

#### **Case-study 8.4.4**

## **Health impact assessment of Grove Vale**

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### **Summary**

Grove Vale is a former Council Depot in Bellenden Ward. A planned residential development on the site was chosen, from a number of possible projects, to be the first HIA guided by the HIA Reference Group of the Southwark Health Alliance.

The purpose of this HIA was to identify potential influences of this development on the health of the local population.

There was a further remit to provide an overview of the HIA process, evaluate its usefulness and identify problems, pitfalls and other issues.

Evidence was gathered from a wide range of sources, including the Grove Vale Renewal Forum, a local community group. The stages identified within the Merseyside guidelines were followed:

- policy analysis;
- profiling of communities;
- interview stakeholders and key informants;
- assess evidence;
- establish priority impacts;
- make recommendations and justify options for action.

The following areas were identified as likely to have some influence on the health of the local population:

- change in population and characteristics of the local community;
- increased green space;
- cycle sheds, care parking, car pooling;
- dust and fumes during work;
- improved housing stock of Bellenden overall;
- noise during development, proximity of railway;
- possibility of smell during work;
- change in view, during and after work;
- previous and proposed land use;
- access to and quality of primary/ community/ secondary health care;
- possible increased use of transport services.

The plan is to gather further evidence on the likely strength of the effect of these factors on the health of the population, prioritise them, and then make recommendations regarding the details of the development. The fact that a decision was made that the land would be sold for residential development has limited the scope of potential recommendations. Considering other difficulties in the HIA process has been a learning experience. This has helped increase the body of knowledge of the HIA Reference group, and will be useful in future work.

## **Introduction**

Following consideration of a number of projects, a development at Grove Vale was chosen as the subject for the first health impact assessment in Southwark. This Case-study summarises the Grove Vale HIA.

### **Overall purpose**

The purpose of this HIA was to identify potential influences on the health of the population of Bellenden Ward of aspects relating to a residential development at Grove Vale. When the development was first identified, there was potential for the site to be developed for the purposes of retail. Since that time a decision was made that the site would be sold for the purposes of residential development.

There was a further remit to provide an overview of the HIA process, evaluate its usefulness and identify problems pitfalls and other issues. This appears in a separate paper.

The methodology for HIA consists of several stages. For each stage the aims, objectives, methods and results are considered.

The stages are:

- policy analysis;
- profiling of communities;
- interview stakeholders and key informants;
- assess evidence;
- establish priority impacts;
- recommend and justify options for action.

### **Policy analysis**

It is important to consider policy, because it may place constraints on the recommendations of a health impact assessment. There may be health implications associated with the policy itself, in general or in relation to a specific development. It may be that a change in policy could be suggested in the light of the findings of a health impact assessment.

#### ***Aims and objectives***

To identify aspects of policy likely to influence the Grove Vale development, and those likely to influence the health of the population in relation to the development.

#### ***Methods***

Consultation with those involved in the formation and implementation of policy: central government, local authority, local health services.

#### ***Results***

Information regarding legal and procedural aspects of the disposal of Council property, and granting planning permission may influence decision-making, and thereby have an impact on health.

The main policy guidance with regard to planning is contained within the following:

- Government's Regional Planning Policy Guidance for London;
- various Planning Policy Guidance Notes issued by the Government;
- the Unitary Development Plan adopted by Southwark Council in July 1995;
- Local Agenda 21 (sustainability).

As the site is Council owned, policy relating to the disposal of property is relevant. In general the policy is that disposal of property should be such that best value is achieved.

The above are referred to at relevant points through this case-study.

#### ***Planning for the provision of primary health care***

The mechanism for planning the provision of health-care is changing as a result of the introduction of PCGs within the health authority. At present the onus is on individual practices to identify potential or actual increases in the size of their practice population. There would then be application to the Health Authority to approve additional posts. Likewise if there is a change in the demographics of the practice population that leads to eligibility for further payments, then it is up to the practice to identify this and claim for it.

