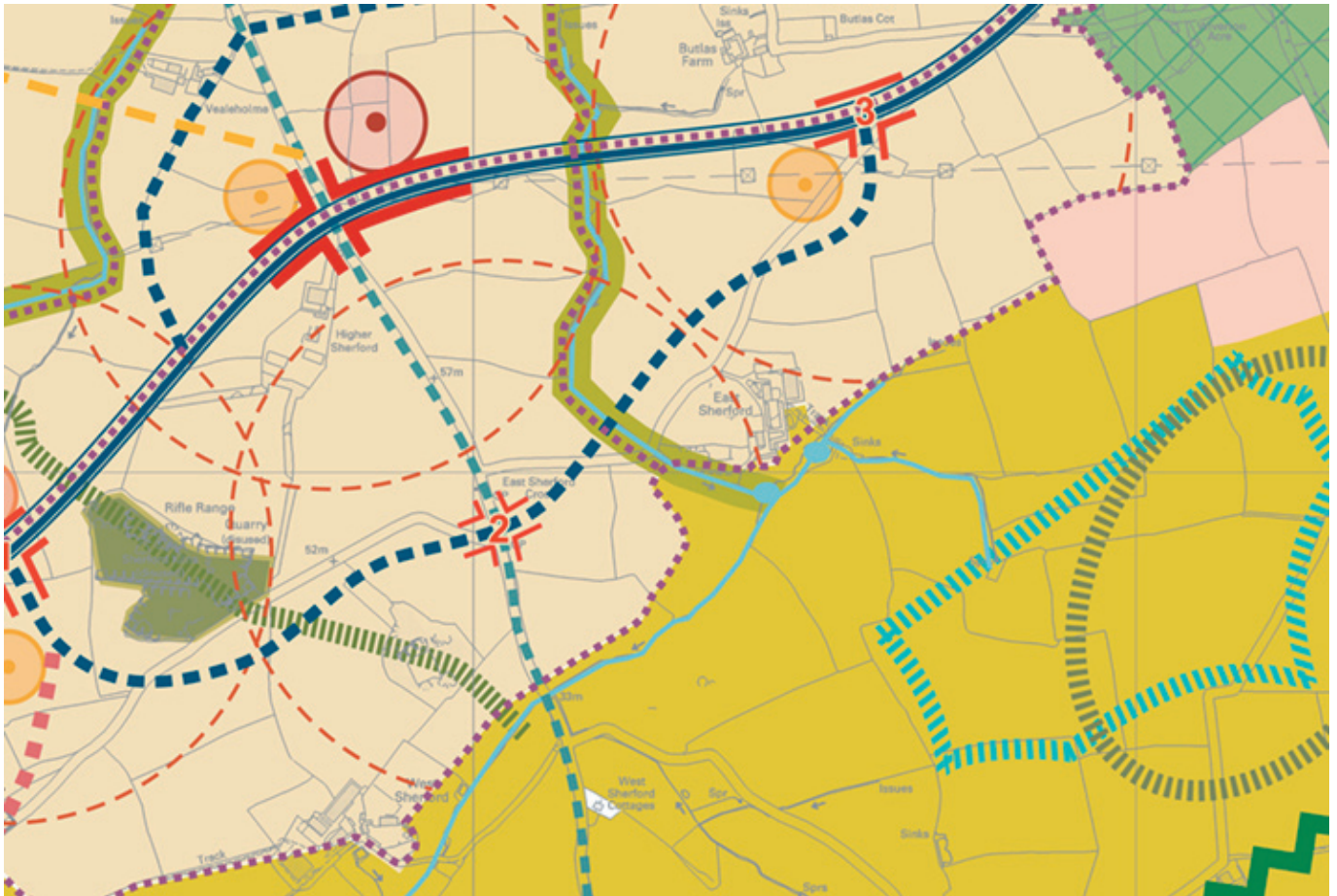


# A sustainable new community at Sherford

health impact assessment: technical report



for Devon County Council, South Hams District Council  
and Devon Primary Care Trust

Ben Cave Associates Ltd  
July 2007 (amended December 2007)  
0870 850 4947  
[information@bcahealth.co.uk](mailto:information@bcahealth.co.uk)



Devon  
County Council

Devon **NHS**  
Primary Care Trust

South Hams  
District Council

## Report Authors

Ben Cave BCA  
Adam Coutts BCA  
Sara Gibbs Devon County Council  
Ben Wheeler BCA  
Andy Pratt Plymouth PCT

## Contact details

T: 0870 850 4947  
E: [information@bcahealth.co.uk](mailto:information@bcahealth.co.uk)

---

Prepared by	Ben Cave Associates Ltd In association with Devon County Council
Commissioned by	Devon County Council South Hams District Council Devon Primary Care Trust

---

Front Cover: Detail from *Sherford Illustrative Plan*: image reproduced with kind permission of the Prince's Foundation.

© Crown Copyright. All rights reserved. South Hams District Council. 100022628 2007

---

Ben Cave Associates Limited has prepared this report in accordance with the instructions of their clients, Devon County Council, South Hams District Council and the Devon Primary Care Trust. Any other persons who use any information contained herein do so at their own risk.

Ben Cave Associates Limited is a company registered in England and Wales.  
Company number 04578866  
Registered address: 103 Clarendon Road, Leeds Innovation Centre, LS2 9DF



## Table of contents

Abbreviations and acronyms .....	iii
Preface from the HIA Steering Group .....	v
1. Methodology: identification, evaluation and management of health effects .....	1
2. Description of the population .....	4
3. Policy context for the Sherford New Community .....	12
4. Description of the Sherford New Community .....	16
5. Social Cohesion .....	20
6. Services .....	22
7. Transport and connectivity .....	29
8. Governance: social and cultural .....	39
9. Housing and the built environment .....	49
10. Economy and employment .....	60
11. Conclusion .....	66
12. List of references .....	68
13. Appendices .....	73



## List of figures

Figure 1: The main determinants of health .....	1
Figure 2: Devon Indices of Deprivation (2004) Health Domain .....	5
Figure 3: Levels of deprivation in Devon.....	6
Figure 4: Percentage change in age bands: 2001 to 2026.....	7
Figure 5: South Hams and Plymouth – local health services .....	8
Figure 6: Phasing strategy for Sherford.....	17
Figure 7: Environmental quality of city streets .....	31

## List of tables

Table 1: South Hams District: current age profile .....	6
Table 2: Population age band forecast, Plymouth City, 2001 – 2026 .....	7
Table 3: Population age band forecast, South Hams District, 2001 – 2026.....	7
Table 4: Scenarios for the future population of Sherford in 2016 .....	10
Table 5: Scenarios for the future population of Sherford in 2026 .....	10
Table 6: Projected age structure to 2016 .....	11
Table 7: Forecast change in households in Plymouth sub-region, 2003 – 2026 .....	51
Table 8: People interviewed for Sherford HIA .....	74
Table 9: People invited to complete online survey .....	74

## List of health codes

Health code 1: services.....	27
Health code 2: transport and connectivity .....	36
Health code 3: governance: social and cultural .....	46
Health code 4: housing and the built environment .....	57
Health code 5: economy .....	64



## Abbreviations and acronyms

ALMT .....	Active Labour Market Training
AAP .....	Area Action Plan
BME .....	Black and Minority Ethnic
CDT .....	Community Development Trust
DCC .....	Devon County Council
DPD .....	Development Plan Document
DTA .....	Development Trust Association
EbD .....	Enquiry by Design
EIA .....	Environmental Impact Assessment
EIP PD .....	Examination in Public Participant Document
HIA .....	Health Impact Assessment
HMA .....	Housing Market Assessment
HPA .....	Health Protection Agency
HQPT .....	High Quality Public Transport
LDF .....	Local Development Framework
PCT .....	Primary Care Trust
PECS .....	Plymouth Eastern Corridor Study
SCI .....	Statement of Community Involvement
SCT .....	Sherford Community Trust
SHDC .....	South Hams District Council
SPD .....	Supplementary Planning Guidance
SRTS .....	Safe Routes to School
SWRDA .....	South West Regional Development Agency
TA .....	Transport Assessment





## Preface from the HIA Steering Group

This Health Impact Assessment (HIA) has been commissioned and funded by South Hams District Council, Devon County Council and in kind by Devon Primary Care Trust.

We recognise that the way in which new communities are designed and built will have a major effect on people's health and well-being. Our aim, in commissioning this HIA, has been to provide evidence and practical guidance to the planning authorities and their partners about the ways in which positive health effects can be maximised and possible negative effects minimised. We asked Ben Cave Associates to consider the ways in which the new community and its neighbouring communities may be affected by the plans, both in the short term and the long term. The work draws on evidence from reviews of the literature on health and the built environment and from consultation with a range of individuals and organisations.

The new spatial planning system aims to secure the best achievable quality of life for all in the community without squandering scarce financial or environmental resources.

Planning a "healthy and sustainable community" is a sensitive undertaking with few prescribed formulae, yet there is a need to translate our shared aspirations into something that is meaningful and practical for policy makers, planners, developers and importantly, for communities.

We welcome the focus on social cohesion as an important component of sustainable development for people in South Hams and Plymouth.

The recommendations in this report build on the work that has already been done to develop an exemplar new community at Sherford. By agreeing to the shared objectives, and a framework for planners to consult, it is hoped that the elements of a healthy community outlined here can be built explicitly into the plans for Sherford.

As a multi-agency group we commit to meeting at six monthly interval or more frequently if necessary to review progress and to agree and take forward actions that may be needed.

Steve Brown, Assistant Director Public Health, Devon Primary Care Trust  
Paul Tyler, Major Developments Officer, South Hams District Council  
Malcolm Baker, Head of Planning and Transportation, Devon County Council  
Gareth Bradford, Strategic Implementation Officer, Devon County Council

HIA Steering Group



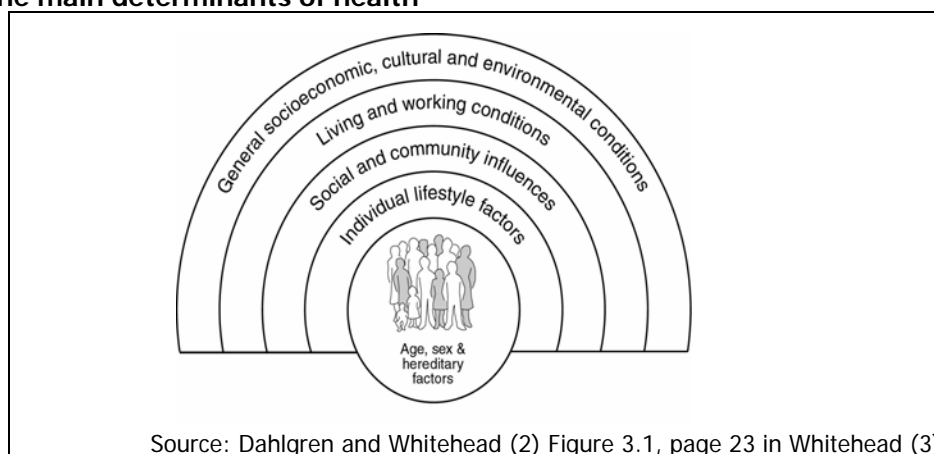


# 1. Methodology: identification, evaluation and management of health effects

## *Health determinants and health change*

- 1.1 The World Health Organization define health as:  
 ... a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. (WHO Health Promotion Glossary, cited in source 1)
- 1.2 Health encompasses mental health and physical health and is affected by a broad range of factors including individual characteristics, such as age and gender, individual behaviours, such as levels of physical activity, use of alcohol or tobacco and broader social, economic and environmental factors. These include housing, employment status, transport and the social and the built environment: these are also known as *determinants of health*.

**Figure 1: The main determinants of health**



- 1.3 Development is not necessarily beneficial for health in the short-term. Improvements in determinants of health (for disadvantaged groups) do not automatically lead to demonstrable health improvement. There is a wealth of evidence linking poor health and deprivation, but there is less evidence to show what happens when determinants of health improve (4). It is thus important to consider, in the Sherford context, how this evidence can be acted upon.
- 1.4 The evidence which we review below identifies areas where changes in health might occur: it does not provide quantifiable estimates of the magnitude of possible health effects. We aim to identify a clear description of the planned development and to link it to the public health evidence base (5).

## *Health impact assessment*

- 1.5 Health impact assessment (HIA) is defined as:  
 ... is a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, programme or project on both the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects (6).
- 1.6 The International Association for Impact Assessment have updated the Gothenburg definition (1) to include a requirement for the HIA team to prepare a *public health management plan* (6).
- 1.7 The steering group have requested an emphasis on practical guidance on managing the potential beneficial and the adverse health effects. The public health management plan is



## Health Impact Assessment

presented as a series of health codes for Sherford New Community (see page ii for a table of contents of all health codes). These are an important output as they suggest ways in which health and health inequalities can continue to be addressed by all parties involved in the Sherford development beyond the life of the HIA itself.

- 1.8 Consultation is an important part of HIA and while an in-depth programme of public consultation has not been carried out for this study we recommend continuing involvement as laid out in the SCI. These issues are looked at in more depth in section 8.
- 1.9 For the purposes of this study we have conducted interviews with professional stakeholders and community leaders (see Appendix).
- 1.10 In terms of the Local Development Framework (LDF) system, the HIA's recommendations contributes to and will be fed into the development of detailed (Supplementary Planning Documents) SPDs and (Development Plan Documents) DPDs on sustainability issues and future revisions to the North Plymstock and Sherford AAPs and the Plymouth Core Strategy and South Hams Core Strategy. The HIA can be used in revisions of the AAP and in determining outline and detailed planning proposals for the development of the new community.
- 1.11 The development process is highly regulated: an integrated approach to social, economic and environmental sustainability runs throughout the policy documents. Healthy public policy shares many of the aims of sustainable development. This HIA will aim to add to and strengthen the population focus of the proposed development.

### Process

- 1.12 This HIA was a pilot for Devon County Council.
- 1.13 It was carried out by
  - Adam Coutts, Ben Cave Associates Ltd
  - Ben Cave, Ben Cave Associates Ltd
  - Sara Gibbs, Devon County Council
  - Andy Pratt, Plymouth PCT
  - Ben Wheeler, Ben Cave Associates Ltd
- 1.14 The steering group for the HIA met five times and comprised of
  - Steve Brown, Devon Primary Care Trust
  - Paul Tyler, South Hams District Council
  - Rebecca Webber, South Hams District Council
  - Malcolm Baker, Devon County Council
  - Gareth Bradford, Devon County Council
- 1.15 Minutes of the steering group meetings are available on request.
- 1.16 The HIA was carried out in tandem with an HIA on the Cranbrook New Community in East Devon District Council's area.
- 1.17 The first steering group meeting took place in December 2006. The HIA was originally scheduled to be completed in March 2007.
- 1.18 The timetable was revised and the final report was submitted in July 2007.

### Screening

- 1.19 The screening process took place prior to engaging BCA and was informed by the Devon County Council Local Development Framework Briefing Paper on *New communities and strategic urban extensions (7)*.



### **Scoping**

- 1.20 A scoping exercise was conducted using *Building in Health*. This exercise identified the importance of social cohesion and scoped out issues associated with the physical environment.
- 1.21 The HIA does not consider environmental health issues in detail as these are considered as part of the environmental impact assessment (ref)
- 1.22 This scoping paper was circulated for comment to the steering group.

### **Assessment**

- 1.23 The assessment process included consultation with key stakeholders. This was conducted by face-to-face interviews, telephone interviews and an online survey. This is described in more detail in *Appendix 5: Consultation: Purpose and approach* on page 87.
- 1.24 Consultees included officers from the District and County Councils, Voluntary Sector representatives and elected members. The consultees are listed on page 74. The consultation provided insight into the potential effects of developing a new community at Sherford. It also served to raise awareness of the progress of the new community and to raise awareness of health and wellbeing.
- 1.25 The consultation methods met with mixed success.
  - The face-to-face interviews were successful but time intensive.
  - The telephone interviews were a useful way of reaching a wider number of people.
  - The online survey was completed by fourteen people. This is a 35% response rate. There were some technical problems with the survey website ([www.surveymonkey.com](http://www.surveymonkey.com)) and e-mail addresses for consultees.
- 1.26 Consultees comments are provided in italics throughout the text. These are quotations from interviews or from the survey. We maintain people's anonymity.
- 1.27 Consultation and wider comment has been invaluable in drafting the report and formulating the health codes. The initial timeline for the HIA meant that a public consultation event was not held. A workshop was held with a young people's group in Plymouth. The conclusions of this HIA will benefit from continued examination and refinement.
- 1.28 BCA contacted promoters of schemes for Sherford to provide information on the HIA.

### **Feedback**

- 1.29 The draft reports were submitted to the steering group who provided feedback on the health codes and the conclusions in the reports.
- 1.30 The steering group discussed the difficulties associated with studying social cohesion and the absence of national, regional or local standards for social cohesion. Many of the HIA's conclusions focus on processes and on potential health outcomes.
- 1.31 It is clear that social cohesion is an important component and deserves consideration. It is also clear that it is a difficult concept to address in planning. The extent to which this report succeeds in providing clear direction remains to be seen. The steering group have been clear that this is the start of a process and that the dialogue about social cohesion needs to be developed.

### **Next steps**

- 1.32 The steering group members are tasked with delivering the health codes. The steering group have committed to continue to meet as the development is brought forward.



## 2. Description of the population

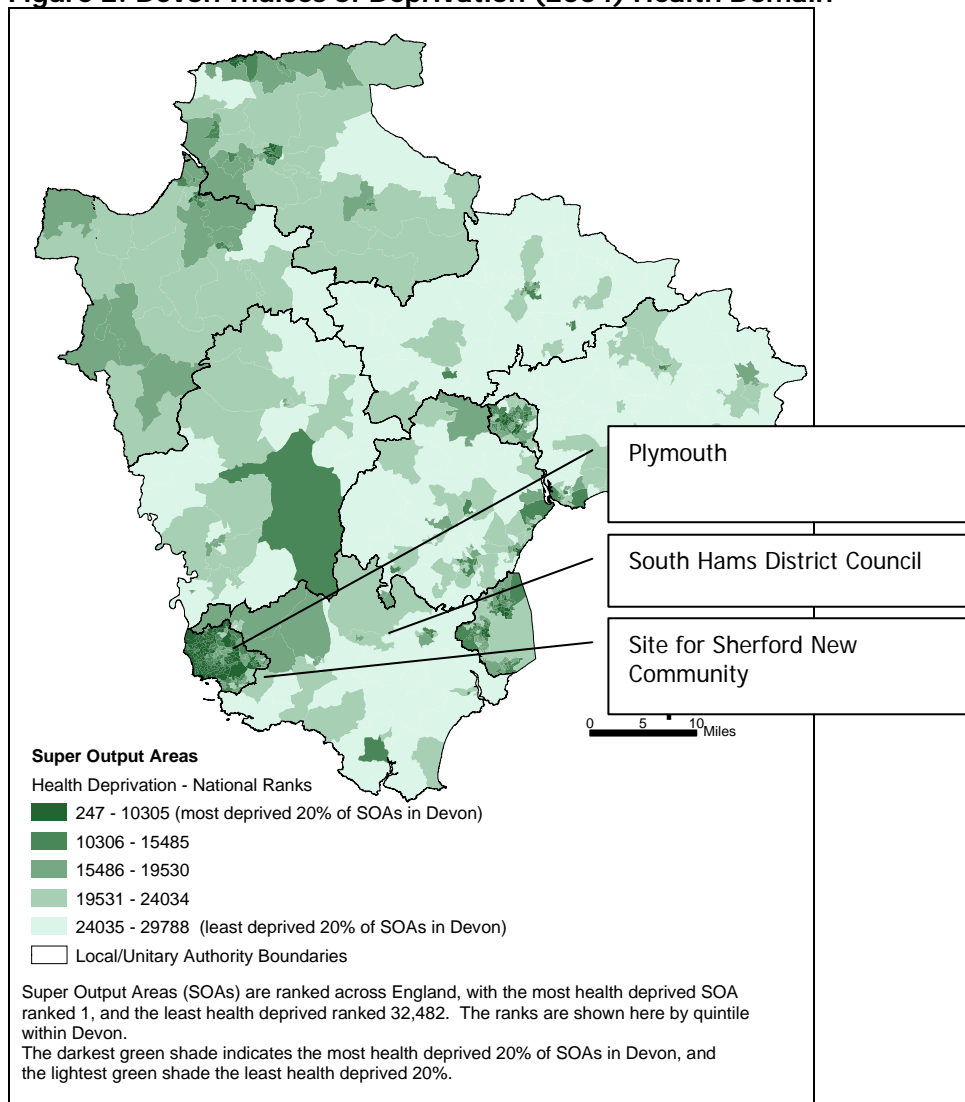
- 2.1 Sherford New Community will address the housing needs of Plymouth and the Plymouth sub-region (8). It is currently a greenfield site. In this section we look at a population profile for Devon as a whole. We then consider some characteristics of the residential population at Sherford.

