

### **Case-study 8.4.7**

## **HIA of Houldsworth Mill redevelopment, Stockport (1998)**

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### **Aims**

- To carry out a health impact assessment (HIA) on the Houldsworth Mill redevelopment as a Case-study.
- To assess the feasibility of using HIA in the local authority planning process.

### **The project**

The Houldsworth Mill redevelopment is part of a regeneration strategy for a deprived area of Stockport Metropolitan Borough Council. The aim is to refurbish the 19<sup>th</sup> century Mill to provide a multiple-use facility providing low-cost homes, technology-based commercial workspace, IT training, and space for community activities.

The Mill project was selected as a suitable HIA pilot because it was a large-scale development both in terms of cost and the size of the population affected. A further consideration was that the development involved a wide range of issues that may have a bearing on public health which an investigation of would be useful in informing further work in the local authority.

### **Design of the HIA**

A comprehensive HIA was conducted using methods adapted locally from the Manchester Airport and Merseyside approaches. It was completed in 12 weeks during 1998. As some of the planning permission for the Mill development had already been granted, the HIA was concurrent with the development plans, rather than prospective. The objective in conducting the HIA was to influence the actual uses of the redevelopment.

### **Definition and determinants of health used**

As for other models of HIA, we used a broad model of health encompassing a wide range of biological, social, psychological, environmental, economic and political factors that determine population health.

### **The HIA process**

#### ***Setting up multi-disciplinary, multi-agency steering group***

The steering group involved members from the local authority (including regeneration, development control and other departments) and health authority (public health and community development workers). The steering group possessed knowledge about the local area affected by the proposal, but they were not necessarily involved in the redevelopment. They agreed the terms of reference, the scope of the HIA, and the methods to be used.

#### ***Identify all likely health impacts of the development***

The core elements of the proposed development (such as housing, employment, transport and planned facilities) were combined with the main determinants of health. This formed a framework that was used by the steering group and community informants to identify all likely health impacts.

#### ***Data collection***

Sources of information used to provide evidence for proposed health impacts included:

- opinions expressed by community and experts at group sessions and interviews;
- routine data collected on the population in the project area;
- literature reviews of studies carried out in similar populations or for similar projects.

A community profile was carried out of the area affected by the development, which also helped in to identify likely health impacts. Specific sources covered routine health, demographic, social and environmental data of the local area including deprivation indices. Other sources of information were housing waiting lists, unemployment statistics, and a traffic impact assessment.

#### ***Community involvement***

The community was engaged in two main ways so that local views and perceptions were fed into the assessment process.

- Focus groups were conducted in existing community groups, which included youth groups, older people's groups, residents' association, and a local group of professionals working for health improvement in the neighbourhood.
- Key informant interviews were conducted with local head teachers, community policeman, local councillors, doctors, local social services, housing officers, a highway engineer and a community development worker.

#### ***Assessing the likelihood and prioritising health impacts***

The steering group estimated the measurability and likelihood of the health impacts from the collected evidence; however, quantitative information was often incomplete or unavailable to do this with certainty.

The process of prioritising impacts was acknowledged to be subjective, but the aim was to reflect the views of both the community and the steering group. The following criteria were used:

- the consistency of opinion among participants.
- the magnitude of the impact in terms of numbers of people affected and the nature of implications.
- potential for 'knock-on' effects on health.
- if there were realistic measures available to improve health outcomes.

#### ***Recommendations of the HIA process***

The steering group made practical recommendations for the management of negative health impacts and to enhance positive impacts. The two key categories of intervention included:

- Increasing community involvement in the planning of the development facilities and uses;
- monitoring to ensure that the development met the needs of local people as proposed. For example, that the employment and training had local uptake, and that the housing and leisure facilities provided were accessible, appropriate and affordable to local people.

#### ***Feedback***

A report of the HIA was produced, and the findings disseminated to all participants, the local authority and to the redevelopment project.

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

A qualitative evaluation of participants reported several benefits of the HIA process. These included:

- raising awareness of wider health issues and the benefits of inter-sectoral working;
- taking part in the HIA acted as training in a useful approach, which people felt they would be able to use in other work;
- an increased awareness of the need for community involvement in planning.

### **Learning points**

#### ***Timing and resources***

- A part-time researcher carried out the majority of the work in 12 weeks, working 3 days per week. A sufficient length of time needs to be allowed for gathering information and assessing likely health impacts. This took 7 weeks. The community focus groups and interviews took place over 8 weeks, but was feasible only by tapping into existing networks.
- Ideally, all HIA would be prospective, but in reality there is a balance between the timing of an HIA and what information is available to inform it. If an HIA is carried out too early, there will be insufficient information on the proposal to enable a thorough appraisal to be carried out (which was an issue in this project). However, it has to be undertaken sufficiently early in the planning process to be able to alter the proposal.

#### ***Difficulties***

- The major barrier to the HIA was difficulty in obtaining appropriate sources of evidence, particularly quantitative data of likely health impacts. There is a limited evidence-base for how changes in the determinants of health (e.g. employment status) actually affect population health. The limitations of qualitative data had to be accepted as the best available.
- This made the process of classifying the certainty and size of impacts, and objectively prioritising health impacts difficult.
- Defining the geographical area in which to consider health impacts was difficult although it was not thought to be crucial in this study. This had to be a subjective decision between using existing boundaries that aid data collection, e.g. ward boundaries, and using boundaries that reflect natural communities.

#### ***Successes***

- The process raised awareness of health impacts of land use planning in the local authority. The HIA approach was then used in further local authority work.
- Until we undertook the HIA, there had been little awareness in the community of the regeneration plans even though they were well advanced. The local people appreciated greater involvement in the planning process. It was used to provide a community voice for influencing the actual uses of the redevelopment.
- Using the network of existing community groups and community development work allowed the project to be completed within the timescale.
- The fact that Stockport was a unitary local authority, co-terminous with one health authority, meant that there were many existing joint working structures that could be used. This facilitated the selection and meeting of the steering group.

#### ***Other key points***

- Ensure that there is an advance resource commitment to monitor and evaluate health impacts of projects over the long term.
- To apply HIA widely make the method you use as simple as possible so it is understandable and accessible to all.

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