With the advent of PCGs, which will have an increasingly important role in the commissioning and provision of health-care, there is likely to be greater opportunity for local planning. Within the PCG of South Southwark there are plans for the development of 'bottom-up' planning, in which service development is closely related to local issues.<sup>1</sup>

### **Profiling of Communities**

Profiling of the local community, will give information relating both to the sorts of health determinants that are likely to be important, and factors which influence the effects of these determinants.

#### ***Aims and objectives***

To provide an overview of the key attributes of the local population, especially in relation to health.

#### ***Methods***

Readily available data relating to geography, demographics and social and economic factors were collected and interpreted.

In addition, information from local agencies involved in health and regeneration was collected and interpreted. The agencies contacted were:

- South Southwark PCG – through a meeting with the chief executive;
- local practices: the principle partners of nearby practices were contacted by letter and telephone. Data held at the health authority showed the proximity of residence to Grove Vale of those registered with each practice;
- local health visitors and district nurses – through a meeting.

#### ***Results***

The standard methodology for health impact assessment<sup>ii</sup> includes a consideration of the following aspects of community profile, and the results are presented under these headings:

- geography;
- age;
- sex;
- income;
- other social, economic, environmental;
- vulnerabilities;
- communities of interest: arts, sports, etc.

#### ***Geography***

The geographical area concerned has fairly well delineated boundaries. The proposed development is in the Grove Vale area of Bellenden Ward, Southwark; near the border with Lyndhurst Ward.

### *Age and sex distribution*

Age distribution of population of Bellenden Ward:

1999 Projected All Resident Population: Bellenden

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Population</i>
<1	75	72	147
1-4	320	291	612
5-9	350	334	684
10-14	236	241	477
15-19	249	228	477
20-24	306	313	618
25-29	406	370	776
30-34	591	639	1230
35-39	578	639	1217
40-44	373	376	749
45-49	268	302	570
50-54	240	266	506
55-59	191	218	409
60-64	193	223	417
65-69	158	176	335
70-74	118	146	264
75-79	90	137	227
80-84	40	86	126
85+	30	98	129
All ages	4813	5158	9970

### *Income, and other social, economic and environmental vulnerabilities*

The Jarman Index for Bellenden:

	<i>Bellenden</i>	<i>Mean England &amp; Wales Wards</i>
% Aged Over 65 years	13	16.24
% Elderly (over 75) Living alone	6	6.04
% Aged Under 5	6	6.35
% One parent families	7	3.36
% Unskilled	4	2.61
% Unemployed	15	8.11
% Households with no Amenities	3	0.83
% Overcrowding	8	3.63
% Moved in Last Year	12	9.52
% Ethnic minorities	25	3.33
<b>UPA total score</b>	<b>26.9</b>	<b>0</b>

### **Interview stakeholders and key informants**

Stakeholders and key informants are likely to have a good idea of the types of health determinants which are likely to be important for the community involved, in terms of size, and the likely specific effects on that particular community.

### *Aims and objectives*

To obtain the opinions of stakeholders and key informants regarding the likely determinants of health related to the Grove Vale development, and more detailed information on the proposed plans.

### ***Methods***

A range of methods was used to obtain information and opinions from the following stakeholder and key informant groups.

#### ***Local residents and their representatives***

Previous surveys of local residents were obtained and assessed. The main findings in relation to health determinants were summarised.

A meeting between local residents, Southwark Property and the developers was attended, notes taken, and the main themes in relation to potential health determinants summarised.

Further interviews and focus groups involving the local residents were planned, but had not taken place at the time of writing.

#### ***Local primary care providers***

Some of the information and opinions of local primary care providers were considered important in relation to their role as stakeholders within the local community.

#### **Southwark Property**

Information on the site, its history, and some of the issues raised was obtained in meetings with members of Southwark Property. Further information came from planning briefs, a traffic impact assessment and an economic impact assessment.

#### **The proposed developers**

Information on the proposed residential development was presented by the proposed developers at the meeting with Southwark Property and Grove Vale Renewal Forum. The views of the planners on particular issues were also important.

### ***Results***

#### ***Local residents and their representatives***

- Survey performed by Grove Vale Renewal Forum

A questionnaire from October 1998 asked people what they thought would be good for the site. The number of responses was just under 200; 57% were from streets immediately surrounding the site.