### Devon: Summary health status

- 2.2 Devon is a predominantly rural county with an older and fast-growing population. The headlines are positive, on many objective measures of health and well being the population of Devon is in good health. People live longer in Devon compared to England and Wales; rates of deaths from many causes of premature death are lower including coronary heart disease and cancer; teenage conceptions are reducing, and importantly the people who live in Devon consider their health to be better than average (9).
- 2.3 However, this picture of health is not uniform and there are persistent health inequalities existing within the county of Devon (see Figure 2 on page 5). This includes inequalities in health outcomes, inequalities in the determinants of health and inequalities in access to services. Recently published data from the South West Public Health Observatory indicates a life expectancy gap of 18 years between the people living in the healthiest geographical areas of Devon, and the unhealthiest.
- 2.4 Devon is often seen as an area where quality of life is high and health is good. Indeed, by national comparison, the population comes out well on many indicators. However, this masks the fact that within the population there are significant communities and groups whose experience is persistently far worse than the general population. The list of factors that can contribute to poor health includes poor access to education, training and skills, inability to secure employment, low income and poverty, poor housing and poor access to health and other mainstream services. Prejudice and inequity of service provision further affect some groups (9). The Sherford New Community will address many of these issues for its resident population.
- 2.5 Figure 2 shows that the Plymouth sub-region has relatively high levels of deprivation when compared with the county as a whole.
- 2.6 Incomes of Black & Minority Ethnic (BME) households in the Plymouth sub-region are lower compared to those of all households in the sample. 35.9% of BME households had incomes below £10,000, compared to 26.0% in the whole population, and compared to the corresponding UK figure (20.3%) (8).



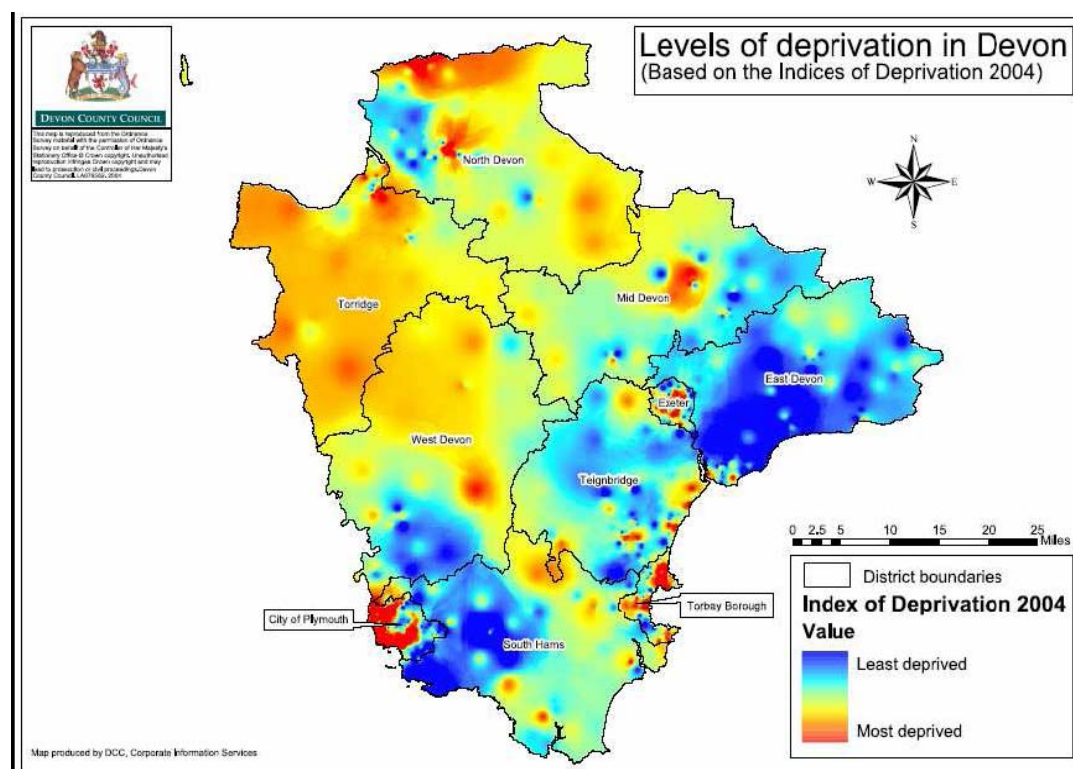
**Figure 2: Devon Indices of Deprivation (2004) Health Domain**



2.7 Figure 3 shows a map of deprivation in Devon using the combined indices of multiple deprivation, including health. Once again it is noticeable how small areas can show up as being deprived and how it is similar to Figure 2 showing the health domain only.



**Figure 3: Levels of deprivation in Devon**



**Population growth and age profile**

- 2.8 The South Hams District has around 11.3% of the total population of Devon County (excluding Torbay and Plymouth). Population change has been very rapid in the past 20 years or so - as in Devon as a whole - population growth in South Hams has been the third fastest in the county increasing by 22.5% (see Table 1).
- 2.9 Table 1 also shows that South Hams (as the rest of Devon) is underrepresented, when compared with national averages, in all broad age categories apart from those over pension age. Provisional projections for Devon as a whole for the next 20 years show actual increases in nearly all age groups, apart from those in their early 50s.

**Table 1: South Hams District: current age profile**

Area	Under 5	5-15	16 to pension age	Pension age +
South Hams	4.6	13.4	57.8	24.2
Devon County	4.7	13.1	58.0	24.2
UK	5.7	14.0	61.8	18.5

Source: ONS and Devon County Council

- 2.10 South Hams also has a slightly higher representation of children and young people between the ages of 5 and 15 than Devon County, but it has an under-representation of people of working age. The population profile of the District underpins the entire economy providing both the workforce and leading the demand for a range of services.
- 2.11 A Housing Market Needs Assessment conducted for the Plymouth sub-region concluded that the pattern for Plymouth City and South Hams forecast an increase in all age bands (8). This is attributed to the economic growth proposed for this part of the Sub-Region, much of which will involve in-migration of skilled people of working age.



Health Impact Assessment

- 2.12 The development of Sherford New Community will be a major contributing factor to growth in the 20-29 age group. The growth in this age group also accounts for the projected economic growth planned for Plymouth by 2026 (8).
- 2.13 Table 2 and Table 3 also show that both South Hams and Plymouth have a comparatively high level of growth in the numbers of older people.
- 2.14 Figure 4 shows the extent of these changes.

**Table 2: Population age band forecast, Plymouth City, 2001 – 2026**

	2001	2006	2011	2016	2021	2026	Change	
							Nos	%
0 – 19	60,700	60,000	57,200	56,800	58,700	61,100	+400	+0.7
20 – 29	32,100	37,200	43,100	44,000	41,300	40,000	+7,900	+24.6
30 – 44	53,500	50,900	48,300	49,500	56,700	61,000	+7,500	+14.0
45 – 64	56,200	59,700	62,900	64,000	62,600	61,400	+5,200	+9.3
65 +	38,500	39,200	42,100	47,000	50,700	54,900	+16,400	+42.6
total	241,000	246,800	253,500	261,300	269,900	278,400	+37,400	+15.5
80 +	10,500	11,000	11,400	12,300	13,800	16,200	+5,700	+54.3

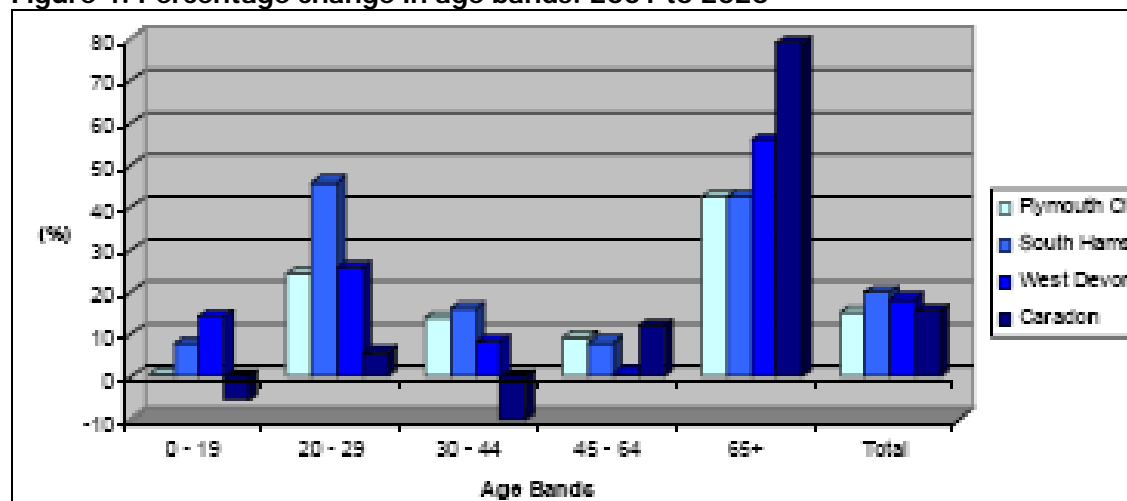
Plymouth City Council (2001-based) (8)

**Table 3: Population age band forecast, South Hams District, 2001 – 2026**

	2001	2006	2011	2016	2021	2026	Change	
							Nos	%
0 - 19	18,707	18,503	17,854	18,003	19,069	20,222	+ 1,515	+ 8.1
20 - 29	6,303	7,388	9,998	10,611	9,710	9,211	+ 2,908	+ 46.1
30 - 44	16,314	15,094	13,746	14,207	16,765	18,965	+ 2,651	+ 16.2
45 - 64	23,503	25,175	26,269	26,433	26,187	25,435	+ 1,932	+ 8.2
65 +	17,096	17,337	18,846	21,123	22,610	24,403	+ 7,307	+ 42.7
total	81,923	83,498	86,712	90,378	94,341	98,235	+ 16,312	+ 19.9
80 +	4,907	5,093	5,410	5,663	6,090	7,109	+ 2,202	+ 44.9

Plymouth City Council (2001-based) (8)

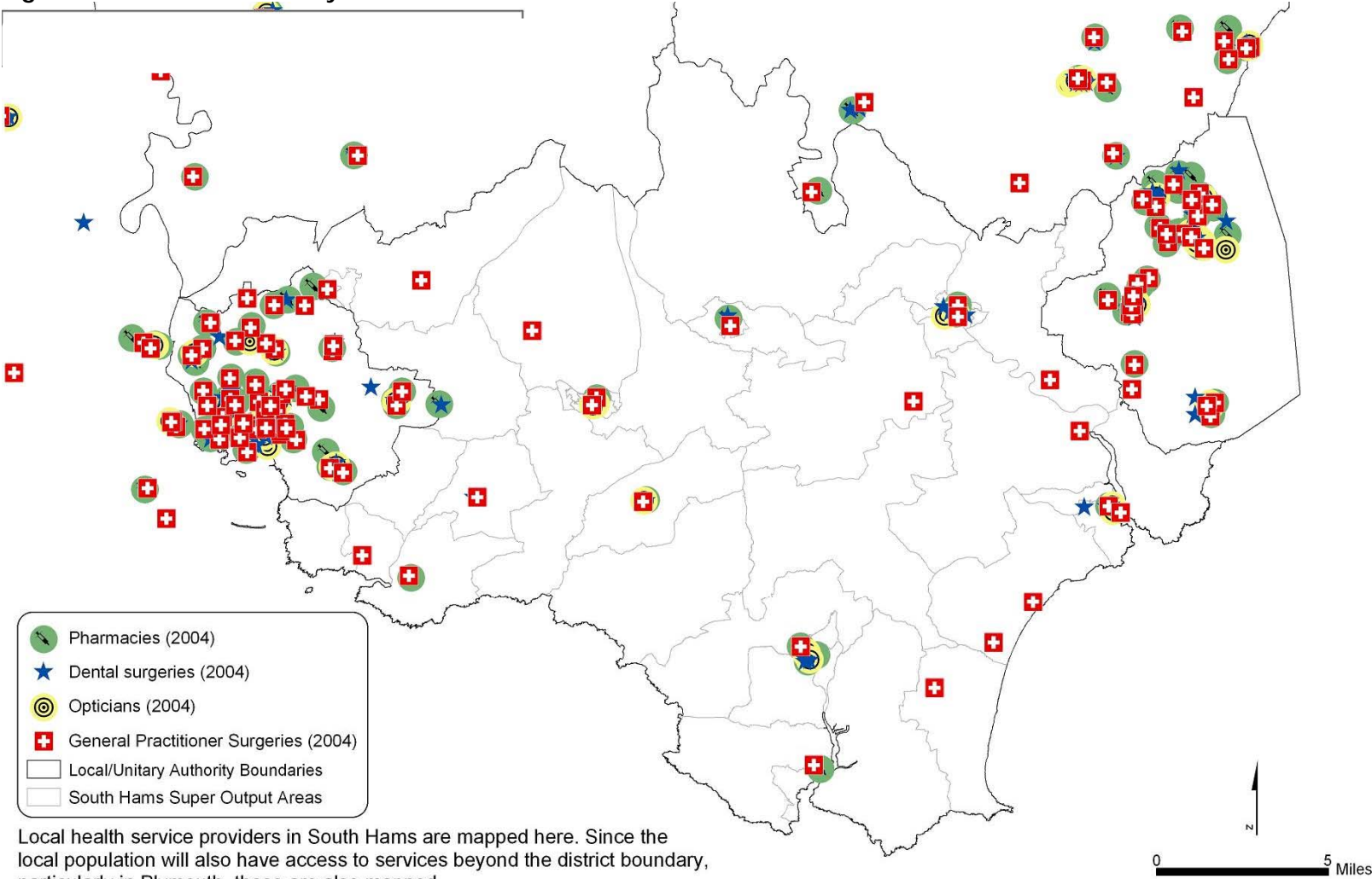
**Figure 4: Percentage change in age bands: 2001 to 2026**



From (8)



Figure 5: South Hams and Plymouth – local health services



Local health service providers in South Hams are mapped here. Since the local population will also have access to services beyond the district boundary, particularly in Plymouth, these are also mapped.



## Population profile: a forecast for Sherford

- 2.15 An understanding of the likely demographic and socio-economic characteristics of the new community will assist in service planning, physical design and community development. Precision estimates cannot be provided but assumptions can be made based on local knowledge, experience from other parts of the country, and routine data sources<sup>1</sup>.
- 2.16 The purpose of this section is to outline the demographic context within which the new community will develop and to present a model of demographic and socio-economic assumptions for the new community. At best these assumptions will provide a context for planners and also offer an opportunity to influence and challenge our understanding of what constitutes a “balanced” community.
- 2.17 The first step is to define the future population of Sherford. 4,000 dwellings are expected to be built in Sherford by 2016 and 5,500 by 2026. In order to predict the number of people that will occupy those dwelling, we have to look at patterns of vacant dwellings and second homes to arrive at a figure for occupied households, and we can then convert this into population using average predicted household size figures
- 2.18 Statistics are produced for five different scenarios, which instead of producing a definitive figure for Sherford will produce a range of possible figures which will largely be dependent on the size and balance of housing type and employment opportunities in Sherford.
- 2.19 **Scenario 1: Plymouth** – This assumes that Sherford will have a similar demographic and socio-economic profile to Plymouth in general. The underlying assumption here is that the town, as the nearest urban area to the city of Plymouth, will socially and demographically be an extension of the city, with similar patterns of work. Plymouth has a younger population, a higher working age population and a greater level of affordable housing than the South Hams in general, and is likely to have more in common with Sherford than South Hams district will in general.
- 2.20 **Scenario 2: South Hams** – This assumes that Sherford will have a similar demographic and socio-economic profile to the South Hams in general, and will be a microcosm of the whole district. As the district contains smaller dispersed settlements this is a less likely outcome, but it does provide an outlier (minimum and maximum possible values) for some of the indicators.
- 2.21 **Scenario 3: South Hams and West Devon Towns** – This assumes that Sherford will have a similar demographic and socio-economic profile to the towns of Ivybridge, Totnes and Tavistock. The underlying assumption is that the new community will be similar in character to the nearest similar sized market towns.
- 2.22 **Scenario 4: Devonport** – This assumes that Sherford will have a similar demographic and socio-economic profile to the ward of Devonport in Plymouth. The reason for this scenario is that Sherford is set to have 40-50% affordable housing, and the ward of Devonport has a similar proportion of affordable housing (council, housing association or shared ownership). The meaningfulness of this model will depend on how the affordable housing quotient in Sherford is defined and implemented. For example, if the affordable housing at Sherford was a mix of housing association, low cost market housing, key workers housing, shared ownership and other schemes, as indicated by the current planning position, the demographic mix would be very different. The communities of Devonport are also effectively geographically segregated. The intensity of observed deprivation and socio-economic and health needs is likely to be exacerbated because the areas are separated in this way. A similar pattern could emerge if all the affordable housing in Sherford was located in one area. The masterplan states that the development will be tenure-blind making the geographical concentration of need lower. Devonport is one of the most deprived wards in Plymouth, so it is likely that this scenario will act as another outlier (minimum and maximum possible values) as provided by the South Hams scenario.

---

<sup>1</sup> The following analysis is provided courtesy of Simon Chant, Devon PCT



- 2.23 **Scenario 5: Efford and Lipson** – This assumes that Sherford will have a similar demographic and socio-economic profile to the ward of Efford and Lipson in Plymouth. The reason for this scenario is similar to the reason for the Devonport scenario in that Efford and Lipson has a fairly high level of affordable housing. However, level of deprivation and socio-economic need in the area are not as high as in Devonport, and the location of the ward on the Eastern outskirts of Plymouth will mean it is closer to the likely characteristics of Sherford.
- 2.24 Scenarios 1 and 3 will probably be closest to the social characteristics of the new community, whilst scenarios 2, 4 and 5 will be likely to provider outliers in the range.

## Population

- 2.25 4,000 dwellings are expected to be built in Sherford by 2016 and 5,500 by 2026. In order to convert this into populations for different scenarios, we have to look at patterns of vacant dwellings and second homes to arrive at a figure for occupied households, and we can then convert this into population using average household size figures.
- 2.26 The figures in Table 4 come from the 2001 Census for the relevant wards and districts for the individual scenarios, with an adjustment applied to the average household size figures to take account of national projections of falling household size between 2001 and 2026 (when Sherford is due to be finished).

