, particularly amongst children and elderly people, as a result of improved housing quality.

In terms of the outdoor environment, restructuring the estate such that it is not bisected by a major road has potential for improving social cohesion as well as reducing air pollution from traffic emissions and road traffic accidents. However, public transport routes to and from the estate may be adversely affected.

The projects designed to have an impact on levels of both crime and the fear of crime on the Aylesbury estate can be expected to have important health related spin-off benefits, particularly in terms of mental health and well-being.

On the minus side, the upheaval and noise caused by the physical refurbishment of the fabric of the estate is likely to be stressful as the building work progresses. For people who have to move to temporary accommodation during the refurbishment stress levels may be particularly high. However, preliminary findings from a study of housing refurbishment in west London suggest that the perceived improvements anticipated by such residents tend to outweigh any temporary inconvenience.

**Table IV:**

**Potential health impacts - physical environment**

	<i>Potential health impact</i>	<i>Risk of impact</i>	<i>Quantification</i>
✓	Reduced rates of asthma attacks and respiratory diseases, particularly amongst children, as a result of housing refurbishment and appropriate housing allocation.	definite	calculable
✓	Reduction in excess winter mortality and morbidity, particularly amongst elderly people, as a result of housing refurbishment.	probable	calculable
✓	Reduction in accidents in the home as a result of housing refurbishment and appropriate housing allocation.	probable	estimable
✓	Improved mental health and well being as a result of improvements to the urban environment and reduction in the fear of crime.	probable	qualitative
✓	Increased uptake of opportunities for physical exercise as a result of the provision of open spaces and improved access to recreational facilities, with associated longer term benefits in terms of heart disease rates and mobility.	probable	qualitative
✓	Reduction in road traffic accidents as a result of changes to the roads, pathways and cycle tracks within the estate and provision of safe places for children to play.	speculative	calculable
✓	Improved nutrition as a result of improved choice of shopping facilities, with possible longer term benefits in terms of degenerative disease.	speculative	estimable
✗	Detrimental effects to air quality as a result of increased traffic during physical refurbishment and subsequently to supply shops or as a result of increased car ownership, with ramifications for respiratory disease.	probable	estimable
✗	Reduction in walking, for example to shops and schools, as a result of increased car ownership and better public transport networks, with associated effects on physical fitness.	speculative	qualitative
✗	Increased stress during physical refurbishment of the area, with short term detrimental effects on mental health and well being.	probable	qualitative

Public services

*The evidence base*

Healthcare is clearly not the only, or even the most important, determinant of health but the health service does have a role to play in ameliorating the effects of other health determinants by treating its symptoms and ensuring a smooth transition between health care and social services where appropriate. It is commonly accepted that an equitable health service should ensure equal access and provision for equal need and a high quality of service that is available to all who can benefit from it<sup>6</sup>.

The evidence suggests that this is not usually the case, with differential rates of uptake being recorded by different social and ethnic groups, lower levels of provision, particularly of primary care, in the areas which most need them and an unequal distribution of the quality of care according to geography and social class.

*The current situation on the Aylesbury estate*

Despite the high rates of reported illness and disability, health service uptake rates appear to be low amongst Aylesbury residents. Prescribing costs for depression are rising sharply although this may be an indicator of any number of factors such as increased incidence of mental ill health, increased awareness of mental health issues and higher consultation rates or changes in prescribing habits.

*Potential health impacts*

The health determinants potentially affected include:

- access to services
- quality of services

The positive health impacts of the proposed projects include those arising as a result of more integrated planning and the provision of better access to services planned on the basis of need so that they meet the key quality indicators of appropriateness, accessibility, acceptability and equity. This may, however, result in increased pressure on health and social services resources and necessitate some form of rationing.

**Table V:**

**Potential health impacts - public services**

	Potential health impact	<i>Risk of impact</i>	<i>Quantification</i>
✓	Direct impacts related to treatment of ill-health as a result of better access to more appropriate and high quality health and social care.	probable	calculable
✓	Improved service quality as a result of integrated planning and improved links, for example with Sure Start.	probable	qualitative
✗	Increased pressure on existing resources as a result of higher uptake rates, with the risk of inappropriate criteria being applied for priority setting or rationing.	probable	calculable

Public policy

*Potential health impacts*

It is not possible to identify the ways in which the Delivery Plan will influence public policy and thereby have direct health impacts on the residents of the Aylesbury estate. However, it is reasonable to assume, given its history, that the NDC will have a high public profile nationally and locally and that the findings and lessons from it will feed into policy making at a number of levels operating outside the estate.

**Strategic themes**

As well as assessing the health impact of the overall Delivery Plan, each of the strategic themes and the action programmes contained within them has been examined. Table VI shows which health determinants are likely to be affected by the action programmes and an attempt has been made to qualify the extent of their possible effect in terms of positive (✓) and negative (✗) impacts.

**Table VI:**

**Potential health impact of strategic themes and action programmes**

Strategic themes and action programmes	Category of health determinants					
	Biological factors	Personal or family circumstance and lifestyle	Social environment	Physical environment	Public services	Public policy
<b>THEME ONE: Create a sustainable neighbourhood</b>						
1. Reducing crime & the fear of crime			✓✓✓	✓		
2. Improving the quality and range of housing		✓✓ ✗	✓ ✗	✓✓✓	✓	
<b>THEME TWO: Build community capacity</b>						
3. Contribute to improvements in the physical and mental health of the community		✓✓✓	✓✓✓	✓	✓	
4. To empower the local community		✓✓	✓✓✓		✓✓ ✗	
<b>THEME THREE: Educational attainment and economic inclusion</b>						
5. To reduce worklessness and empower people to take advantage of education and employment opportunities		✓✓✓ ✗	✓✓ ✗		✓	
6. To raise the level of educational attainment		✓✓✓ ✗	✓✓ ✗		✓	
<b>THEME FOUR: improve service delivery and neighbourhood management</b>						
7. Improve delivery and management of neighbourhood services			✓	✓	✓✓✓ ✗	

## IMPLICATIONS OF THE FINDINGS FOR THE NDC DELIVERY PLAN

Several implications for the implementation of the Delivery Plan have emerged from the rapid HIA.

- The coverage of the Plan needs to be inclusive and comprehensive in order to ensure that its benefits are not unevenly distributed amongst Aylesbury residents.
- To ensure that the Plan does not create wider social gaps it may be necessary to consider more direct prioritisation and targeting of some vulnerable groups within the project work. This could be based on the findings of the community needs assessment, which is one of the “health” projects proposed.
- Disruption during the building works needs to be minimised wherever possible.
- There is a need for careful consideration of how progress is monitored and evaluated. The more detailed and ongoing HIA will address this issue to some extent but it would be helpful at the outset to carry out comprehensive mapping of:
  - existing networks within the estate;
  - linkages between the projects;
  - existing and planned data sources.
- Mapping of data sources could take the form of a scoping exercise in order to identify where data is currently held, where there is duplication, where there are gaps and how data sources can be integrated for monitoring and evaluation purposes.
- Some consideration also needs to be given to the skills needed for ongoing monitoring and evaluation of the Plan. This might include exploring possibilities for training local people and to facilitate their leading of this process.
- Other parts of the implementation programme also offer opportunities for community involvement and participation and for the training and employment of local residents.
- The process of developing and implementing the Plan has provided some important learning opportunities and lessons which could be explored further, documented and disseminated for use by others doing similar work. It is envisaged that this exercise will be undertaken from a health perspective in preparation of the groundwork for the more comprehensive HIA.

## REFERENCES

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