There was a positive response to trees, shrubs and open spaces, community facilities, shopping and housing. The response to suggestions for a city farm and short-term parking were generally negative.

Other suggestions included, safe roads – 20 mph – home zones, anything to reduce traffic and pollution, emphasis on pedestrians and cyclists, a well-lit place that will encourage all to be positive and not dark and hidden.

- Meeting between planners, developers and resident's forum:  
The main issues, which had potential implications for health raised were:
  - traffic;
  - car use;
  - vehicular access;
  - cycle sheds;
  - segregation of social and private housing;
  - people moving to the new homes from within the area;
  - ground pollution;
  - railway embankment green space;
  - landscaping;
  - space;
  - security;
  - dust, noise and other nuisance during construction work..

*Local primary care providers*

The consensus among GPs was that there were no particular health or primary care implications of the development.

*Southwark Property*

In addition to the policy issues outlined above the main additional area of concern raised was Land Contamination. A draft planning brief from June 1997 states:

*“The previous use of the site as a municipal works and transport depot is likely to have given rise to localised contamination by potential harmful substances such as toxic metals (lead, zinc, mercury). There is also likely to be asbestos within the structure of the industrial buildings on the site.*

*In addition, there are underground tanks for storage of petrol/diesel which may have caused contaminated hot spots. As such, any development of the site would need to be accompanied by a soil contamination survey. The existing railway line to the west of the site is likely to give rise to high levels of background noise. Any applications for development should include information on average noise levels affecting the site.”*

*The proposed developers:*

At the meeting with the representatives of Grove Vale Renewal Forum and Southwark Property, the developers outlined the proposed plans in greater detail:

The proposed development consists of 100 units, of which 26 are to be social housing units, and 74 are private units. 65% of the private units will be flats.

The average occupancy will be about 1.5 people per unit, so the residential development will house 150 in total.

### **Conclusions**

The influences identified as being of potential importance are presented in the framework suggested in the Merseyside guidelines below:

<b>Categories of influences on health and potentially important health determinants:</b>	<b>Identified as Potentially important for Grovel Vale?</b>
<b>Biological and Demographic Factors</b>	
Age	✓
Sex	✓
Genetic factors	✓
<b>Personal/ family circumstances and lifestyle</b>	
Family structure and functioning	
Primary, secondary and adult education	
Unemployment	
Income	
Risk-taking behaviour	
Diet	
Smoking	
Alcohol misuse	
Substance misuse	
Exercise	
Recreation	✓
Means of personal transport (cycle, car ownership)	✓
Culture	
Peer pressures	
Discrimination	
Social support (neighbourliness, social networks, isolation)	✓
Community/ cultural spiritual participation	✓
<b>Physical Environment</b>	
Air	✓
Water	
Housing conditions	✓
Working conditions	
Noise	✓
Smell	✓
View	✓
Public Safety	
Civic design	
Shops (location, range, quality)	
Communications (road, rail)	
Land use	✓
Waste disposal	
Energy	

<i>Categories of influences on health and potentially important health determinants:</i>		<i>Identified as Potentially important for Grovel Vale?</i>
<b>Physical Environment (cont.)</b>		
	Local environmental features	
<b>Public Services</b>		
	Access to and quality of primary/ community/ secondary health care	✓
	Child care	
	Social services	
	Housing, leisure, employment, social security services	
	Public transport	✓
	Policing	
	Other health-relevant public services	
	Non-statutory agencies and services	
<b>Public policy</b>		
	Economic, social, environmental, health trends	
	Local and national priorities	
	Policies	
	Programmes	
	Projects	

#### **Assess evidence**

##### ***Aims and objectives***

To identify and interpret evidence relating to the main areas identified above, the nature of the determinants, the influence of the development on 'exposure' to these determinants, and the estimated likely impact on the health of the population in the short medium and long terms.