**Table 4: Scenarios for the future population of Sherford in 2016**

Measure	Scenario1	Scenario2	Scenario3	Scenario4	Scenario5
Households	4,000	4,000	4,000	4,000	4,000
Vacant (n)	139	124	100	229	115
Vacant (%)	3.48%	3.11%	2.51%	5.72%	2.88%
Second home (n)	13	443	36	21	10
Second home (%)	0.32%	11.07%	0.90%	0.53%	0.24%
Occupied households	3,848	3,433	3,864	3,750	3,875
Household Size (2001)	2.29	2.29	2.33	2.11	2.32
Household Size (2016)*	2.12	2.12	2.16	1.95	2.14
Population	8,142	7,264	8,333	7,311	8,307

\* Source: Reduction in national average household size by 2011 from:  
<http://www.communities.gov.uk/index.asp?id=1002882&PressNoticeID=2097>

**Table 5: Scenarios for the future population of Sherford in 2026**

Measure	Scenario1	Scenario2	Scenario3	Scenario4	Scenario5
Households	5,500	5,500	5,500	5,500	5,500
Vacant (n)	191	171	138	315	158
Vacant (%)	3.48%	3.10%	2.50%	5.73%	2.88%
Second home (n)	13	443	36	21	10
Second home (%)	0.24%	8.05%	0.65%	0.38%	0.18%
Occupied households	5,296	4,887	5,327	5,164	5,332
Household Size (2001)	2.29	2.29	2.33	2.11	2.32
Household Size (2026)*	2.03	2.03	2.06	1.87	2.06
Population	10,745	9,914	10,996	9,654	10,960

\* Source: Reduction in national average household size by 2011 from:  
<http://www.communities.gov.uk/index.asp?id=1002882&PressNoticeID=2097>

\* Using average household size at 2016 and 2026 figures

**Table 6: Projected age structure to 2016**

Age	S1		S2		S3		S4		S5	
	Plymouth		South Hams		Market Towns		Devonport		Efford & Lipson	
	n	%	n	%	n	%	n	%	n	%
00-04	430	5.3%	304	4.2%	387	4.6%	498	6.8%	487	5.9%
05-15	1005	12.3%	891	12.3%	1156	13.9%	1000	13.7%	1120	13.5%
16-24	1161	14.3%	696	9.6%	914	11.0%	1024	14.0%	1349	16.2%
25-44	2312	28.4%	1640	22.6%	2099	25.2%	2303	31.5%	2524	30.4%
45-64	1987	24.4%	2225	30.6%	2310	27.7%	1725	23.6%	1809	21.8%
65-74	645	7.9%	760	10.5%	713	8.6%	425	5.8%	548	6.6%
75-84	432	5.3%	531	7.3%	526	6.3%	253	3.5%	351	4.2%
85+	169	2.1%	217	3.0%	229	2.7%	83	1.1%	119	1.4%
Total	8142	100.0%	7264	100.0%	8333	100.0%	7311	100.0%	8307	100.0%

### Summary of data

- 2.27 Using these scenarios a number of demographic and socio-economic assumptions can be made relating to a new community in South Hams. There is a high level of uncertainty around the specific estimates provided but this demographic analysis provides a foundation upon which further work can be based, particularly once the housing strategy is finalised
- 2.28 Table 4 and Table 5 show that the South Hams scenario (S2) has the lowest, and the Market Towns scenario (S3), the highest projected population.
- At 2016 there are likely to be between 7,264 and 8,333 people in the new community, with a best estimate of approximately 7,900 people. This is achieved by discarding the outliers (S2 and S3) and averaging the population totals for the remaining scenarios (n=7,920).
  - In 2026 this rises to between 9,654 (S4) and 10,996 (S3). Once again the outliers are discarded (S3 and S4) and the remainder averaged to produce a best estimate of 10,550.
  - We issue these estimates with some caution as the calculations involve discarding the Market Towns scenario (S3). As identified above this scenario may share social characteristics with Sherford New Community.
- 2.29 Table 6 shows what the age-profiles will look like. This is difficult to estimate accurately.
- The population age structure is likely to be younger than that of South Hams.
  - The balance of tenure will impact on the demographic, social and economic characteristics of the new community.

### Conclusions: a balanced community?

- 2.30 There is no agreement or prescribed formula as to what constitutes a "balanced" age structure for a new community. Across the country significant variations in demographic structures exist within communities that could be described as balanced.
- 2.31 Extremes in any population structure such as large numbers of young families, single people, or older people brings unique problems. These include:
- uneven demand for schools and other public services as the community develops and age structure evolves over time;
  - increased and potentially uneven demand for services such as public transport, health centres;
  - building social capital in a very young and transient population.
- 2.32 Communities also have a life cycle and demographic transition occurs over time. In the long term if the community is to be sustainable it will be essential to build into the new community choice and mix in housing type, to promote "balance", as well as to ensure homes are built to 'lifetime homes' standards so that houses can easily be adapted to meet the changing needs of the people over time.



### 3. Policy context for the Sherford New Community

#### National Policy

- 3.1 The Wanless Review looked at priorities for public health and identified the risk that demands on the health services, and on the public purse, continue to spiral while public health shows little improvement (10). For public health to improve and for demands on the health service to be contained the public have to become *fully engaged* taking responsibility for their own health whereby:

*... levels of public engagement in relation to their health are high: life expectancy increases beyond current forecasts, health status improves dramatically and people are confident in the health system and demand high quality care. The health service is responsive with high rates of technology uptake, particularly in relation to disease prevention.*

- 3.2 The White Paper on public health, *Choosing Health*, addresses this and stresses the importance of providing the social and economic context for health while also emphasising the role, and responsibility, that individuals have in determining their own health. The *Choosing Health* White Paper focuses on tackling health inequalities and identifies six priority areas for action: smoking, obesity, sexual health, mental health, and alcohol (11).
- 3.3 Wider society, public and private sector, need to provide the social, economic and physical environment within which people have the opportunity to choose a healthy lifestyle (11). The White Paper stresses that a major change is needed in the way *health* issues are addressed: improving health choices involves many players. Many of the required actions for implementing *Choosing Health* are only achievable in collaboration with a range of partners at both local level, such as local authorities, and others at a regional and sub-regional level.
- 3.4 The Wanless report (12) points to the potential for ever increasing costs of, and demand for, health services. The report states the importance of a *fully engaged public* who are able to do what they can to protect and manage their own health and well-being. In order for people to remain independent and to be self-reliant, they need the skills, the personal finance and the environment in which they can 'flourish'. This requires high levels of education and literacy.
- 3.5 This supports the focus this HIA is taking on social cohesion.

#### Our Health, Our Care, Our Say

- 3.6 *Our Health, Our Care, Our Say* (13) highlights the importance of taking action to improve local partnership working and to increase the responsiveness of health providers. Systematic partnership working between NHS bodies, local authorities and other partners is encouraged for instance through joint appointments, pooled budgets and joint commissioning arrangements.

#### Local Government White Paper

- 3.7 *Strong and Prosperous Communities* (14) aims to enhance local leadership on health and well-being and aims to give greater clarity over who is responsible for delivering local health and well-being targets. The white paper gives a stronger voice to overview and scrutiny committees whose role will include scrutinising the response of both local authorities and PCTs to the reports of Directors of Public Health on improving the health of local populations. The paper proposes introducing a new statutory partnership for health and well-being under the local strategic partnership and a formal duty on local authorities and Primary Care Trusts (PCTs) to cooperate.
- 3.8 The White Paper (14) not only advocates local authorities working together, it also advocates an integrated approach to economic development, housing and planning.



## Regional, county and district planning policy

### *Regional Spatial Strategy for the South West*

- 3.9 All the major development proposals such as mixed-use areas and urban extensions should be subject to a Health Impact Assessment, so that the potential impacts of development on health are identified and addressed at an early stage in the planning process (15, policy HE3).

### *County Level - Devon Structure Plan*

- 3.10 The overall strategic context for the western South Hams is largely geared towards meeting the needs of the Plymouth area which cannot be accommodated within the city boundary and the needs generated from within the South Hams. Extensive studies undertaken by the joint Devon Structure Plan Authorities including Plymouth City Council have concluded that in order to fulfil the development needs of the Plymouth urban area and its sub-region strategic development outside of the urban area was needed (16).
- 3.11 Planning Policy Guidance Note 3: Housing (PPG3) recognises that not all development can take place within urban areas. It specifies that where development has to take place outside of urban areas planned extensions to urban areas are likely to prove the most sustainable option. This is especially so where it is possible to utilise existing physical and social infrastructure and where there is good access to public transport, jobs, shopping and leisure facilities.
- 3.12 An urban extension to Plymouth within the Sherford area meets all the above mentioned criteria, and is reflected at structure plan level in the form of a sustainable new community proposal east of Plymouth. The detailed planning of the new community will ensure that opportunities for best practice for sustainability, as in accordance with Planning Policy Statement 1: Sustainable Development (PPS1), are enshrined and incorporated throughout the development.

### *New Communities and Strategic Urban Extensions*

- 3.13 The LDF briefing paper on new communities and strategic urban extensions is Devon County Council's advice to Local Planning Authorities and refer to all planned 'new communities' including free-standing new settlements, semi-independent settlements and urban extensions of existing towns and cities (7). DCC states that the term 'new community' emphasizes the need to create a community rather than just a physical settlement.
- 3.14 The briefing papers (5) include clear direction to conduct Health Impact Assessments on major new developments. It also provides a list of key characteristics for new communities including substantial social and community infrastructure and governance. The briefing paper provides a strong mandate for considering health, wellbeing, health inequalities and cohesion within the wider agenda of sustainability.

### *North Plymstock Area Action Plan*

- 3.15 North Plymstock Area Action Plan's Proposal NP05 relates to the part of Sherford that falls in Plymouth City Council's administrative area (17). A small part of the built form, as well as significant elements of infrastructure, lies within the City boundary to the north of Elburton. The parts of the new community within Plymouth are being considered as part of the North Plymstock Area Action Plan and the main part of the new community in South Hams is the subject of the Sherford Area Action Plan prepared by South Hams District Council (18).
- 3.16 Policy NP05 states that land to the north of Elburton shall be developed to accommodate part of the Sherford mixed use settlement within the city boundary, to meet the daily needs of the community in a high quality environment, including:
- Approximately 320 homes of a variety of tenures and house types, of which approximately 48 are to be social rented housing, 48 shared equity housing (consistent



## Health Impact Assessment

with the approach taken across Sherford as a whole) and 64 built to Lifetime homes standard

- A sports hub, including a sports centre and swimming pool (with compensation for King George V playing fields land)
  - A transport link to Haye Road, including a high quality public transport link and stop at Elburton North
- 3.17 The development should integrate with adjoining areas, provide the infrastructure necessary to serve the site and make an appropriate contribution towards the delivery of off site 'eastern corridor' transport infrastructure improvements. NP05 splits the requirements into the following headings
- sustainable development;
  - design and historic environment;
  - housing;
  - employment;
  - community and services;
  - sport and recreation and open space;
  - transport;
  - infrastructure and utilities;
  - natural environment;
  - environmental protection; and
  - phasing.

### ***Sherford Area Action Plan***

- 3.18 The vision for the new community articulated in the Area Action Plan (18) is:
- sustainable development delivering an excellent quality of life
  - a strong healthy community, not just a dormitory suburb
  - development of a high quality community, with good locally distinctive design
  - a mixed use development prioritising affordable housing, local job opportunities and a full range of community facilities from the outset
  - safe and convenient movement, incorporating a high quality, high capacity public transport system from the outset.
  - clean attractive, high quality public spaces throughout the development including a large scale community park forming the eastern boundary
  - a development which meets the local needs that give rise to it
- 3.19 Policy SNC1 sets out the Strategic Requirements of the AAP: the site at Sherford to the south west of the A38 Deep Lane junction, as shown on the Sherford Area Action Plan Proposals Map, is proposed for the major mixed-use development of a sustainable new community.
- 3.20 The development of a new community at Sherford must satisfy the following key requirements:
- Be built according to a comprehensive Masterplan (to deliver approximately 4,000 dwellings by 2016 and further growth to 5,500 dwellings by 2026) achieved through detailed involvement of key stakeholders leading to the early approval and implementation of an appropriately phased comprehensive development;
  - Provide a town centre and three neighbourhood centres to create a clearly structured development. These centres are located to maximise access to a centre for all Sherford's residents, with at least 80% of all dwellings to be within a 5 minute walk of a centre.
  - Achieve, at each phase of development, a high degree of self sufficiency for the community (including early provision of infrastructure, services, facilities, retailing,



- employment and community support) and a mix of uses which avoids the segregation of land uses and consequent pressures for unsustainable modes of movement;
- Form the easterly extent of development in the area along the bottom of the Sherford Valley (subject to appropriate environmental and flood protection setbacks from the streamway);
  - Be designed to allow any future growth at Sherford (beyond 5,500 dwellings) to be in a westerly direction towards Plymouth;
  - Be well related to Plymouth, Plympton, Plymstock, Elburton, Brixton, Ivybridge and the nearby villages of the western South Hams. In particular to have good sustainable transport links and a mutually supportive range of services and facilities, whilst retaining its own identity and not coalescing with adjacent development;
  - Provide the following economic land use mix:
    - a. Retail and associated service uses of about 16,800m<sup>2</sup> (180,000ft<sup>2</sup>)
    - b. Commercial and employment uses of about 67,000m<sup>2</sup> (720,000 ft<sup>2</sup>)
  - Create and sustain a high quality of community life within Sherford whilst not undermining the quality of community life in neighbouring communities;
  - Deliver an appropriate body to manage the community assets for the benefit of the community, promote sustainable living and support social networks within Sherford and with its neighbours (this will be through the actions of the Community Trust or a similar body) and demonstrate that sufficient sustainable sources of funding are available or can be generated to ensure the long term management and development of the community and its assets.

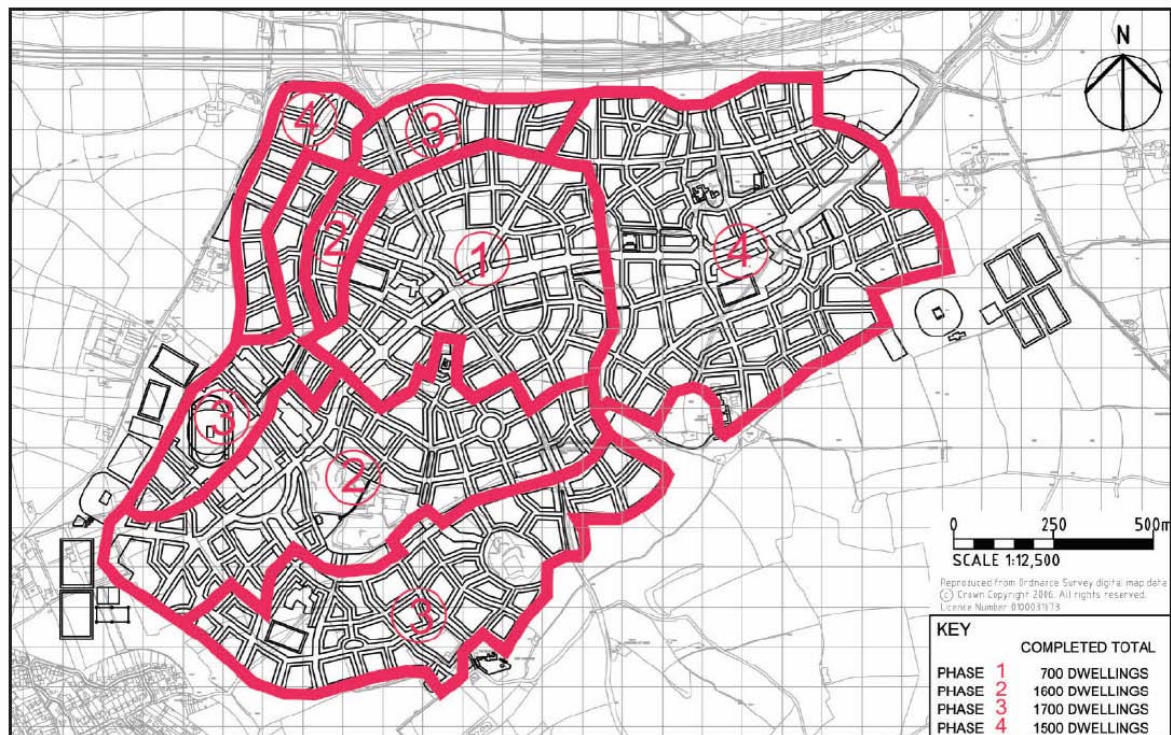


## 4. Description of the Sherford New Community

- 4.1 The Sherford New Community is a large development, located mainly in the South Hams District on the outskirts of Plymouth.
- 4.2 The site is currently greenfield. It is located four miles by road from the centre of Plymouth and is in close proximity to the major strategic employment site at Langage, which includes 25 hectares of proposed employment land in the adopted South Hams Local Plan with a further extension of 17 hectares under consideration. The Sherford new community site is bounded by the A38 to the north and Elburton and Plymstock to the south.
- 4.3 The land comprises a shallow basin largely enclosed by the surrounding landform with slightly higher ground to the north running up to the A38. With substantial woodland to the south and east of the site, it forms a distinct and visually self contained area, giving a strong sense of enclosure to the site. There are slopes within the valley of varying steepness and orientation making the landscape interesting and complex.
- 4.4 The AAP states that the development will include (18):
- approximately 4,000 new dwellings by 2016, possibly increasing to 5,500 by 2026 and be planned to accommodate further development beyond 5,500 dwellings to the north west of the current proposed site;
  - up to 67,000 square metres of business and commercial space;
  - up to 16,800 square metres of mixed retail accommodation;
  - community and sports facilities, including a youth centre;
  - open space facilities, including a Community Park;
  - three primary schools and one secondary school;
  - one Health and Social Care centre; and
  - a Park and Ride interchange at Deep Lane junction.
- 4.5 It will also include a High Quality Public Transport service with excellent links within the site running along the main high street and neighbourhood centres, as well as to Plymouth City Centre.
- 4.6 Development within the Plymouth area is severely constrained by national and strategic designations, river valleys and mineral resource areas. The Sherford location is, unusually for the area, largely free of strategic and local constraints.
- 4.7 The Devon Structure Plan has required that Sherford provides for at least 4,000 homes by 2016 and be capable of accommodating further development beyond 2016. However, the emerging South West Regional Spatial Strategy (at Submission stage) now extends the time horizon and introduces the longer term requirement for 5,500 dwellings at Sherford by 2026. It is anticipated that Sherford will deliver 4,000 dwellings by 2016 and will go on to deliver around 5,500 dwellings by about 2021. This is considered an appropriate rate of delivery for this site and for the needs of the sub-region at this time.
- 4.8 The development site comprises approximately 415 hectares of land, of which approximately half will be dedicated to the community park. The land is mainly farmed, with both pasture and arable fields and some individual stands of trees generally along the line of the valleys. Field sizes and shapes are irregular, reflecting the contours and the varied shape of the land. There are some well established hedges with mature hedgerow trees. However, the tree cover generally is less than that found in most of the South Hams area.



**Figure 6: Phasing strategy for Sherford**



- 4.9 The Examination in Public Participant Document 1 (EIP PD1) demonstrated that the Sherford area is relatively free of constraints and concluded that it was the most sustainable and best location to deliver a new community (18). The landscape is more open than much of the South Hams and only relatively minor issues were identified relating to biodiversity, archaeology and general environmental assets, all of which are expected to be addressed and suitable mitigation measures proposed within the Environmental Impact Assessment. The area relates well to the rest of Plymouth, including the employment growth area of Langage and two key radial routes into the city, and is well-placed to accommodate potential further growth. Since PD1 was prepared, more detailed investigations have continued.
- 4.10 The Sherford AAP identifies the key principles for the design of the neighbourhoods within Sherford. Each neighbourhood should;
- Provide for the daily needs of its community (such as access to local shops, post office, children's play areas, bus stops and open space) within a 5 minute walk or short public transport journey.
  - Be compact and pedestrian friendly, providing a focus for community life.
  - Provide a variety of mixed dwelling types and tenures within mixed use areas which will accommodate a socially diverse and balanced community.
  - Locate civic and commercial activity within the heart of the neighbourhood, rather than in single-use, isolated, car dependent locations.
  - Provide a basic structure of interconnected public streets, squares, greens, open spaces and parks that provide a continuous and varied public realm, overlooked by buildings that provide natural surveillance and contact from those living and working inside, and which are linked by green ways to the community park that forms part of the wider structure of open space for the region.
  - Make a clear distinction between public space and private space providing an essential balance between community and privacy.
  - Ensure public transport is built-in, and made viable by the location of mixed uses and appropriate higher densities close to the public transport stops.