##### ***Methods***

For each area further information was sought from those involved, experts, and the literature, on:

- the exact nature of the change likely to come about as a result of the development and the extent to which this is quantifiable;
- the likely relationship between this change and the health determinant of interest;
- the type of impact this 'exposure' is likely to have on the population;
- the likely size and measurability of this impact.

## **Results – Summary**

### *Biological and demographic factors*

#### Age, sex and genetic factors

Likely change due to development	The development will increase the local population by about 150 (10% population of Bellenden) The extent to which there will also be a change in demographics of the population is less easy to predict. The proportion of social housing is greater than for Bellenden overall.
Likely relationship to health determinant	Direct – the change is in a health determinant
Likely type of impact	Unknown
Likely size and measurability of this impact	Unknown

### *Personal/family circumstances and lifestyle*

#### Recreation

Likely change due to development	The development will increase the green area available for recreation
Likely relationship to health determinant	May increase exercise by local people, e.g. walking
Likely type of impact	Positive – in terms of musculoskeletal and cardiovascular fitness
Likely size and measurability of this impact	?estimate – if research evidence is available

#### Means of personal transport (cycle, car ownership)

Likely change due to development	Cycle sheds may encourage cycle ownership and usage. The availability of car parking space may encourage car ownership. If a car pooling scheme is feasible this may reduce car ownership and /or usage.
Likely relationship to health determinant	Exercise, personal exposure to car exhaust fumes, risk of accidents
Likely type of impact	Depends on above
Likely size and measurability of this impact	??estimable

#### Social support (neighbourliness, social networks, isolation)

Likely change due to development	Influx of individuals to the community ?Introducing a new community into an existing one.
Likely relationship to health determinant	May affect the existing level of social support
Likely type of impact	Unknown – may have positive or negative effect
Likely size and measurability of this impact	Unknown

#### Community/cultural spiritual participation

Likely change due to development	Influx of individuals to the community
Likely relationship to health determinant	May alter the cultural or spiritual identity of the community
Likely type of impact	Unknown
Likely size and measurability of this impact	Unknown

## Physical environment

### Air

Likely change due to development	Development work produces dust and fumes during the development work
Likely relationship to health determinant	Short term decrease in outside air quality locally – large particles mainly
Likely type of impact	May decrease respiratory function, especially in those with a pre-disposition
Likely size and measurability of this impact	Estimable

### Housing conditions

Likely change due to development	Introduction of 100 new housing units into the area
Likely relationship to health determinant	Likely to improve the local housing stock
Likely type of impact	Relative reduction in health aspects relating to poor housing
Likely size and measurability of this impact	Estimable

### Noise

Likely change due to development	Development work produces noise. Proximity of development to railway
Likely relationship to health determinant	Short term noise pollution in the development phase. Longer term exposure to noise from railway.
Likely type of impact	Increased impacts of noise pollution
Likely size and measurability of this impact	Likely to be estimable

### Smell

Likely change due to development	Development work may produce smell
Likely relationship to health determinant	Short term increase in smell
Likely type of impact	Increased impact of effects of smell
Likely size and measurability of this impact	?Likely to be estimable

### View

Likely change due to development	Building of 2-3 storey residential complex – plus greening
Likely relationship to health determinant	May affect the view of other local residents
Likely type of impact	More likely positive effects on view
Likely size and measurability of this impact	??Estimable – but large element of personal judgement

### Land use

Likely change due to development	Introduction of residential complex to former depot site
Likely relationship to health determinant	May increase short and long term exposure to land contaminants
Likely type of impact	Effects of exposure to lead, zinc and mercury
Likely size and measurability of this impact	Estimable – once survey performed

## *Public services*

### Access to and quality of primary/community/secondary healthcare

Likely change due to development	Increase in local population, and change in demographics
Likely relationship to health determinant	May be relative reduction in access to resources
Likely type of impact	Likely to be negative – increased time
Likely size and measurability of this impact	May be estimable

### Public transport

Likely change due to development	Increase in local population, and change in demographics
Likely relationship to health determinant	Greater number have access to local rail and bus routes
Likely type of impact	May be positive and negative
Likely size and measurability of this impact	May be estimable

## **Establish priority impacts**

### *Aim*

To draw conclusions about the relative importance of specific health determinants.