## Health Impact Assessment

- Acknowledge and accommodate the presence of cars, but design streets to avoid excessive speed, traffic volumes and air pollution in order to protect pedestrians, cyclists and people with impaired mobility.
- 4.11 Climate change is a consideration and the development will seek to minimise carbon dioxide emissions. The design must therefore achieve the following objectives:
- Minimise the need to travel by private car;
  - Maximise opportunities for alternatives – foot, bicycle and public transport;
  - Minimise the overall need for travel by maximising community self sufficiency and accessibility to daily needs;
  - Maximise energy efficiency and building performance, including utilising new ways to influence the design and construction of future buildings;
  - Maximise opportunities to generate renewable energy and heating resources for the benefit of the community;
  - Provide for efficient waste management and minimisation;
  - Enhance biodiversity in order to create a positive gain over and above the current position;
  - Promote healthy living and opportunities for sport and recreation and
  - Maximise the sustainability of construction and the opportunities for sustainable lifestyles.
- 4.12 Sherford Town Plan also includes:
- Streets which are laid out on a grid or network, providing several routes to every destination with a range of different street types depending on the location and role that the street plays in the hierarchy of routes. This distinction will assist the legibility of the community.
  - Neighbourhoods which connect seamlessly but are limited in size, so most people live within a 5 minute walk of a neighbourhood centre, where daily needs are provided for, and locals and passersby interact. Traffic is invited into the centre but it is managed for the pedestrian and cyclists. Buses pass through efficiently.
  - Variable neighbourhood density generally increasing from edge to centre.
  - Buildings which are adaptable and suitable for mixed use. A mixture of small and large houses, outbuildings, apartment buildings, shops, restaurants and offices, all compatible in size and massing.
  - Civic and community buildings that are placed on squares and at key junctions in the heart of the neighbourhoods making them accessible but also recognising their role as landmarks.
  - Streetscape qualities and features such as continuous footpaths, street proportions, street trees, building orientation and setbacks which are designed to encourage people to walk cycle and drive safely; these elements are brought together through the use of design codes.
- 4.13 Additional principles for good community making have developed in line with the more contemporary view of the sustainability agenda, and have been incorporated into the Sherford Town Plan, and include:
- Prioritisation of walking, cycling and regular, high quality and efficient public transport, supported by a Sustainable Travel Organisation which will promote a range of innovative measures including, personalised travel planning and a travel planning website to help to support and change travel behaviour.
  - Early engagement of residents and other stakeholders within the planning and design process and the future management of community resources. Conserving and enhancing valuable local biodiversity wherever possible.
  - Developing strategies which optimise energy conservation, reduce energy demand and maximise the generation of energy and space heating from renewable sources on site or locally.



## Health Impact Assessment

- Public parks, school sites and wetlands and other open spaces should be managed to conserve and enhance biodiversity, whilst maximising recreational use, environmental learning, civic involvement and community development opportunities. This connects residents to each other and to the place in which they live, reinforcing a sense of 'place' and deepening their commitments to and support of their community.
- Sustainable funding of management and maintenance to ensure a high quality public realm.



## 5. Social Cohesion

*Social cohesion is a context in which individuals have opportunities and capabilities which allow them to participate socially and economically within their neighbourhood, community and society at large.*

- 5.1 The main theme to be drawn from the consultation with key stakeholders and the empirical evidence concerns *how the development of the new community is able to generate and sustain a sense of social cohesion and belongingness amongst the community residents.* For this reason we have deemed social cohesion to be the most important goal or outcome that the new community development should aim to deliver. However, in attempting to deliver and create a cohesive community it is necessary to recognise the constituent parts of what makes up a cohesive community or neighbourhood. Generally speaking cohesion is about the ability of a society and community to function well together around a set of common values. At the local level, cohesive communities are ones in which people: trust and get along with each other and have a sense of belonging; respect diversity and are tolerant; and promote fairness to ensure that community members have similar life chances.
- 5.2 Using the evidence produced by the consultation and review of the empirical literature we propose that social cohesion is facilitated by an inter-dependent mix of social and economic mechanisms embodied within the new community development plans such as transport and connectivity, local governance structures and the associated civic institutions, the design of the urban built environment and the local economic 'health' of the community particularly in terms of whether the inhabitants are employed. Working together and delivered in a joined up fashion these socio-economic mechanisms will help to generate and sustain a cohesive community that will contribute to a variety of social goods in particular the health and well-being of local residents.
- 5.3 Cohesion is about the ability of a society to function well together around a set of common values. At the local level, cohesive communities are ones in which people:
- trust and get along with each other and have a sense of belonging;
  - respect diversity and are tolerant; and
  - promote fairness to ensure that community members have similar life chances.
- 5.4 At the national level, a cohesive British society is one in which people have a clear idea of what is expected of them and share a common set of values that transcend ethnic, religious or other identities.
- 5.5 Cohesive communities are central to many key government objectives, including:
- preventing and managing conflict and tension;
  - increasing levels of cooperation between individuals and communities and
  - improving their ability to get along;
  - reducing health inequalities and generating health gains.
- 5.6 However, there are significant challenges to promoting cohesion. Individual communities may be experiencing very specific changes and can face very different challenges for cohesion. The same factors that develop or improve cohesion in one community may reduce cohesion in other communities. For example the development of a new community at Sherford might, indeed should, act to improve the quality of life for its residents. There is a risk that this could cause resentment in other areas, unless carefully handled such as Elburton and Plymstock amongst others. A number of consultees have pointed out how Sherford may develop to the detriment of the surrounding towns and villages in terms of the new community becoming the centre for service provision and detract services and investment from the surrounding areas. This could cumulatively concentrate wealth and services within Sherford and lead to an increase in sub-regional inequalities which will not be conducive to the social cohesiveness of the sub-region.
- 5.7 In order to create a socially and economically cohesive community in Sherford the development must enable and facilitate a combination of factors such as economy, housing,



transport, services and facilities and promote local/micro democratic forms of community governance. *This will ensure that individuals are provided with the social and economic opportunities and capabilities to participate within their community and society at large.*

- 5.8 In terms of the discussion of cohesion specifically the consultees felt that a sense of belonging could be created by the development of a community centre embodied within the establishment of the multi purpose community building (health and well-being centre). This will provide a range of social services and act as an informal and formal context in which community members are able to interact and meet one another.
- 5.9 Views were also expressed amongst the consultees that the development should be contextualised within the surrounding areas and region in order to prevent the new community from becoming isolated from neighbouring towns and villages in a social and economic sense but also in relation to social identity. Consultees questioned whether the new community and its residents would adopt an area specific identity particular to that region or adopt the identity and cultural values of Devon more widely.
- 5.10 In some ways Plymouth is atypical in Devon as it has a large urban nature, a legacy of heavy industry, a strategic military importance and disadvantaged communities.
- 5.11 Perhaps the most important mechanism by which the development will facilitate the creation of social cohesion and governance is through the creation of institutions that will help create and manage the views and needs of local residents. These will play an important role in the development and management of local forms of democracy, increasing the participation and ownership of residents in the development of the community, and improving the long-term sustainability of the community particularly by holding local political representatives to account.
- 5.12 The majority of stakeholders who have been interviewed consistently refer to, and question how, the development of the new community will encourage community/social cohesion. What services will be provided that will facilitate the interaction of individuals and groups in the local area? How will Sherford new community contribute more widely to the cohesiveness of Devon and also the South-West.
- 5.13 Another major issue that has arisen relates to how the new development will contribute to the regeneration of the region, i.e., how will it facilitate the social inclusion of deprived and unemployed groups within Devon. Will job opportunities be mainly taken up by the new residents of Sherford or filled by incomers from the surrounding region? Evidence from the public health literature suggests that the employment opportunities generated by regeneration or the creation of a new community tend to be taken up by those living outside the development.
- 5.14 In the following sections we discuss, using the empirical evidence base and consultation with key stakeholders, how the various social and economic mechanisms embodied within the new community development of Sherford will impact upon individual health and well-being and generate social cohesion within the new community.



## 6. Services

### Key issues

- 6.1 Consultees involved in childcare provision stated that the capacity of the new community to deliver pre school provision should be addressed. Consultees commented that the surrounding villages would not be able to accommodate new and increased demand generated by Sherford residents for pre-school provision. In addition childcare services should have their own premises rather than sharing a flexible space with other civic organisations and groups. They also commented that developers and organisations associated with the new community planning, development and delivery should recognise the link between childcare provision and the ability of residents to access employment opportunities within and outside the new community. Without adequate and affordable child care facilities certain groups such as the socio-economically disadvantaged in particular lone parents will experience difficulties in accessing employment opportunities. Further they felt that that school and educational facilities will be the major drivers of social cohesion in the initial stages of the new community development. In combination schools could also act as major conduits of youth service provision in the initial stages of the development, helping to manage and direct the provision of services, i.e., they may be in a better position to decide what is appropriate for local young people in terms of their needs.
- 6.2 A number of key consultees stated that the needs of young people need to be taken into account from the early stages of the development and in the phasing of the new community. Youth service provision is an important issue given the projected demographic profile of the population. The provision of physical spaces where young people can congregate such as sports fields/play grounds/community centres will be important mechanisms by which they can interact amongst themselves but also feel socially included within the community.
- 6.3 The academic evidence relating to the association between the provision of youth services and rates of youth violence and other social problems is limited. However, anecdotal evidence from a variety of national and international contexts as well as the experience of consultees suggests that providing football pitches, basketball courts and play grounds amongst other things are important in preventing youth crime. It is important for the whole community that young people recognise that their needs and wishes have been taken into account.
- 6.4 Both schools and the youth service have a role to play in generating a sense of cohesion amongst the youth population. Schools are an important context in which children interact and bond with their peer groups. The relationships formed within this context can then be supplemented, supported and strengthened by the wider local community through the provision of services that consider young people's particular needs.
- 6.5 In addition to this consultees noted that the needs of other demographic groups, such as the elderly and ethnic minorities, should also be accounted for and considered within the design of services for the new community, i.e., there should not be an exclusive focus upon youth provision.

*Because these communities will attract predominately young couples – in 10-15 years time there will be a major need for youth services. As they are building some family homes from the start then there will be some need from the beginning. Once you have a certain size population a full youth centre will be needed otherwise you could end up with a lot of other problems such as teenage pregnancy and youth violence.*

*Youth services have an important role to play in generating social trust and cohesion amongst the young people themselves but also by helping to represent and manage their needs to the wider local community ... A youth service can help young people to be seen in a better light by the local community and not just as a 'problem' group of hoodies and underaged drinkers.*



## Description

- 6.6 Services includes: education; health and social care; recreation and leisure; and emergency and essential services. These elements play a vital role in creating sustainable healthy communities.
- 6.7 The importance of service provision and the role that it plays in creating sustainable communities is easy to understand. However, the process of planning for and delivering services is subject to a wide range of challenges. The most important being the demographic profile of the population for whom the service is planned.
- 6.8 It is important that services are provided to meet the needs of both the existing neighbouring and proposed population, meaning that it is vital to have a good understanding of the population profile of the surrounding communities. Whilst this is possible for the existing surrounding population it is significantly harder to determine what the likely effects will be for the proposed population.
- 6.9 The influx of a new population will impact on the provision of health care, education and other services within the development and the surrounding towns and villages.
- 6.10 Health and social care centre planned for the new development (18, policy SNC11). Up to 7,000m<sup>2</sup> for a range of services. Devon PCT has indicated its service requirements for the development (18, para 7.30ff) although all commentators note the demographic profile of the population for whom services are planned is critical and there are significant difficulties in determining the profile of the new population. However, the facility is planned to serve a wider population that just Sherford and the demographics of this area are well documented.
- 6.11 Primary schools in the Town Centre Neighbourhood (18, policy SNC11), the Western Neighbourhood Centre (18, policy SNC12) and the Eastern Neighbourhood Centre (18, policy SNC14). Each for 420 pupils with pre-school and Educare facilities and necessary sports facilities to be provided.
- 6.12 Secondary school for 825 pupils and capable of expansion (18, policy SNC12). All educational facilities to be available to wider Sherford community (18, policy SNC11, SNC12 and SNC14).
- 6.13 **Community Facilities:** A full range of services and facilities for community welfare and self sufficiency appropriate to a town of at least 12,000 people is required to be provided in a sustainable form by the developer for the community at Sherford.
- 6.14 Early provision of local services and facilities will be required in phase with development and at locations accessible by sustainable transport initiatives and based upon a 'walkable community'.
- 6.15 The majority of these will be located within the town and neighbourhood centres in accord with Policies SNC 11-14. There are some exceptions:
- allotments (4ha) to be distributed proportionally within the mixed use neighbourhoods.
  - facilities which should be located in or adjacent to the Community Park. These include at least the following:
    - a minimum of one café/shop;
    - a minimum of one public house;
    - a club house/changing rooms associated with sports
    - pitches in the north eastern corner of the park;
    - a re-use/repair/recycling and composting site;
    - a depot for maintenance of public spaces within the town
    - and the community park;
    - a cemetery / memorial garden.
  - residual of the allotment provision, if not wholly provided within the mixed use neighbourhood areas.



## Health Impact Assessment

- 6.16 Future proofing of Sherford to allow for its expansion (particularly to the north west) beyond 5,500 dwellings
- 6.17 Ensuring that Sherford's facilities are accessible to and benefit neighbouring communities both in the South Hams District and Plymouth City
- 6.18 **Local facilities:** Wide range of facilities to be provided which appear to cater for a range of ages: youth centre, pub, town hall, library, community theatre/cinema (18, policy SNC12).
- 6.19 **Food access:** A medium sized food store will be located in the Town Centre (18, para 7.99). organic farm, 4ha of allotments to be distributed within the mixed use neighbourhoods (18, policy SNC4). SNC9 identifies that an organic farm be incorporated into the community park, subject to a viability assessment.
- 6.20 **Co-location and integration:** Changing use of health and social care facilities discussed (18, para 7.30ff). Policy SNC9 describes how sports facilities can be co-located with education and health facilities (18, para c).
- 6.21 **Health and social care facilities:** Effect on, and requirement for, health services is included in the document. Health and social care centre planned for the new development (18, policy SNC11). Up to 7,000m<sup>2</sup> including range of services. Devon PCT and Devon County Council's Adult and Community Services has indicated its service requirements for the development (18, para 7.30ff).
- 6.22 **Education:** Primary schools in the Town Centre Neighbourhood (18, policy SNC11), the Western Neighbourhood Centre (18, policy SNC12) and the Eastern Neighbourhood Centre (18, policy SNC14). Each for 420 pupils with pre-school and Educare facilities and necessary sports facilities to be provided. Secondary school for 825 pupils and capable of expansion (18, policy SNC12). All educational facilities to be available to the wider Sherford community. (18, policy SNC11, SNC12 and SNC14)

## Opportunities for health improvement

- 6.23 The masterplan proposes that two supermarkets will be created within the development, one catering to higher order goods and the other lower order, i.e., cheaper. This provision of retail facilities within the Sherford new community development have the potential to affect health in a number of ways, namely through access to food, diet and the impact on small retailers. Other ways in which health could be impacted upon are through employment opportunities and accessibility linked to transport, these issues are dealt with in more detail in other sections.
- 6.24 The recent UK White Paper on Public Health (11) describes the importance of actions to 'secure better access to healthier choices for people in disadvantaged groups or areas', noting that 'deprived communities often lack good local access to places to buy fresh fruit and vegetables'. Policies to combat diet-related health inequalities have therefore been a priority (12;19-21) but evidence informing where, when and how to reduce these inequalities has been thin on the ground.
- 6.25 Little evidence exists relating to the health impacts as a result of large-scale retail interventions and regeneration in terms of food access and choice. Wrigley *et al* (22) note a 'cannibalisation' of trade from other supermarket stores. The suggestion is that in terms of retail structure the impacts of large-scale retail interventions may be negative (23). This would imply shop closures and redistribution towards the new facility rather than a widening of food choice and accessibility. (24;25).
- 6.26 **Small retailers:** PAT 13 (20) states that the Government (national and local) needs to better understand the wider economic importance of small retailers as the linchpin of a sustainable business base in neighbourhoods. Indeed the masterplan proposes that small, low margin retailers will be protected in terms of rental agreements in order to prevent the community and the high street from being monopolised by large scale multi-national retailers. In terms of creating a socially and economically cohesive community this is an important proposal that must be adhered to over the course and phasing of the development. For example, while small retailers are very vulnerable they provide vital



employment opportunities (part-time jobs in particular), and so have a positive impact on the quality of life of people living in these communities particularly for those groups such as lone parents and the elderly for whom it may not be feasible or realistic to enter the workforce on a full-time basis. As noted in the governance chapter they can also serve as local hubs or sites of informal social interaction and providers of local information which aides in the development of bonds between residents. As opposed to the more formal mechanisms of social interaction such as community groups and trusts. Therefore these retailers will be particularly important in the initial stages of the development, characterised by the absence of formalised groups and in which people will be in the process of forming social relations with their fellow residents. This informal interaction is important for groups such as the elderly. In terms of health this will also help to reduce the sense of social isolation that may be experienced by groups such as the elderly.

- 6.27 It is likely that Sherford New Community will require more than one supermarket. It is likely that different providers will be invited onto the development. The balance must be struck between providing choice for Sherford residents and creating inequality. Choice, in retail terms, only exists if you have money.
- 6.28 **Diet and food access:** No mention is made in the masterplan proposals as to the nature of the actual retail provision particularly in terms of whether fast-food retailers will be allowed to locate in the high street or in the community.
- 6.29 In terms of health this is important as there has been growing interest in the ways in which features of the local food environment may be related to the dietary habits of individuals. There is some evidence that the dietary patterns of individuals differ across neighbourhoods and that these differences may not be wholly attributable to individual-level socioeconomic characteristics. Studies in the United States have shown that the number of supermarkets is lower (26) and the number of off-licences and fast food outlets higher (27-29) in more deprived neighbourhoods. In turn, the availability of services and amenities (such as grocery stores, pharmacies, as well as recreational spaces) may facilitate or constrain a person's ability to engage in health-promoting behaviours such as eating fresh vegetables, obtaining medicines, or getting regular exercise (30;31). The community trust could encourage a gardening club, with free seeds and advice and the potential for a small nursery / garden centre exists. Dwellings with private gardens will be allocated space for crop growing, appropriate topsoil will be provided and advice given on appropriate vegetables for the site. We understand that the organic farm could provide produce to the community, local schools and hospitals.
- 6.30 There is also evidence which argues against the processes described above. A recent study (32) examined the relationship between being overweight in preschool children and three environmental factors
- the proximity of the children's residences to playgrounds
  - the proximity of the children's residences to fast food restaurants and
  - the safety of the children's neighbourhoods.
- 6.31 The authors found that within the study population of urban low-income preschoolers, being overweight was not associated with proximity to playgrounds and fast food restaurants or with the level of neighbourhood crime.

### Potential health risks

- 6.32 **Youth service provision:** One of the major social risks posed by the development is the notable absence of youth service provision. SNC11 point 'e' does propose that a children's centre will be affiliated with the Health and Social Care Centre. The needs of older children, i.e., young people are also important.
- 6.33 Youth service provision is an important issue given the projected demographic profile of the population. The provision of physical spaces where young people can congregate such as sports fields/play grounds/community centres will be important mechanisms by which they can interact amongst themselves but also feel socially included within the community.



## Conclusions

- 6.34 Partnerships should be established to give local producers of fruits and vegetables preferential access to market opportunities in Sherford. Community cafes and small local food retailers, which offer nutritious and locally produced foods, operate locally and should be incorporated into neighbourhood centres.
- 6.35 Youth provision needs to incorporate plans for the employment of workers, provision of informal shelters and formal youth service facilities as well as ensuring young people have access to other community facilities.