### *Methods*

By comparing the likely size, impact and measurability of the factors identified it should be possible to prioritise. Such comparison is likely to involve a degree of 'value judgement'. It is likely that this is best explored further through further consultation with stakeholders, key informants, and the community

## **Recommend and justify options for action**

### *Aims and objectives*

To produce an agreed set of recommendations for Grove Vale development, to take account of the priority impacts identified. The recommendations should be practicable, and reflect the consensus view of the stakeholders, key informants, and particularly the community itself.

### *Methods*

The recommendations will be made through a process of draft, consultation and re-draft.

## **Evaluation of HIA in Southwark: HIA of the Grove Vale Development**

### *Introduction*

This section aims to provide an overview of the introduction of HIA to the London Borough of Southwark, and the specific HIA of a planned residential development at Grove Vale Depot. It considers the extent to which the objectives have been met, and describes the problems and pitfalls encountered. Conclusions are drawn regarding the HIA process, and its usefulness.

### *Background*

- setting up the groups
- the 'screening' process

### *Evaluation of the Grove Vale HIA*

The purpose of the Grove Vale HIA was 'to identify potential influences on the health of the population of Bellenden Ward of aspects relating to a residential development at Grove Vale'.

In the broadest terms this has been achieved. However, further reflection on the process and the outputs of the work is warranted.

### ***Evaluation of the process***

The methods used were fairly ad hoc, which had advantages as well as disadvantages. Overall it seemed relatively easy to stick to the prescribed methodology.

The main stumbling block was in further engaging the community in order to explore the issues identified further. There could have been several reasons for this:

- “consultation fatigue”;
- unrealistic expectations of the process and outputs, and lack of clarity regarding the purpose of HIA.

Also, it was assumed that the established group represented the population of interest.

Alternative methods of community engagement could have been attempted rather than relying on a single key informant/stakeholder. Such methods might include a form of market research, or cold-calling.

### ***Evaluation of the outputs***

There are two main outputs:

1. the report: results and conclusions;
2. the recommendations specifically.

Problems with the outputs seemed to stem from the original remit of HIA in relation to the extent to which modification of plans was possible.

### **Defining populations**

#### ***Overall conclusions about HIA and its usefulness***

Health impact assessment seems to be a useful tool in identifying factors influencing health related to a development that may require further investigation. It encourages consideration of a wide range of possible health determinants, both positive and negative. The framework described allows this to be done in a relatively systematic manner whilst taking into account the views of the community involved and a wide range of stakeholders.

The apparent lack of clarity regarding the remit of the HIA could be due to several factors:

1. Decisions taken that altered the extent to which modification in the plans for the site could be changed.

These events were not predicted. Perhaps they could have been predicted to some extent, but it seems likely that there will always be the potential for the boundaries of possible change to move whilst a HIA is in progress.

2. The means by which the development for HIA was chosen may not have been adequate.

This was the first time that the agencies involved had considered HIA, and the criteria that are appropriate for deciding when HIA should be performed. This work has identified a need for great clarity regarding the purpose of individual HIAs, and the likely benefit that will be gained by carrying out HIA. The screening process, and in particular the criteria used and their application, are important in ensuring that comprehensive HIAs are performed only when it is appropriate to do so.

This evaluation of the Grove Vale HIA has identified pitfalls in applying the methodology. This will allow such pitfalls to be avoided in future.

**Recommendations**

1. Further use of HIA locally, in situations where it is appropriate.
2. Work to incorporate screening for HIA into the decision-making processes of local organisations, especially health and local authorities.
3. Work to develop a set of criteria that can be used as an effective screening process. (As with other forms of screening we should aim for high sensitivity and specificity.)
4. HIA should be 'built in' to local regeneration programmes (e.g. SRBs), with some form of screening incorporated into decision-making processes.
5. A named HIA lead for the health authority

**References**

1. Personal Communication, Caroline Ashley; Chief Executive, South Southwark PCG , 16<sup>th</sup> July 1999
2. Merseyside Guidelines for Health Impact Assessment

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