**Health code 1: services**

<b>Strategic principle</b>	<b>Developer contribution</b>	<b>Design requirement</b>	<b>Management requirement</b>	<b>Monitoring and review</b>
<p>A full social infrastructure, health, social care, retail, leisure, education and emergency services and associated facilities for community welfare and self sufficiency appropriate to a town of at least 12,000 people</p>	<p>Resources to fund services and facilities will be identified prior to the arrival of the population to enable services and facilities to be provided in phase with the development.</p> <p>Resources for a full demographic profile and associated social infrastructure needs assessment</p> <p>Start-up and innovation funding for small businesses especially retail</p>	<p>Services and facilities to be provided at locations accessible by sustainable transport initiatives and based upon a 'walkable community'</p> <p>Site allocations required</p> <p>Spaces for small business retailers</p>	<p>Full and ongoing assessment of service needs to inform provision</p> <p>Involvement of statutory and voluntary sectors and the public in South Hams and Plymouth</p> <p>Preferential tenancy agreements for small local businesses</p> <p>Support for small businesses through successful and unsuccessful business cycles</p>	<p>... Provision of services and facilities in phase with the development.</p> <p>... Levels of uptake of services by new community residents and by residents from neighbouring villages.</p> <p>... Levels of satisfaction with services.</p> <p>... Access needs of all population groups are considered</p> <p>... Completion and implementation of social infrastructure needs assessment.</p> <p>... Long-term viability of local businesses.</p>
<p>A sense of cohesion amongst the youth population and strengthening youth service provision</p>	<p>Specific facilities and services geared towards young people are provided for. Other community facilities (libraries, health, leisure services etc) also consider the needs of young people.</p>	<p>Principle of youth services provided at central and accessible location. Space is allocated for youth provision. Flexibility in design.</p>	<p>Ongoing consultation with young people to gain their insights into the design and governance of facilities. Services (school and community based) provide the context in which children interact and bond with their peer groups.</p>	<p>... Identify the service needs of particular age groups such as 0-4, 5-11, 12-16, 16-18 year olds.</p>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
			Full and ongoing assessment of service needs to inform provision Community Development Worker to run intergenerational projects to reduce potential for conflict between generations.	... Identify the service needs of all age groups. ... intergenerational projects ... Satisfaction of all age groups ... Sense of attachment to Sherford



## 7. Transport and connectivity

### Key issues

- 7.1 A number of important issues arose from the consultation with the key stakeholders. Firstly is the need for a public transport system that is reliable and affordable. Consultees stated that this will enable residents to access services and facilities within the new community but also those of the surrounding communities. This is particularly important in order to prevent a sense of social and geographical isolation from developing amongst the new community residents.
- 7.2 Secondly a reliable, efficient and affordable public transport system will also enable groups such as the socio-economically disadvantaged, i.e., the unemployed and those who lack access to a car to access the employment opportunities which exist in and around the new community. This will therefore increase rates of social inclusion and social mobility amongst the socio-economically less well off residents of the new community.
- 7.3 Thirdly the road junction and the volume of traffic that is anticipated within the new community was cited by a number of consultees as being of major importance in the development. Questions were raised as to how best to manage and reduce the potentially heavy traffic flows through the high street of the new community. In terms of health of local residents, heavy traffic flows are likely to generate increased rates of pollution which will have negative effects on the health and well-being of the residents.
- 7.4 Consultees also noted that transport has a crucial role to play across a number of domains such as economy and in generating a sense of social cohesion within Sherford but also to the wider geographical area. Effective, affordable and reliable transport routes and services will help to ensure that residents are able to access employment opportunities, goods and services in the wider region.

### Description

- 7.5 The Masterplan and developer proposals state that the physical layout of the town is a gridded network of streets which minimise walking distances between home, workplace, schools shops and other daily needs. All streets are to be laid out and designed such that speed limits are self-enforcing, for example using building deflections, limiting visibility and changes to materials.
- 7.6 The developers propose a permeable network of streets in a deformed grid formation provides a choice of routes to every destination. This form of more permeable network encourages cycling by providing the cyclist with a series of alternative routes which they choose to navigate depending upon traffic conditions, topography and cycling ability [and] ... All streets within the community are suitable for cycling.
- 7.7 Walking and cycling hierarchy: ideally the fundamental starting point for the design principles should be the needs of walkers and cyclists (33). The AAP states it is crucial to the success of Sherford that the urban design encourages walkability and mixed uses, promotes the use of sustainable modes of transport and reduces dependency on the car. In conjunction the developers propose that walking and cycling should be the predominant mode of travel for short- and medium journeys within the town. All streets within the development are intended to be suitable for cycling. This approach will be achieved by using the layout, i.e., buildings, car parking and landscape to keep traffic at speeds of 20mph or less. Cyclists will be encouraged to share space with vehicular road users due to reduced vehicle speeds(34).
- 7.8 While South Hams may be clement it is also wetter than many parts of UK. Whilst the weather is a given, urban design, economic policies and a lack of practical cycle routes and walking routes can also create barrier to walking/cycling. There is a strong case for coherent and prioritised cycle routes directly into the city and over the A38 to langage and beyond. .



- 7.9 **Home Zones:** the 'Home Zones' initiative aims to create an attractive residential environment in which people have a good quality of life and a greater degree of priority over vehicles. A Home Zone is a place where vehicles travel at walking pace and pedestrians share the carriageway with vehicles; where paving can replace tarmac; where trees, flowers and shrubs can be introduced; and where neighbours and friends can sit out and talk and children can play safely.
- 7.10 Possible outcomes of the initiative can include:
- Improved quality of life by reducing the impact of car use and improving the local environment
  - Improved air quality resulting from reduced traffic levels
  - Improved road safety due to traffic calming elements and reduced car use in local streets
- 7.11 **Walking:** The Ramblers Association responded to other earlier planning applications by stating that the width of footpaths should be wide enough to permit people to walk side-by-side. The links with, and access into, the surrounding countryside will be an important part of the identity of Sherford and of protecting and promoting health and wellbeing. The country park will play an important role in this respect.
- 7.12 **Accidents:** The transport assessment prepared as part of a planning application by one of the developers has stated that a nil detriment impact in terms of accident severity, location and occurrence will result from the development and the infrastructure required in delivering Sherford will create a markedly different driving environment where the management of speeds and vehicular movements will be subject to a greater degree of control (35).
- 7.13 The site will undergo a drastic change in use from a rural area to an urban settlement. It is clear that the levels of traffic will rise and the ways in which the roads are used will change accordingly. The TA describes a number of fatal and severe accidents that are described as commensurate with the nature of the roads. The pattern of Road Traffic Incidents will change as Sherford New Community develops and the design of the roads and buildings slows the traffic.
- 7.14 **Public transport:** the Plymouth Eastern Corridor Study (PECS) (36) investigated the options to serve the corridor which will see significant residential development over the forthcoming decade. The PECS recommends a Bus Rapid Transit service operating from a Park and Ride at Deep Lane on the A38 and travelling through Sherford New Community and Plymstock Quarry into Plymouth City Centre. The PECS states that the service will need to achieve an average speed of 30mph to have sufficiently quick journey times to be high quality. The study recommends priority measures for the bus service and where appropriate, separate road space. The bus could travel faster (up to 50mph) when it is on a fully segregated route and be limited to 20mph within Sherford. The study was conducted before the Sherford transport assessment
- 7.15 Poor access to transport is experienced disproportionately by women, children and disabled people, people from minority ethnic groups, older people and people with low socio-economic status. These groups find their access is reduced to services such as shops and health care and they spend a higher proportion of their resources on transport (19, p56).
- 7.16 It is noted above how transport enables people to get access to goods and services: cost and availability of transport is a key determinant of post-16 education choices (37). Given the likely the young demographic profile of the new community it is clear that affordable and reliable public transport is critical to the long-term sustainability of Sherford.
- ... the buses must be cheap and not run late!! The existing service for this side of the city (east) is very poor.*

## Opportunities for health improvement

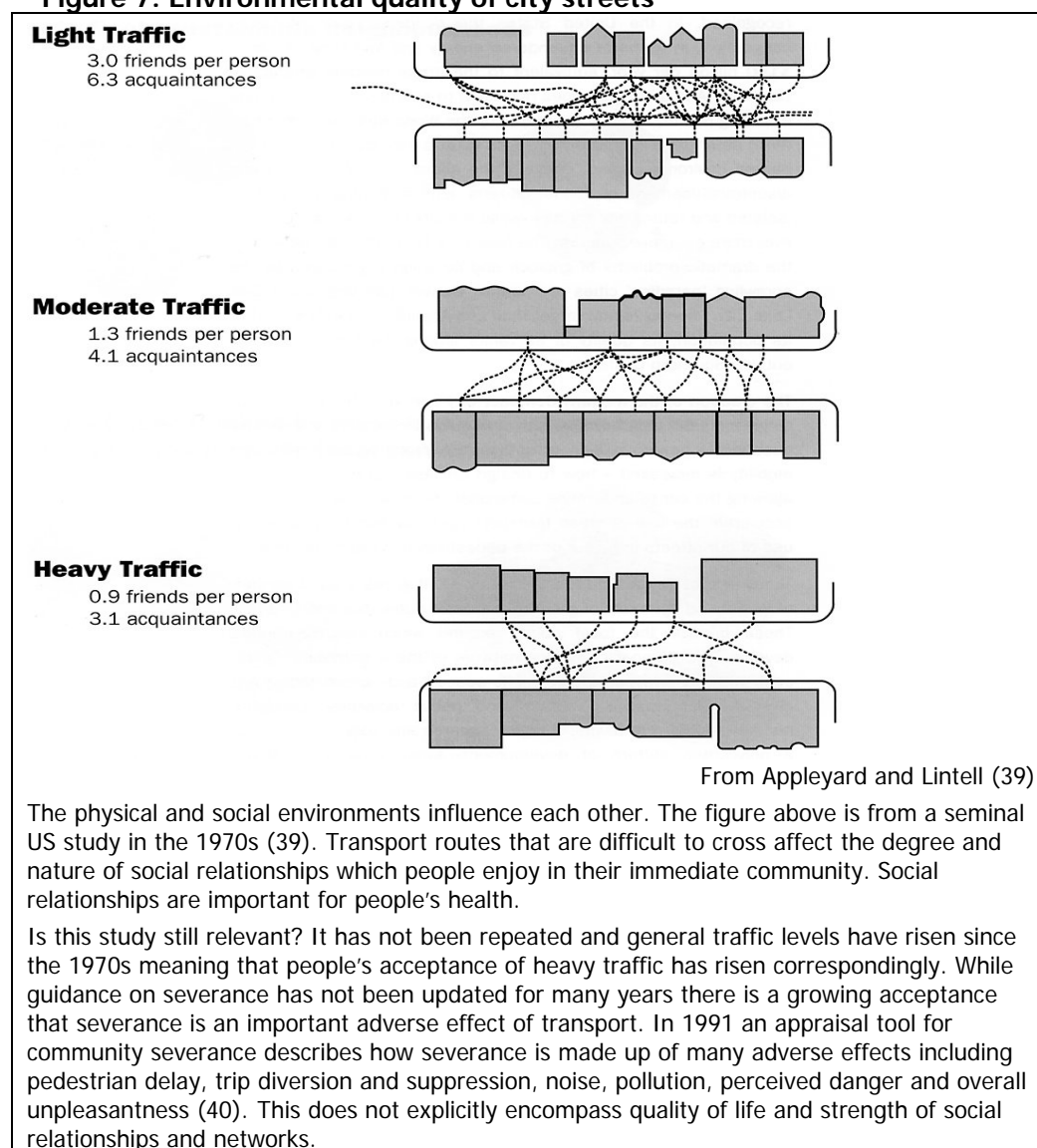
- 7.17 A review for the DETR (38) suggested a link between transport and health and commented that transport provides:



- access to work, food, health facilities, training, education, leisure;
- practical services (eg in isolated rural areas, buses serve variety of functions such as carrying parcels, and a 'bank');
- social interaction, through greater levels of contact between people; and
- symbolic expression of an area as well connected with wider society in the city as a whole.

7.18 Transport is vital for successful development of new communities. However improvements to transport infrastructure may also impact negatively on health through pollution, accidental injury, severance of communities and reduction in some forms of travel which are healthy and sustainable, such as walking and cycling. Socially and economically disadvantaged communities are particularly at risk of these detrimental effects and so it is important to minimize or mitigate the potential negative health effects of transport development to avoid exacerbating health inequality.

**Figure 7: Environmental quality of city streets**



7.19 The design principle that restricts speed limits to 20mph will have significant beneficial effects on the health and wellbeing of people living and working in Sherford.



- 7.20 Traffic factors associated with increased risk of injuries in children are (41):
- mean traffic speeds over 40kph<sup>2</sup> (NB risk increases with increase in speed);
  - a high density of kerb parking in conjunction with increased flows of traffic; and
  - volume of traffic, especially for child pedestrians (NB risk increases with traffic volume).
- 7.21 Slowing the traffic throughout the new community, encouraging walking and cycling and implementing design measures to limit traffic volume all provide the framework to enhance road safety. Driver behaviour is also key. While it has been noted that motorists adjust their behaviour in the presence of people walking and cycling (42) it will be important to achieve a critical mass of pedestrians and cyclists. Nevertheless policies that increase the numbers of people walking and cycling appear to be an effective route to improving the safety of road users (42).
- 7.22 Slowing the traffic will also enable social networks to develop and thrive (see Figure 7 on page 31). An interviewee for this HIA commented that an indicator of poor social cohesion for the Sherford New Community would be ...
- ... driving into a remote control garage and remaining isolated.*
- 7.23 The provision of infrastructure for active travel, such as public transport, walking and cycling, will increase opportunities for physical activity. Exercise contributes to reducing a range of illnesses and conditions such as obesity, cardiovascular disease, diabetes, osteoporosis and some cancers in adulthood (43).
- 7.24 Reintegrating physical activity back into everyday life is one of the most effective public health interventions. A combination of changes to the *hard* infrastructure and *soft* behaviour change enablers, such as workplace and residential travel plans, real-time information, travel packs and support for cycling etc, will make people more aware of the options for travel.
- 7.25 Possible approaches could include the developer providing bicycles for house-buyers in the first phase of the development. This would help to reinforce the importance given to active modes of transport in Sherford. House-buyers would have to be able to specify the type or size of bicycle to be successful. This will be especially beneficial for first phase residents moving into the affordable housing. There will also be a need for cycle storage in homes.
- 7.26 Policy SNC7 of the Sherford AAP requires the establishment of a car club. Car Clubs are an innovative solution to car ownership in urban areas and they will benefit from subsidy while residents and businesses become accustomed to the idea. In agreeing the appropriate level of subsidy the Car Club operator should be required and encouraged to prepare a business case with a suitably long timeframe to allow for membership to build.
- 7.27 **Car Parking Management Plan and the Green Travel Plans:** these plans will be beneficial. They can be enhanced by locating parking away from key buildings. This can further increase levels of physical activity. Employees, in particular, are willing to walk longer distances from parking than business visitors or shoppers and will walk longer distances if the price of parking is less at distant car parks (44).
- 7.28 Controlling the parking within Sherford, in residential areas and in the town centre will contribute to road safety. The levels of use, the levels of ownership and the mode of accommodation of cars are important (45). Parked cars can obstruct vision and increase social severance making it less attractive to be a pedestrian. As noted above a high density of kerb parking is associated with increased risk of injury for children (41).
- 7.29 **Safe Routes to School:** SRTS are a micro-initiative that can provide a range of benefits to children and to parents. These are short-term benefits which can be argued to have longer-term beneficial implications. These include
- higher levels of physical activity among children;
  - developing the habit of physical activity at an early age;
  - instilling the habit of physical activity and of walking;

---

<sup>2</sup> 40 kilometres per hour is 24.9 miles per hour.



- social interaction among peers and between generations;
  - greater awareness of, and involvement with, local surroundings; and
  - increased confidence.
- 7.30 These benefits are felt by children: there are also benefits from reducing the numbers of people driving children to school and time-saving benefits to parents who do not have to collect, or drop their children off, each day.
- 7.31 SRTS programmes are often volunteer-led. They will require financial support and should be part of the Green Travel Plan for the development and for the schools in Sherford and beyond.
- 7.32 The design of the road layout should minimise the number of roads children have to cross to get to school. The risk to child pedestrians is related to the number of roads they cross. The greater the number of roads crossed, the higher the risk of pedestrian injuries (46).
- 7.33 **Accessibility:** Accessibility to, and throughout, Sherford is a requirement of the Disability Discrimination Act (47). Accessibility issues do not start at the bus stop or even the front door. Accessibility planning should take account of the complete lived experience over a day starting from movement within an individual home to a shop, place of work etc and back to the home. A strategy for access is required as part of the planning application
- 7.34 The HQPT will need to meet accessibility standards.

### Potential health risks

- 7.35 While transport systems may have benefits for local populations, traffic volume and speed, the design of transport systems and the travel behaviour of individuals can all present a hazard to health and safety, in particular for child pedestrians and older people.
- 7.36 **Public transport:** The profile of the future population of Sherford is currently unknown. The scenarios also allow for projection of age profile.
- 7.37 This is highly relevant when considering transport infrastructure as lack of access to transport is experienced disproportionately by many population groups including women, children and disabled people, people from minority ethnic groups, older people and people with low socio-economic status. These groups can find that their access is reduced to services such as shops and health care and they spend a higher proportion of their resources on transport (19, p56).
- 7.38 The PECS (36) noted a potential conflict between the need for fast moving bus service and frequent bus stops. The PECS recommended a wider catchment area than 400 metres. The bus service will need an average speed of 30mph across its whole route. The speed should be restricted within Sherford itself.
- 7.39 We also note that the Public Transport plans are linked to the Plymouth strategic approach to the 'eastern corridor' which is currently being developed. This relies on DfT funding to make it possible for the completed HQPT route. Close surveillance must be kept on the situation as this resource is essential for the wellbeing of Sherford. State of the art buses to Sherford would stimulate demand from other areas and might set off a virtuous circle, or else divert custom from other less attractive public transport services. Monitoring is required.
- 7.40 **Social cohesion and community severance:** Traffic has the potential to affect social networks on a very local basis: as traffic volumes increase people's sense of neighbourliness and the geographic density of their friendships decreases (see (39) cited in (48, p102)).
- 7.41 Parked cars can obstruct vision and increase social severance making it less attractive to be a pedestrian. A high density of curb parking is associated with increased risk of injury for children (41).
- 7.42 If public transport is to promote social inclusion it must be affordable. In 1999 the Acheson Report stated that the rising cost of rail and local bus fares facilitates the exclusion of more vulnerable groups within society (cited in 19, p56).



- 7.43 A number of consultees also noted the potential wider social effects of the increased use of transport routes in particular the negative effects on the nearby conservation area which consultees felt could be irreversibly damaged by an increase in motorised vehicle flows.

## Conclusions

- 7.44 Melia (49) considers the Sherford transport strategy. He takes health and wellbeing as a starting point and concludes that the levels of traffic will be increased by the development. This, he states, is contrary to the claims made:

*Each new development, it is claimed, will promote walking and cycling and reduce dependence on the private car. The evidence ... suggests little correlation between declared aspirations and actual achievement.*

- 7.45 It is clear that while the main form of travel is by private car all development will increase traffic *per se*. While car ownership and use is equated with economic success the numbers of cars will rise. However the global supply of oil is dwindling. Energy costs will rise. Sherford is a large development but it is prey to wider forces. Devon County Council must work with private industry, the District Councils, the SW Regional Assembly and the DfT to systematically reduce the demand for car ownership and use. Strong political leadership is required to find answers to problems that are politically sensitive and to make large developments such as Sherford sustainable.
- 7.46 Public transport is a public good that, if properly advertised, funded and operated, can contribute to the cohesion of the new community.
- 7.47 Transport has the potential to impact upon human health in many ways affecting community severance and social cohesion, contributing to air and noise pollution, by directly causing injury, and through affecting access and mobility. The adverse effects of transport planning fall heavily on vulnerable and deprived groups. Urban design is a key factor in the way people move about the community. Once implemented transport infrastructure frames the pattern of people's movements for decades to come. The effects are not easily reversed.
- 7.48 Communities can be designed in ways that encourage or discourage physical activity, with important consequences for obesity and as result a number of chronic conditions. Increased use of non-motorised travel is encouraged by a mix of land uses, high density and pedestrian and cycle-friendly designs.
- 7.49 The masterplan proposals indicate a strong commitment to making the community as walkable as possible: all roads will have footways, which will link to a network of footpaths, cycleways and bridleways so that all parts of the community are accessible on foot and encourage non-car use. These will be every bit as direct as the roads, in some cases more so, ensuring that walking is seen as a genuinely quick and viable option
- 7.50 Strategies that reduce reliance on the private car will contribute to reducing social severance and to increasing social networks within Sherford New Community.
- 7.51 The provision of infrastructure for active travel, such as public transport, walking and cycling, will increase opportunities for physical activity. Evidence shows that exercise contribute to reducing a range of illnesses and conditions such as obesity, cardiovascular disease, diabetes, osteoporosis and some cancers in adulthood (43).
- 7.52 While transport systems may have benefits for local populations, traffic volume and speed, the design of transport systems and the travel behaviour of individuals can all present a hazard to health and safety, in particular for child pedestrians and older people.
- 7.53 There is a close relationship between transport planning, urban design and sustainability which needs to be recognised when planning for developments and creating healthy communities.
- 7.54 On this basis the following recommendations have been made:
- evaluate land use in relation to travel distances, to ensure that sustainability is a priority ie locate services and shops near to residential areas,



## Health Impact Assessment

- use a design hierarchy headed by pedestrians and cyclists and public transport;
  - control/limit the speed of vehicles ... design for cyclist and pedestrian priority.
  - create Home Zones within residential areas of the development to create an attractive residential environments in which people have greater degree of priority over vehicles; and
  - it is important that the public transport links are excellent reaching into Plymouth and the surrounding area from Sherford to encourage people not to rely on the private car;
  - ensure that there is adequate emergency service access to the site;
  - make the provision of infrastructure for parking an integral part of the design;
  - bus stops need to be positioned within residential areas in a way so as to maximise accessibility and to reduce travelling distances to and from the home;
- 7.55 A Travel survey should be conducted about mode of travel. It should be repeated at regular intervals. This could be designed with input from residents. This should look in detail at each stage, or leg, of a journey. This could be linked with a programme of Personalised travel planning.



**Health code 2: transport and connectivity**

Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
<p>The Sherford New Community will deliver an ambitious modal split from the outset in favour of sustainable modes of transport.</p>	<p>Resources to fund and support the preparation of a Community Travel Plan and the employment of an officer to oversee implementation of the travel plans. Period of employment to be specified. Resources for monitoring/Travel Survey.</p>	<p>Distance of houses from bus stops. NB the PECS (36) noted a potential conflict between the need for fast moving bus service and frequent bus stops. PECS recommended a wider catchment area than 400 metres. Placement, and number, of bus stops – accessibility. Need for feeder and internal bus services.</p>	<p>Personalised Travel Planning to assist people to access the public transport. NB different access needs of SNC residents.</p>	<p>Travel surveys automatic, electronic and traditional methods noting, for example:            ... Trip rate on public transport,            ... Modal shift to active transport            ... Breakdown of transport/journey type (noting the legs of each trip <i>eg</i> walking, public transport, walking etc).            ... Amount of walking (pedometers?)</p>
<p>A holistic approach to travel planning</p>	<p>Resources for capacity building programme for residents to conduct travel surveys.</p>	<p>Provision for training facilities</p>	<p>Role of Community Travel officer. Training to enable residents to design, to conduct and/or to interpret travel surveys</p>	<p>Number of residents talking training/involved in design of survey</p>
<p>Strong political leadership is required to systematically reduce the demand for car ownership and use and to find answers to problems that are politically sensitive and to make Sherford sustainable</p>	<p>Identify/agree sanctions for not achieving the modal rate (eg fines) and incentives for exceeding the modal rate. Travel information and other resources for new residents.</p>	<p>Use a design hierarchy headed by pedestrians and cyclists and public transport. Ensure parking does not reduce visibility and movement for pedestrians. Design for bicycles as an integral part of the road system Promote cycling and cycle routes for everyday commuting &amp; market them as such, &amp; to work in partnership to join these routes up with the main centres, from the outset</p>	<p>Car share network, Car Club and Travel Forum. Personalised Travel Planning Provide welcome packs for new residents with travel information. Cycle routes for everyday commuting.</p>	<p>... Travel surveys            ... Proportion of streets that are shared surface            ... Parking strategy implemented and enforced</p>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	<p>Car Club operator subsidised for start-up period</p> <p>Resources for organizations in SNC to develop and implement Travel Plans.</p> <p>Resources supporting the HQPT including soft initiatives such as as real-time information and Personalised Travel Planning, and smart card ticketing infrastructure</p>	<p>Traffic calming as part of design including integral provision for cyclists.</p> <p>Parking spaces for car club cars identified</p> <p>Infrastructure for parking cars, cycle provision and storage as well as showers and changing rooms in <i>destination</i> buildings etc</p> <p>Infrastructure to enable SNC-wide (and beyond) technology for real-time information and smart card ticketing infrastructure</p>	<p>All road users obey the rules of the road.</p> <p>Publicity and advice about benefits of car clubs disseminated throughout Sherford.</p> <p>Travel Plans</p> <p>Dependent on the financial/management model chosen to operate the HQPT</p>	<p>... Road traffic incidents</p> <p>... Qualitative survey of cyclists and pedestrians</p> <p>... Business plan for Car Club operator</p> <p>... Membership of Car Club</p> <p>... Use of cars club cars</p> <p>Number of travel plans in preparation</p> <p>Indicator to check implementation of travel plans</p> <p>Monitoring HQPT including</p> <p>... Affordability</p> <p>... Reliability</p> <p>... Comfort</p> <p>... Sensitivity to needs of residents of SNC (eg relevance of route, frequency of service, length of service – night-bus?)</p> <p>... Image of service – high status/quality</p>
<p>The Sherford New Community should be permeable, safe and slow.</p>	<p>Resources for schools to implement SRTS initiatives.</p>	<p>Minimize the number and size of busy roads that children must cross to get to nearest school.</p>	<p>SRTS</p>	<p>Number of SRTS</p> <p>User/volunteer/child surveys of their efficacy</p>
<p>Sherford New Community should be designed to encourage moderate physical activity, including walking and cycling, as part of everyday life. It should be pedestrian oriented.</p>	<p>Resources for a programme of Personalised Travel Planning with new residents to increase awareness of active and sustainable modes of transport, to explore the options for travel and to encourage and assist use of these different options.</p>	<p>Identify organisation to employ and manage the resources for the Community Travel officer</p> <p>Personalised Travel planning as part of brief.</p>	<p>Community Travel officer to be appointed and work plan to include number of homes and businesses to be supported over specified period of time.</p>	<p>Who has been involved?</p>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	<p>Resources for secure cycle parking and notification of key cycling and walking routes.</p> <p>Washing facilities at key destination points</p> <p>Resources for monitoring/Travel Survey.</p> <p>Resources to develop a Car Parking Management Plan and Sustainable Travel Plans across Sherford New Community.</p> <p>Sustainable Travel Plans for all major trip generating uses.</p>	<p>Secure cycle parking and notification of key cycling and walking routes as integral part of design.</p> <p>Locate parking away from buildings – zone employee parking at some distance from office and commercial developments.</p>	<p>Maintenance and upkeep of secure cycle parking facilities.</p> <p>Link with Community Travel Officer to ensure cycling and walking routes are promoted as part of Personalised Travel Planning</p> <p>Include explicit choices for physical activity as one of the core aims for the Car Parking Management Plan and the Sustainable Travel Plan</p>	<p>Number of secure cycle parking facilities</p> <p>Use of secure cycle parking facilities.</p> <p>Measure of security</p> <p>Levels of walking and cycling</p> <p>Travel survey</p>



## 8. Governance: social and cultural

### Key issues

- 8.1 Consultees felt that the development, delivery and effective management of community governance must be a key mechanism and context by which cohesion can be generated. Locally representative structures and institutions of governance in the form of a town council and community development trust (CDT) are vital in managing the growth and development of the new community via effective provision and management of key local services which will help to counter threats to the development of local social cohesion. Their role is important in ensuring that various strands such as transport, service provision and the economy are managed effectively over the course of the development. This will facilitate social cohesion within the community itself and will also encourage a 'social fit' with the surrounding towns and villages.
- 8.2 These concerns also embodied the desire for the new community to provide enhanced youth services as well as the possible creation of a town council although the establishment of a town council is only possible once the development is large enough. As an initial source of governance which would eventually be replaced by a town council, consultees expressed the need for the community to develop a 'shadow community trust' made up of representatives from neighbouring towns and villages to work with initial residents and manage the process of development in order that residents feel and perceive they have some control over how the community develops. In combination with this consultees stated that the new community must consider that in order to develop effective governance structures the competing needs and personalities of various individuals and groups particularly with those of the developers need to be addressed and monitored over the course of the new community development, i.e., from initial inception to the final stages of building. The view was expressed by a number of consultees that the developers were acting in a 'lord of the manor' fashion by which it was believed they were dictating what governance structures would best suit the needs of the new community without actually consulting the residents. In terms of the Community Trust, consultees noted that the actions and aims of the developers would ideally need to be tempered by local political influence.
- 8.3 In relation to youth services provision, consultees noted that the needs of young people must be addressed by directly engaging with them, i.e., having youth workers and services go to young people rather than adopting a more passive approach. There was also some debate as to whether a purpose built 'youth centre' should be created within the new community, although research evidence suggests that it may be more realistic and effective for a youth centre to develop organically or naturally and perhaps most importantly on the terms of the young people themselves rather than expecting young people to use and attend a purpose built centre which they had not helped to form or design. Work has already begun to involve young people in designing facilities and this is planned to continue through the implementation.
- 8.4 Consultees also noted that the new community must aim to develop a balanced community in terms of housing tenure/provision thereby creating a socially and economically mixed population. This it was believed will prevent Sherford from becoming an enclave or commuter town of economically wealthy. However, the development of socially, economically and demographically mixed community requires effective governance structures to be established in order to manage conflicts and tensions that may arise between these groups in terms of their differing needs both socially and economically. This 'mixed community' also requires the governance structures to agree and deliver on the various services required for these diverse population groups. The overall aim of these systems and structures of governance is to prevent the new community from developing and compounding social and economic disparities thus helping to enhance a sense of social cohesion within the community.



## Description

- 8.5 In response to Policy SNC1 of the AAP (18) The AAP requires that the developers of the new community establish a Community Trust to manage the Community assets for the benefit of the community, promote sustainable living and support social networks and demonstrate that funds are available for the long-term management and development of the community and its assets..
- 8.6 A wide range of facilities will be provided which appear to cater for a range of ages: youth centre, pub, town hall, library, community theatre/cinema (18, policy SNC12). Education facilities will be made available and accessible to the whole community and health facilities to the wider community too
- 8.7 Perhaps the most important mechanism by which the development will facilitate the creation of social cohesion and good governance is through the creation of the Community Development Trust (CDT). Respondents felt strongly that the CDT will play a critical role in developing and managing local forms of democracy: this includes increasing the participation and ownership of residents in the development of the community and improving the long-term sustainability of the community particularly by holding local political representatives to account.
- 8.8 Community safety: Sherford has been, and will continue to be, designed with consideration of the key features and objectives contained within *By design: urban design in the planning system* (50). Community safety is an important issue to consider at the masterplanning stage of the Sherford Community development, because it is closely linked to principles relating to good urban design, as it is often possible to police by design. However it is necessary to consider these issues in conjunction with the social and political causes of crime (51). The reason being that it is doubtful whether environmental changes can reduce attacks on women due to the fact that most incidents take place in the private realm, i.e., the home (51). Designing out fear is underpinned by the assumption that most crime is opportunistic and offenders respond in a mechanistic way to environmental stimuli (52).

## Community Trusts

- 8.9 Community Trusts in one form or another have been around since the seventies but only in the last few years have they become more common. The Development Trusts Association (DTA) which supports many trusts across the UK define Community Trusts as being (53):
- engaged in the economic, environmental and social regeneration of a defined area or community of identity;
  - independent, aiming for self-sufficiency, and not for private profit;
  - community based, owned and managed; and
  - actively involved in partnerships between the community, voluntary, private and public sectors.
- 8.10 Community Trusts are typically established to own or manage community assets and deliver community services, build skills in the community, deliver practical change and foster enterprise. The most successful trusts are entrepreneurial in style, taking calculated risks and succeed in balancing community and environmental support and development with business principles of profit maximisation- essentially the triple bottom line (Patchett, 2007).
- 8.11 Whilst varying in structure, legal status and responsibility community trusts traditionally exist to meet community regeneration needs. There are only a handful of trusts set up to deliver sustainable development in new communities and which have a remit that extends beyond facilities management. This is a key difference between the proposed Sherford model and the DTA definition and most other case studies. Sherford's community trust is an exciting and pioneering trust.



### **Community Trusts and their role in governance**

*It's important that residents become involved in taking responsibility, via the Trust, for the provision of a range of services. Overbearing commitment shouldn't be sought from people but they should get a voice.*

*The Community Trust idea at Sherford needs to be accountable and will depend on the standing of the trustees – developers need to be involved but the others who sign up need to be there to keep the vision on track.*

*The idea is that the Sherford Community Trust – will start out with a shadow Community Trust / Council which will be made up of representatives from community groups in neighbouring areas.*

*[developer] are acting rather like lord of the manor and want to continue to have a role in making decisions about what is in the best interest of the community. This idea of the community trust is –potentially- a good idea but not without problems. The other option he thinks may be better is to have a town council. But he said it would be difficult to work out who should be on it as the community isn't there yet.*

*Having a civic facility would be good, but they will need a democratic town council to deal with the cross border issues and other tensions as they arise. [developer] – if they have control over the community facility / trust it will be driven by financial balance and it is really important that there are community champions and that the local authorities do provide the checks and balances needed.*

*If [developer] still holds the purse strings – the decisions made may not be those in the best interests of the community.*

- 8.12 The key section of the AAP relating to the Sherford Community Development Trust (CDT) is the SNC1 point nine which requires developers to:
- Deliver an appropriate body to manage the community assets for the benefit of the community, promote sustainable living and support social networks within Sherford and with its neighbours (this will be through the actions of the Community Trust or a similar body) and demonstrate that sufficient sustainable sources of funding are available or can be generated to ensure the long term management and development of the community and its assets. (18, p27, para9)*
- 8.13 Beyond this the AAP explicitly mentions the CDT in reference to its involvement in waste advice and management by managing a community reuse/repair/recycling/composting facility and facilitating reduction in waste, working with residents and businesses in partnership with the waste collection authorities (18).
- 8.14 The AAP presents a clear vision for the CDT including possible roles in the management of services, promotion and protection of design and civic codes and the sustainability agenda. However, the developers make it clear that the CDT Strategy is indicative, suggesting how the CDT might work in practice rather than directing or prescribing (34). They expect a working group possibly evolving from the existing Sherford Community Steering Group to be set up “at the earliest opportunity” and within “12 months ... to become the strategic lead” for the CDT (34). In this way the CDT Strategy is still less a detailed policy outline and more an outline framework with significant room for development.
- 8.15 **Inclusiveness:** There has been wide consultation in developing the design for Sherford. This included an Enquiry by Design (EbD) process that involved groups from South Hams and Plymouth (18). It also included local authorities and landowners, community group representatives and public service providers (eg health, emergency service providers, education, youth and sports) and organisations such as the Highways Agency and the Environment Agency. One of the applicants, Red Tree, held a Sherford Young People's Planning Day on 19<sup>th</sup> April 2006.
- 8.16 In considering the future of Sherford and future engagement interviewees make the point that the resources of the CDTs should eventually be owned and controlled by the residents themselves rather than remaining under the control of the developers. This will provide the residents with a sense of control and 'buy in' over the local social and political issues.



- 8.17 Importantly the CDT should be cognisant of the demographic profile and the intended needs of the population, i.e., young, old and ethnic minorities. This will ensure that the CDT is democratic, fair and representative which will facilitate social bonds between different ethnic and socio-economic groups. This is particularly pertinent in the case of young people and youth service provision.
- 8.18 It is proposed that CDT manage a significant number of community assets as it develops, in line with the broad guidance of the Area Action Plan. This requires significant development. The proposals are indicative, but there is very little clarity about when each asset will start being managed by the CDT or whether it will come under the ownership of the CDT. One of the developers provide a proposed outline of how the Community Trust may initially function. They also state that it will be up to the discretion of the CDT Management Board to decide the timetable but it is assumed the developers will retain a significant role in this decision (34, p279).

### Opportunities for health improvement

- 8.19 Some forms of democratic participation via effective governance structures may be beneficial for the health and wellbeing of those who take part. Participation may benefit individual health by enhancing one's sense of empowerment and self-efficacy. Bandura (54) shows that people are most likely to take control of their health if they feel they are in control of other aspects of their lives.
- 8.20 The role of the Town council is very important (with respect to social cohesion) for smooth and good governance. The CDT needs to develop and maintain good contacts with the town council and the leading voluntary sector organisations in Plymouth as well as in South Hams.

*Community Trust could be good but would need politicians who would have responsibility to fulfil a scrutiny role. Issues raised over who would hold [developer] to account and the local community development workers to account if there weren't politicians involved.*

*Regarding the Community Trust there is a danger, what happens if things go wrong... There can be a risk if amateurs are totally running this, what commitment will they have?*

- 8.21 Political support also has disadvantages:
- Need to make sure that the constitution of the Trust is very tight so that politicians can't use it for one off big projects that make a splash when smaller less visible projects may be what is needed to get the community to work well as a community – small meetings of groups with common interests etc.*
- 8.22 Participation may also contribute positively to health at a more collective level by building *social capital* in a community. Socially isolated individuals living in less cohesive communities are more likely to experience poor health than those living in more cohesive communities (55). Higher levels of trust and participation in a community are related to the degree of equity in income distribution and to population health outcomes (56). Cattell's (57) qualitative study of deprived housing estates in a part of London showed how social networks (58), affected the health of socially excluded individuals. Benefits to psycho-social health were seen to come from close bonding relations via the provision of emotional support, information and practical mutual aid, through a number of different networks, including extended families, work-based networks, neighbours and voluntary organizations representing shared interests. This and later studies (57;59;60) demonstrated health benefits including hopefulness, enjoyment, increased confidence, enhanced sense of esteem and control.
- 8.23 However, some forms of 'bonding' relations can be a barrier to both personal development and social cohesion with wider society. A tightly knit group may be less orientated to trust and co-operate with the wider community level (61), and this can impede individuals from expanding their contacts with a wider network.
- 8.24 If participative processes strengthen networks which draw on both bonding and bridging relations there may be positive health effects for socially excluded groups. Within renewal programme this may help to reduce health inequalities.



## Health Impact Assessment

- 8.25 A sense of community will have beneficial effects on psychosocial health, (with reference to particular groups *eg* maternal and child health, health of older people).
- 8.26 Social networks are important in creating and maintaining social support which in turn is linked with better mental health and physical health (62). Better social support is
- associated with reduced risk of cardiovascular disease: people with better social support may cope with illness better and have better prognoses when ill; and
  - it is also beneficial to mental health and is associated with lower levels of anxiety and depression. There may be gender differences in the importance for health of social support from different sources.
- 8.27 Consultees commented how some excellent work for wellbeing could be done by utilizing the existing history of the site and the area (the local farmers, the bluebell woods, the hedges, the field names). The new residents could participate in the writing of a social history, right up to the present day: this could include the history of the site and also the history of people settling there. There are many NGOs which could assist in this and also by this process help develop social capital in the new community (Devon Wildlife Trust and local walkers for example). Woods and other features could be used for school study days and local walkers. Walking routes could be devised that link Sherford with the surrounding rural area as well as Plymouth.
- 8.28 Public art can provide a focus for community activity and enhance the sense of civic pride and quality of life within towns. Resident involvement is a key factor in a successful public art strategy- enhancing the sense of ownership of the public realm. Artist's involvement in the design process can also contribute to a sense of identity (63).
- 8.29 Social capital and cohesion within communities are associated with a variety of health outcomes ranging from all cause mortality, cardiovascular disease, sexually transmitted diseases and obesity. Social capital has also been found to be related to teenage pregnancy rates.
- 8.30 The importance of planning for and providing youth facilities was noted in the 2005 HIA (64).

### **Youth services**

*Because these communities will attract predominately young couples – in 10-15 years time there will be a major need for youth services. As they are building some family homes from the start then there will be some need from the beginning.*

*Youth service provision should encompass a purpose built space specifically for youth work. This should be:*

*... a hall where young people especially young men can 'let off steam' – kick a ball about etc – although increasingly, due to social changes perhaps, young women also want to do this – with young men as well as on their own.*

*Informal 'softer' spaces – coffee bar type feel where they can hang out and chat.*

*Smaller meeting spaces for group work; any additional extras that would be great like an arts rooms etc*

*A purpose built space gives young people the environment that allows the youth workers to develop the relationship with young people that they need to do their work. And this is important because young people do not have to attend a youth centre – it's on their terms – so youth services have to make an offer that is sufficiently attractive that young people want to engage with it.*

### **Potential health risks**

- 8.31 Adverse effects will arise from social isolation or an absence of a sense of community within the development.



## Health Impact Assessment

- 8.32 A lack of integration with residents in existing settlements in as well as lack of integration between new residents could affect social cohesion and in turn the sustainability of Sherford New Community.
- 8.33 We have seen the importance of social interaction. If the venues in Sherford New Community are not attractive to the more affluent and mobile groups and if there is a shortage of venues for interaction in local neighbourhoods there will be fewer instances of social interaction (65).
- 8.34 Social and community networks are critical to the success of the development. The social infrastructure by which services and facilities are provided is one key component of ensuring that the development *works*. However the provision of community facilities does not constitute or develop social capital: greater participation and representation in growth and development of facilities are needed to create wider ownership (66).
- 8.35 Education and health facilities will be made available and accessible to wider community. This is an attractive proposition but the delivery of these proposals will need careful consideration: especially issues of child protection, privacy and the management, governance and funding of facilities.
- 8.36 Community-level structural factors which can impede social organisation include (67)
- residential instability,
  - family disruption and
  - high ethnic heterogeneity.
- 8.37 These factors can lead to a weakening of adult friendship networks and a weakening of value consensus in the neighbourhood and increase the likelihood of deviant behaviour. These are critical to focus on – ensuring that families are supported to increase residential stability and decrease family disruption - and monitoring the ethnic profile of the new residents to ensure that integration between majority White British and BME groups is assisted.
- 8.38 It would be an error to rely too heavily on the input of local parish councilors. The statutory authorities are well aware of the burden of the Sherford planning and consultation process and the current legal process. Burn out and possible resentment amongst councilors must be avoided. Capacity building and increased support for parish councilors may be required as the transition from a quiet rural parish to a new town can be very stressful for elected representatives. Co-operation should be built in as much as possible and advantage made of their local expertise but the emphasis must be on utilizing the human capital of Sherford and some professional capacity development via specialist worker(s). It is important not to take the local councilors for granted or make too many assumptions.

## Conclusions

- 8.39 Sherford will feel a close bond with Plymouth. Plymouth is large and growing. It is projected to expand to 300,000 people. Sherford is clearly an extension of the urban form of Plymouth. It will directly link with existing Plymouth 'suburbs'. The transport plans for links to the city centre are highly ambitious. Plymouth City Council will have a role in the development of the community. The transition of governance to Sherford Town Council from the existing and other local parish councils will need to be carefully managed.
- 8.40 A sense of community for Sherford residents will have beneficial effects on measures of psychosocial health, (with reference to particular groups e.g., maternal and child health, health of older people). Social networks in the new community will be important in creating and maintaining social support which in turn is linked with better mental health and physical health (62). Relative deprivation between population groups is regarded as a fundamental social process in a causal chain which leads to health inequalities (18). Greater horizontal separation, or fragmentation, among communities can also be deleterious to health (18). Private ownership of health assets is a form of social closure which may fragment society and preclude members from maximising health.
- 8.41 Crime is a significant public health problem simply because it is a leading cause of injury. Fear of crime may be even more damaging over the long-run by reducing social cohesion,



## Health Impact Assessment

imposing constant low-levels of stress and hormonal elevation, and making people less likely to leave homes. In particular, fear of crime leaves elderly people isolated and vulnerable. Strategies that are designed to mitigate crime, such as the use of physical barriers and imposition of negative freedoms, can also negatively impact health by reducing access, visibility and promulgating a culture of fear.

- 8.42 Organized sports and formal play areas encourage physical activity which reduces obesity and as a result diabetes and cardiovascular disease.
- 8.43 Community centres are key areas for establishing community identity, providing social and health services, and conducting activities of daily living.
- 8.44 Establishing socio-cultural places such as libraries and churches are among the primary determinants of the quality of life perceived and actually experienced by incoming residents, with beneficial effects on community health.
- 8.45 It is important that services are provided to meet the needs of both the future population and the surrounding areas, meaning that it is vital to have a good understanding of the population profile of the area. Whilst this is possible for the existing population it is significantly harder to determine what the proposed population will look like.
- 8.46 Service provision has an important role in developing social capital and thus contributing to health gain.
- 8.47 Commitments to community-driven development processes will likely improve health assets by enhancing community ownership, promoting shared identity, and building individual and collective efficacy. Participation promotes individual health by enhancing one's sense of empowerment and self-efficacy.
- 8.48 The *social infrastructure* is an important component of sustainable development and has a vital role in protecting and promoting health. On this basis we recommend that:
- it is ensured that community facilities are accessible and appropriate for all ages and population groups;
  - the Community Development Trust is established immediately and involved from the start to aid integration and the formation of new and sustainable communities;
  - town council to emerge as soon as possible
  - the social infrastructure is flexible and can be developed over time to meet the needs of a changing population: for example co-locating services;
  - provide affordable sports facilities for everyone to use;
  - provide areas within the development that can be used for both sporting and social activities;
  - provide services and facilities to cater for young people, especially teenagers, but assess need before embarking on design;
  - ensure that adequate, high quality, affordable and accessible childcare facilities are provided within the development; and
  - ensure that the needs of different faith groups are met in the development.



**Health code 3: governance: social and cultural**

<b>Strategic principle</b>	<b>Developer contribution</b>	<b>Design requirement</b>	<b>Management requirement</b>	<b>Monitoring and review</b>
<p>The Masterplan vision aims to achieve the following: opportunity, responsibility and capability to participate socially and economically in society</p>	<p>Agreement and timetable as to the process of establishing community ownership of assets</p>	<p>The possible roles, funding and management of the Community Development Trust should be examined in more depth. An option paper should be developed and consulted upon. Process to identify the requirements for Community Development Trust (CDT) board membership and the ongoing capacity building needs of board members and CDT staff.</p>	<p>Principle of diversifying community assets to ensure a sustainable funding stream Accountable structure and responsibility for decision-making must be clarified. Identify process if the CDT fails eg a reversion clause and the beneficiaries of the reversion clause.</p>	<p>Annual reporting of assets / income and expenditure. Programme of work funded by CDT outlined and reviewed.</p>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
<p>Commitment to community driven development process</p>	<p>Long-term revenue support for community facilities eg spaces for public meetings and for informal social interaction in Town Hall and/or Community Centre.</p> <p>Resources for setting up of town council, including initial elections.</p> <p>Resources to establish grievance and compensation mechanism during construction process.</p> <p>Resources for Community Development Worker</p> <p>Resources to develop and foster youth governance Resources for youth worker.</p>	<p>Provision of space for public meetings and for informal social interaction in Town Hall and/or Community Centres and other formal and informal spaces indoors and out.</p> <p>Provision of space for public meetings and for informal social interaction in Town Hall and/or Community Centre.</p> <p>Town centre sites allocated for youth facilities</p>	<p>Establish election to town council, constitution, principal of involvement in management and day to day running</p> <p>Establish relationship between new community, Plymouth and South Hams</p> <p>Capacity building for local elected members to ensure strong political support to achieve sustainable new community.</p> <p>Engage and consult with existing and new community, including young people</p> <p>Empower population to contribute to decision making processes</p> <p>Establish grievance and compensation mechanisms during construction process and in running of facilities for example the Community Development Trust</p> <p>Job description of CD worker to acknowledge evolving/changing role as Sherford develops</p> <p>Identify high-level support within South Hams, Plymouth and Devon County Council for CDW in post</p> <p>Youth facilities: outreach worker and budget – consultation process</p>	<p>... Scrutiny of the political mechanisms.</p> <p>... Processes for community participation</p> <p>... Grievance and compensation mechanisms</p> <p>... Measures of <i>Institutional Maturity</i> (see 68) of management of the Community Development Trust <i>eg</i> participatory group processes;</p> <p>... extent of dependence on South Hams District Council;</p> <p>... management capacity for planning, finance, and conflict resolution;</p> <p>... links with other agencies; and adoption of new technologies.</p> <p>... How will the changing role be planned and accommodated?</p> <p>... How supported/isolated is the CD worker?</p>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
<p>There should be well-designed places available where people and groups can gather such as places of worship, community centres, sports facilities, and community spaces. The community should be involved in the design and management of such places.</p>	<p>Resources to foster and to monitor the development of social networks throughout the phases of Sherford New Community (e.g. community development worker).</p> <p>Sites for places of worship</p> <p>Resources for welcoming new residents and establishing means of communication and information provision including forms of media and IT networks.</p> <p>Resources to design build and manage the community facilities.</p> <p>Agreement that development of social cohesion and social networks should be subject to review at each phase of the development and that lessons from the evaluation should be used in allocating the resources in subsequent phases<sup>3</sup>.</p>	<p>Ensure that the physical infrastructure for attractive community facilities and meeting places is established throughout the development.</p> <p>Ensure open spaces within the development are inclusive public spaces i.e. are safe and accessible mixed use public spaces.</p> <p>Ensure that the physical infrastructure for attractive community facilities and meeting places is established throughout the development.</p>	<p>Ensure that the mechanisms and personnel are in place to manage the community facilities and meeting places.</p> <p>Programme of events to welcome new residents and to provide information about resources, services and organisations available within Sherford.</p> <p>Develop a local/social history of Sherford, the place, and of the new residents to help foster identity</p> <p>Ensure that the mechanisms and personnel are in place to manage the community facilities and meeting places.</p> <p>Review of social networks</p>	<p>... Number of clubs, resident associations, etc in Sherford</p> <p>... Membership of Sherford residents of clubs, associations etc</p> <p>... Socio-economic and ethnic profile of Sherford Residents</p> <p>... Measures of enhanced community ownership, shared identity, and individual and collective efficacy</p> <p>... Who has been involved in developing guidelines and governance arrangements?</p> <p>... Are the facilities and services accessible and appropriate for all ages, all genders and all socioeconomic groups?</p> <p>... What are the lessons for the next phase (critical feedback loop to design and the opportunities offered by phasing – how can the lessons from 1<sup>st</sup> phase inform the 2<sup>nd</sup> phase ... and so on?).</p>

<sup>3</sup> NB important that this process does not engender a risk-averse mindset in the CDT but is used proactively to inspire and learn from the development and growth of Sherford.



## 9. Housing and the built environment

### Key issues

- 9.1 Although the boundary between South Hams and Plymouth cuts across the site of the new community Sherford will make a major contribution to addressing the housing needs of Plymouth Sub Region. The new community settlement will deliver at least 4,000 new dwellings by 2016 and further development beyond 2016 is planned to around 5,500 dwellings. These will be achieved in conjunction with the necessary community facilities, infrastructure, employment and public open spaces (8).
- 9.2 Consultees cited various examples of successful new communities and the need to ensure that the housing development is 'pepper potted', i.e., mixed tenure and affordable housing which will help to prevent ghettos or a 'them and us' situation from developing which would not help to generate a socially cohesive community. The provision of affordable housing will have wider socio-economic benefits in terms of enabling the economically disadvantaged to access the housing market helping to develop some degree of social mobility and inclusion thereby increasing equality and social and economic cohesion within the region.
- 9.3 In terms of urban design consultees stated that that the built environment will play an important role in facilitating informal and safe social interaction amongst the local residents which will help generate a more cohesive community but also indirectly improve rates of physical activity. For instance consultees noted how the urban physical and social environment will allow residents to engage in physical activity. This will be complemented by ensuring that residents feel safe and have a low perception of crime. As the public health evidence base suggests areas with a high level of the fear of crime are associated with a low resident usage of physical spaces which therefore limits the opportunities and potential for social interaction and individuals to engage in physical activities.
- 9.4 A key concern expressed by consultees is that the developers have not carried out a demographic survey of the likely household mix of Sherford in order to ensure that the provision of housing tenures, types and mix are appropriate to meet the local housing market profile. Without this information there are not the adequate assurances that the services being provided at Sherford are appropriate to the households who will live there. As a number of consultees pointed out, services such as educational services will only be provided when the population of the new community reaches a critical mass. Research by ORS for English Partnerships and Cambridgeshire County Council, looking at the likely households and people at the Northstowe New Community and the expected numbers of children and adults, showed that the particular characteristics and demographic profile of likely residents of the new community were significantly different from those in established settlements. They found that new communities were different from traditional market towns, principally that they had a younger age structure, more children and fewer older people.

*The affordable housing element of the development will be mostly 1-2 bed flats. It is very very difficult to tell the builders what they can and can't build. They will build what sells.*

*In terms of thinking about the impact of health in developments we should remember that in Devon, Sherford and Cranbrook are only about 10% of the housing being built – and we need to think about it all not just these two major developments.*

*Lifetime homes -it's good to have some homes as lifetime homes but that assumes people will lack mobility at some point. Surely people can move to one of the adaptable homes if and when they need it. Don't want to get into social engineering but it was important to have a range of different types of accommodation in a community to attract a range of different kinds of people.*

*The community needs to offer a complete social mix but without demarcation of housing tenure or ownership, pepper-potting social housing rather than creating larger "social" housing for example*



*Need to create areas that encourage and allow people to mix ... Housing that allows/encourages people to mix with neighbours, not merely "hermetically sealed" houses ... Such as Driving into a remote control garage and remaining isolated.*

## Description

- 9.5 The Sherford development aims to meet the housing and living needs of residents in Plymouth which cannot be accommodated within the City boundary and also needs generated within South Hams District. Plymouth is constrained by national and strategic designations and river valleys and mineral resources which limit new development (8).
- 9.6 On a sub-regional level, the Census 2001 Origin-Destination Statistics for Local Authorities highlight that the majority of migratory cross boundary movement is between the economic centre of the Sub-Region, Plymouth City, and the three other areas. This was also reinforced in the survey findings across all four authorities, which also found a particular concentration of movement between South Hams and Plymouth City (8).
- 9.7 All resident household incomes in the Plymouth Sub-Region, with the exception of Plymouth City, are higher than the levels found for the counties of Devon and Cornwall, and South Hams and West Devon have a higher mean income than in the South West Region. However the whole Plymouth Sub-Region has a mean household income of £24,384, lower than the national average (8).
- 9.8 Mean personal incomes across the Sub-Region have increased between 2002 and 2005, ranging from an increase of 4.4% in South Hams to 21.5% in West Devon. All incomes in the Sub-Region, with the exception of Plymouth City, are higher than the levels found for the counties of Devon and Cornwall, and South Hams and West Devon have a higher mean income than the whole of the South West (8).
- 9.9 However, despite the increases in mean incomes many households will still be priced out of the private market. For example, examining the Sub-Region as a whole, the average lowest quartile house price (according to the Land Registry) is £137,247 which would require an income of £37,253 (based on 95% mortgage availability and a 3x gross income lending ratio). This figure is 55% higher than the average gross annual resident's income of £24,014 (ASHE 2005). This is true for all four authorities in the Sub-Region (8).
- 9.10 Across the Sub-Region the areas with the highest resident gross annual income are West Devon and South Hams. These areas are also those with some of the highest entry level (i.e. Land Registry lowest quartile) house prices and are forecast to see substantial population and household growth up to 2026, suggesting that these are areas of high economic growth (8).
- 9.11 **Housing need:** The total demand for market housing exceeds supply from stock flow by 2,237 units a year, around 50% of which is due to in-migration. This level is 1.4 times the proposed provision of 1,575, including Sherford, in the Draft Regional Spatial Strategy (8).
- 9.12 There is a need to provide a mix of house types in both market and social sectors to meet the need for smaller units and larger detached units from new and existing households and provide for a more balanced housing market (8).
- 9.13 The private rented sector has a supply shortfall to meet demand from existing, in-migrant and new forming households. In practice it does not address all of the need from new households trying to enter the private market and strategy should promote the growth of this sector through delivery of higher quality units (8).
- 9.14 There is a limited but important requirement to assist over 220 households over the next three years who wish to move from social rent to intermediate housing (8).
- 9.15 The Housing Market Assessment (HMA) concludes that Plymouth has a very high level of need (see for example Table 7). The scale of need identified is more than the total new provision in the Draft Regional Spatial Strategy of 1,575 units a year. This is clearly not economically deliverable or sustainable in development terms and justifies the highest affordable housing target that is deliverable / achievable (8). The HMA considers this unachievable and avoids attempting a simple mathematical calculation to determine the



overall target level. The HMA recommends that the LDF Core Strategy could consider target levels of up to 50% of the total of all suitable sites in the urban area and 50% in Sherford (8).

**Table 7: Forecast change in households in Plymouth sub-region, 2003 – 2026**

	2003	2006	2011	2016	2021	2026	Change	
							Nos	%
Plymouth City	104,000	107,000	111,000	115,000	119,000	122,000	+18,000	17.3
South Hams	35,000	36,000	38,000	40,000	41,000	43,000	+8,000	22.9
West Devon	21,000	22,000	23,000	25,000	26,000	27,000	+6,000	28.6
Caradon	35,000	36,000	38,000	40,000	43,000	44,000	+9,000	25.7
Plymouth Sub-Region Total	195,000	201,000	210,000	220,000	229,000	236,000	+41,000	21.0

Plymouth City Council (2001-based) (8)

- 9.16 The rise in house prices in excess of inflation is resulting in greater difficulty in entering the local housing market. Within the overall target the HMA recommends an increased proportion of intermediate market housing of 50% compared to current delivery of around 14% (Para 18.6.1). This must be delivered at a cost below the cheapest entry level costs in the general market and would be available on a similar basis to subsequent purchasers (8).
- 9.17 The AAP states that in order to meet local needs and to ensure a balanced community in each phase of development a target of 50% affordable housing is required including about 15% as social rented and about 35% as intermediate affordable. 15% of intermediate housing is to be reserved for key workers (AAP SNC6, point 4).
- 9.18 **Housing Strategy:** indicative housing mix by type and tenure - details a good mix of accommodation types and tenures. It is also stated that 'Market and affordable housing will not be isolated from each other or zoned but may be clustered for management efficiency. Affordable housing will not be separated from market housing by the quality of their design. It will be 'tenure-blind'.
- 9.19 A number of consultees noted that in order to encourage and achieve a balanced community, the housing development needs to be 'peppercotted', i.e., a mix of tenures which will help to generate social interaction between various social and economic groups. It will also help to prevent a 'them' and 'us' situation from developing in which the new community could become ghettoized along socio-economic lines, thereby reducing a sense of social cohesiveness.

### Opportunities for health improvement

- 9.20 Housing and the built environment includes considerations of affordability, housing flexibility over the lifetime and for sensitive and vulnerable populations, green space and environmental health, and impacts of the construction process
- 9.21 **Housing/dwelling design:** All dwellings to meet EcoHomes excellent standards / all other buildings to conform to BREEAM excellent standards. (3, p32/33)
- 9.22 **Neighbourhood design:** Sherford Town Code: Part I: Town wide Regulation, Massing section - 'Sherford shall accommodate a range of different building types of differing sizes and heights, to provide for a diverse range of households and uses. The town wide massing strategy aims to create a logical hierarchy of places, to maximise day lighting opportunities, and to provide appropriate building heights for key locations, streets and public spaces.
- 9.23 To deliver the housing requirements set out in the AAP SNC 6 the following elements will be addressed within the Housing Strategy which is to be prepared by the developer in conjunction with the Council and other stakeholders and is to be submitted for approval as part of the outline planning application for development at Sherford (18, SNC6, p47)
- Delivery of a balanced and sustainable community, housing all sectors and socio-economic groupings of society, including families, single person households, older persons and vulnerable client groups in line with 'Devon supporting people' strategy;



- Creation of a variety of housing and distinct character areas throughout the site taking into account good design and housing built at the highest density suitable for each part of the town and achieving overall densities of 40-50 dwellings/ha;
  - Provision of an appropriate range of housing to meet the needs of local people from within the South Hams and the remainder of the Plymouth sub-region;
  - In order to meet local needs and to ensure a balanced community in each phase of development a target of 50% affordable housing is required including about 15% as social rented and about 35% as intermediate affordable. 15% of intermediate housing is to be reserved for key workers;
  - Creation of a mixed type, size and tenure of housing in mixed use areas throughout the development. Affordable housing is to be widely distributed and well integrated into the overall development and is 'tenure blind' in design and character;
  - Delivery of flexible housing designs to accommodate lifetime housing requirements including adaptability and meeting the needs of people with disabilities;
  - Delivery of a wide range of housing market opportunities at every stage of development, including social rented, market rented, part rent/part buy, self build and open market.
- 9.24 The most consistent evidence regarding the effects of environmental factors on physical activity in adults is observed for accessibility of facilities, opportunities for activity, and aesthetic qualities of the area (69) (cited in 70). Other studies have found that the presence of enjoyable scenery and the frequency of seeing others exercise are positively associated with being physically active (71).
- 9.25 Bennett (72) describes how achieving a balanced or mixed community is widely seen as an important objective of planning, housing and communities policy. This was as true for the New Towns Programme in the 1940s, as it is for the Sustainable Communities Plan today. Exactly what is meant by a "balanced community" is not very well defined by policy makers, but tends to presume a mix of people of different ages, household types and incomes. The concept of a "sustainable community", as defined by current policy includes the notion of balance, but also a wide range of other components, including economic, democratic, environmental and physical factors (73).
- 9.26 The main public policy mechanism for achieving balance is the provision of a diversity of housing types, in terms of size, tenure and cost within a given area. The case for creating balanced communities is not based on idealised or utopian groupings. Rather, on the basis of powerful evidence which shows that where polarization has concentrated lower income and vulnerable people in an area, the resulting multiple deprivation becomes reinforcing and is difficult to address. A wide range of Government programmes since the 1980s have sought to correct the problems of concentrated multiple deprivation (74). Some of the causes of these problems are now recognised to have been exacerbated by the failure of earlier public policy programmes to avoid concentrating lower income households in the same areas (75). Recently there has been much focus on the problems that can arise in areas with high concentrations of social housing, which due to the limited supply of affordable housing and needs-based allocations policies include high proportions of vulnerable households and low-income families with children (73). The return to large scale, concentrated housing growth, where wholly new communities are being created, raises much broader questions about achieving the right balance.
- 9.27 Residence in a poor neighbourhoods has been associated with an approximately 50% increase in mortality compared with a non-poverty area (76). Living in poor social environments has been associated with an increased risk of poor self rated health and death (77).
- 9.28 Cattell's (57) qualitative study of deprived housing estates in a part of London showed how social networks (58), affected the health of socially excluded individuals. Benefits to psycho-social health were seen to come from close bonding relations via the provision of emotional support, information and practical mutual aid, through a number of different networks, including extended families, work-based networks, neighbours and voluntary organizations representing shared interests. This and later studies (57;59;60) demonstrated



health benefits including hopefulness, enjoyment, increased confidence, enhanced sense of esteem and control.

- 9.29 Good design encourages greater ownership and involvement of communities and can reduce negative effects such as vandalism and the under-use of facilities (78;79).
- 9.30 **Green and open space:** Open space including sports facilities and formal and informal public space provided for in policy SNC9 (18): including civic spaces and urban parks; play areas; at least 200ha of community park on the southern and eastern edges of Sherford; and accessible semi-natural greenspace nominally within 300m of every house. People who can view green spaces from their home also report higher levels of health, well-being and satisfaction with their neighbourhood (80).
- 9.31 A distinct urban/rural edge has been created to the east of the development to maintain a sense of place and to prevent sprawl (18, para 6.3). The buildings within the development will have an open street frontage. The most consistent evidence regarding the effects of environmental factors on physical activity in adults is observed for accessibility of facilities, opportunities for activity, and aesthetic qualities of the area (69; cited in 70). Other studies have found that the presence of enjoyable scenery and the frequency of seeing others exercise are positively associated with being physically active (71).
- 9.32 Green space is beneficial to psychological and physical health (81). There are also wider issues of neighbourhood quality in terms of safety, quality of physical spaces, incidences of graffiti, and broken windows – incivilities which have a variety of negative health outcomes. For instance a neighbourhood which is perceived as possessing a high number of incivilities leads to increased rates of fear of crime and prevents the uptake of physical activity with the local area.
- 9.33 Kweon (82) looked at physical environment, green space, in relation to levels of social integration with neighbours (and a possible link to social capital). The sample was 91 elderly residents (62-91 years old) of an inner city Chicago public housing association. Kweon reports that the use of green outdoor common spaces predicted the strength of neighbourhood social ties and sense of community. Neighbourhood community ties are very important for the elderly.
- 9.34 **Older people:** Table 2 and Table 3 and on page 7 show the projected population age bands in Plymouth and South Hams to 2026. The fastest growing age group is 65+.
- 9.35 Run down, noisy, high rise living conditions discourage older people from social interaction: these settings have been labelled sociofugal (83). Settings which encourage older adults to develop social ties with neighbours are known as sociopetal: these settings include features such as access to transport and safe public spaces. The study suggests that the use of trees near older people's homes may be an inexpensive way to enhance their social integration.
- 9.36 **Affordable housing:** The Council will seek to achieve 50% of the dwellings at Sherford to be provided as affordable homes (18, para 7.54). Affordable housing helps support lower income families achieve home ownership, which can improve health.
- 9.37 **Childhood development:** Quality of life and the safety of the physical environment are important for healthy child development (67;84). Environmental factors such as the distance between houses, access to facilities such as parks, the density of the child population, and safety all influence measures of children's behaviour.
- 9.38 Children who live in 'unsafe' neighbourhoods are exposed to greater risks of developing problem behaviours such as hyperactivity, aggression or withdrawal regardless of the quality of their family life (85)
- 9.39 **Urban design:** People must feel that they own their space in the new community and that they have appropriated it: the process for this will be different between population groups: older people and youth groups may feel differently towards ready made facilities. Young people do not necessarily want to be away from the town centre or see themselves as in conflict with older groups but they will want some autonomy within, and control over, their space (see for example website on informal spaces in Plymouth (86) and studies on skaters in Marseille (87)).



- 9.40 A creative input to design and to identifying and solving problems in urban and rural communities is one way of building flexibility into the design and planning process (63). Local context, engagement and ownership are critical to allowing and enabling people to develop a relationship with the new community.
- 9.41 This theme of appropriation is echoed in studies looking at teenagers and public space
- Through their developing environmental transactions, young teenagers frequently come into contact with places in ways not envisaged by adults.*
- For example, children's play areas became convenient places where groups could hang out during the evening away from the adult gaze; the local shops became a social venue where teenagers from one group could come into contact with other groups and show off their latest clothes and hairstyles, and wait for things to happen; and alleyways and back passages provided spaces for exciting mountain bike races ...*
- Because these teenagers were developing their own and alternative patterns of land use, places were used in ways not anticipated by adults and this led to frequent clashes (88).*
- 9.42 **Physical activity:** Urban design features such as lighting, the installation of CCTV and certain architectural designs are associated with lower levels of fear of crime. Residents of highly walkable neighbourhoods have been found to do 70 minutes more physical activity and have lower obesity prevalence than residents of low walkability neighbourhoods (89;90). High walkability neighbourhoods were classed as those possessing mixed land use, high density, street connectivity, and safety. This is particularly important for older people who may otherwise become socially isolated (91).
- 9.43 A systematic review of public health research on the environmental determinants of physical activity in adults (69) concluded that the most consistent evidence regarding effects of environmental factors on physical activity in adults is observed for accessibility of facilities, opportunities for activity, and aesthetic qualities of the area.
- 9.44 Research has found that in a more convenient environment (including proximity of a park or beach, a cycle path, or shops) or a more aesthetically pleasing environment (a friendly, attractive, or pleasant neighbourhood) people are more likely to walk for exercise or recreation (92). The presence of pavements and enjoyable scenery in the neighbourhood is associated with increased rates of meeting physical activity recommendations. Awareness of facilities, satisfaction with facilities, and the perception that the area offers opportunities to be physically active are also associated with greater physical activity (93;94).
- 9.45 Berrigan and Trojano investigated whether walking, and moderate and vigorous physical activity could be explained by neighbourhood design and recreational environmental variables (95). Minutes of walking and of moderate-intensity activity were related to quality of sidewalks and accessibility of shopping and public transportation. Vigorous physical activity was related to presence of activity supplies in the home and the number of convenient activity facilities outside the home.
- 9.46 The fine grain design of the Sherford New Community will contribute to encouraging people to walk and to use and enjoy the space. The texture and width of pavements are important. 'Inclusion of pedestrian amenities such as lighting, water fountains and bicycle racks ... can increase pedestrian activity. ... In addition amenities such as walking/jogging paths ... have been reported as successful' (44).

### Potential health risks

- 9.47 **Affordable housing:** The master plan indicates a commitment that affordable housing will be subject to the same design and environmental standards as private housing and will not be zoned or isolated from the rest of development. The design will be 'tenure blind' in terms of quality (96, p66) and location. This is highly positive however it is placed under health risks to caution against potential unintended side-effects of this policy. Tenure blind housing allocation can reduce visual inequalities between socio-economic groups which in turn can have a psychological benefit as it reduces levels of anxiety between groups. However, tenure blind housing which is not accompanied by appropriate support will do



nothing to reduce the actual health, and other social, inequalities that are experienced by deprived and low SES groups.

- 9.48 Evidence concerning the links between health and re-housing or housing renewal suggests that the degree of control individuals have over the re-housing process is important. This points to the importance of the process by which people move to the affordable housing in Sherford, and the support they receive in the move and immediately after.
- 9.49 Affordable housing can decrease the value of adjacent properties. Pepper-potting tenancies can make marketing the homes more complicated. If high levels of affordable housing, which are not available for ownership, generate higher levels of turnover this can decrease social cohesion and lead to lower levels of community oversight and investment by public housing residents.
- 9.50 **Lifetime homes standards:** The Schedule of Suggested Changes from the Examination proposed the target of 20% LTH distributed across all tenures. This seems low. It is important that the home offers accessibility and design features that make the home flexible enough to meet changing needs eg a teenager with a broken leg, a family member with a serious illness, parents manhandling heavy shopping and a pushchair or older people (70).
- 9.51 **The construction process:** The timetable is that planning permission for a scheme which meets the requirements of the AAP could be granted in 2007, following adoption of the Sherford AAP. In turn this would enable Sherford to produce approximately 4,000 dwellings by 2016, and ultimately around 5,500 dwellings. These dwellings will be delivered in tandem with necessary community facilities, infrastructure, employment and public open space' (18, para 1.25). South Hams District Council has now received a planning application for the Sherford New Community and is on track to achieve the timetable.
- 9.52 The phasing of the construction process is key - it will be important to ensure that all facilities and infrastructure are available at the required time. It will be important to ensure that the social infrastructure is established in advance of or in tandem with, the population moving in to Sherford.
- 9.53 The cumulative impacts of more than 10 years of construction works from Sherford New Community development could be great. The spatial extent of effects will stretch across the areas surrounding the site. These effects will be felt in both the short and medium term and may have varying degrees of physical and mental health effects. Special steps must be taken to engage with residents who will be affected by the construction. The construction process must be managed by a construction environment management plan to minimise and avoid impacts.
- 9.54 Maternal and child health in particular may be affected by this development. A cohort of children in Sherford New Community will grow up amongst heavy construction. This effect could be minimised by ensuring areas are fully developed at one time and do not suffer ongoing piecemeal development for extended periods.
- 9.55 Key issues for residents adjacent to the development site in relation to the construction works and traffic are:
- Air pollution;
  - Noise pollution;
  - Dust; and
  - Injury as a result of road traffic accidents involving construction vehicles.
- 9.56 Other issues to consider are the impact on social cohesion and resident's sense of place as a result of the construction works and traffic.
- 9.57 These effects will be felt in both the short and medium term and may have varying degrees of physical and mental health effects. Certain population groups will also be affected more than others, notably children.
- 9.58 It is also important to consider occupational hazards associated with the construction industry: the probability of soil contamination not considered to be high due to the land being greenfield.



## Conclusions

- 9.59 The physical design of Sherford New Community should be conducive to walking.
- 9.60 Affordable housing will improve health of incoming residents who are upwardly mobile relative to their previous residence – an effect that will be shaped by the quality of affordable housing relative to neighbouring homes and by the capacity for eventual home ownership in the community by public residents.
- 9.61 In the long-run, high turnover of public residents compared with lower turnover of private residents could severely reduce social cohesion and create tensions between “newcomers” and established community members.
- 9.62 A risk inevitably associated with affordable housing is the socioeconomic disparities of neighbouring home-owners, which can propel fear, lead to stigma and reduce social interaction.
- 9.63 Benefits of affordable housing are also diminished if a high proportion of affordable houses are retiree houses rather than ones that cater to families. Social segmentation is not only be driven by the external design, but is also shaped by the demographic patterns of living in affordable homes.
- 9.64 Ensure the affordable housing remains affordable over the course of the development in order to prevent low income earners from being displaced.
- 9.65 More flexible homes will reduce community turnover, enhance the ability of community members to cope with unanticipated family sickness, and improve community health overall. The lack of specialised accommodation plans for mentally disabled persons is of particular concern; more details need to be provided to assess how many, and to what extent homes, will be flexible before health impacts can be fully assessed.
- 9.66 Construction carries significant health risks to established patterns of living. It is realistic to anticipate inconvenience and stress for different population groups both adjacent to, and residing in, the development area over the development period. Plans to minimise and avoid unnecessary impacts are required.



**Health code 4: housing and the built environment**

<b>Strategic principle</b>	<b>Developer contribution</b>	<b>Design requirement</b>	<b>Management requirement</b>	<b>Monitoring and review</b>
50% provision of affordable housing	Provision of affordable housing units	Lifetime homes providing flexible housing units. 10% of homes built to Wheelchair Design Standards Buildings to be adaptable and flexible Equal size (floorspace) in affordable and market properties	Family and housing support to reduce residential instability and family disruption Enhanced management for RSLs	<ul style="list-style-type: none"> <li>... Percentage of affordable housing delivered in each development phase</li> <li>... Profile of people moving into the housing units;</li> <li>... Reduced (community) turnover,</li> <li>... Comparative analysis of rates of turnover for owner-occupiers and for residents in affordable housing;</li> <li>... Enhanced ability of community members to cope with unanticipated family sickness, and</li> <li>... Good (improved) measures of community health and wellbeing</li> </ul>
Tenure blind policy for allocation of units for affordable housing	Affordable housing will be subject to the same design and environmental standards as private housing and will not be zoned or isolated from the rest of development. Resources to enable Registered Social Landlords (RSLs) to provide support to tenants spread throughout Sherford New Community and to manage the housing stock.	Equitable distribution of affordable housing units throughout the development. Tenure-blind principle to be balanced with the need to cluster affordable housing units for social cohesion and management efficiencies (NB requirement for resources to offset increased management costs associated with diffuse RSL tenants and housing stock).	Family and housing support to reduce residential instability and family disruption	<ul style="list-style-type: none"> <li>... Did the provision of affordable housing, type and tenure, in the current phase meet the housing needs of South Hams District and Plymouth City?</li> <li>... What alterations are required to the provision of affordable housing, type and tenure, in the subsequent phase to ensure that the Sherford New Community meets the housing needs of South Hams District and Plymouth City?</li> </ul>



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
<p>Functional and aesthetic neighbourhoods and housing for all Sherford residents with areas that encourage and allow people to mix and to move about the community using the hierarchy of transport modes (walking, cycling, public transport, car)</p>	<p>Resources for environmental features and inclusive public spaces and management of environmental features / inclusive public spaces</p>	<p>Design focus on housing unit complemented with design focus on the neighbourhood to ensure inclusive public spaces are incorporated into the design.</p> <p>Design focus on active streets</p> <p>Design focus on accessibility of walking and cycling routes from homes and cycle storage within homes</p> <p>Ensure buildings and the public realm are designed to encourage people to be more physically active, for example making stairs and walkways prominent<sup>4</sup> and sign-posting walking and cycling times to facilities and places of interest.</p> <p>Ensure all public buildings are wholly smoke-free and do not include ventilated rooms for smokers.</p>	<p>Surveys of aesthetics of Sherford and physical activity.</p>	<p>... environmental factors and physical activity in adults</p> <p>... accessibility of facilities, opportunities for activity, and aesthetic qualities of the area</p> <p>... the presence of enjoyable scenery and</p> <p>... the frequency of seeing others exercise</p> <p>... link with travel survey.</p> <p>... Links to Travel Survey</p> <p>... Environmental factors such as the distance between houses, access to facilities such as parks, the density of the child population, and safety all influence measures of children's behaviour.</p>
<p>Creative input to design process which encourages local ownership and which leaves space for appropriation as the Sherford new community grows</p>	<p>Resources for community arts projects and design features which give Sherford a sense of place</p> <p>Developer should produce a public realm strategy</p>	<p>Elements of phasing that could involve artistic design / community involvement identified</p> <p>Space left within the Sherford new community which leaves space for appropriation</p> <p>Artistic input seen as integral to design</p>	<p>Artist employed. Community involved in projects.</p> <p>Artist employed. Community involved in projects.</p>	<p>... Numbers of people involved in projects</p> <p>... People's view of design and art features in landscape</p> <p>... Artist employed.</p> <p>... Numbers of people involved in projects</p>

<sup>4</sup> NB potential conflict with requirement for accessible development.



Health Impact Assessment

<b>Strategic principle</b>	<b>Developer contribution</b>	<b>Design requirement</b>	<b>Management requirement</b>	<b>Monitoring and review</b>
Ensure construction phasing assists development of the community with minimum impact	Construction Environment Management Plan (CEMP)		Implement CEMP	... Complaints ... Accidents ... Noise ... Dust ... Water pollution



## 10. Economy and employment

### Key issues

- 10.1 The majority of consultees agreed that the local economy of the new community will be a major influence on how cohesion and quality of life develop within the context of Sherford. Important issues highlighted were that consideration should be given to the types of jobs provided within the new community in terms of their quality – wage, sustainability and security. In order to facilitate the social and economic inclusion of deprived individuals within the community efforts should be made to ensure that the employment opportunities created by the development contain attributes noted above such as a living wage and job security. Further consultees noted that placing the unemployed in ‘bad’ employment would act to increase their labour market weakness and generate further inequality within the region. It was stated that that a buoyant local economy in terms of high rates of resident employment is an important influence on the cohesiveness and equality of the community.
- 10.2 Questions were also raised as to whether the new local residents of Sherford will possess the necessary skills and education to access these jobs? And also that employment opportunities may be taken up by non Sherford residents thereby reducing the likelihood of Sherford residents benefiting from economic growth within and around the new community? In order to prevent a mismatch between local skill and education levels, consultees felt that links should be initiated with local employers and Job Centre Plus to enable education and active labour market training programmes within the Sherford development to meet local employment demand.
- 10.3 The economic development of the new community should also be seen and work in a ‘joined up’ fashion with the other social and economic change mechanisms embodied within the development proposals. This is particularly relevant in terms of transport and connectivity as well as service provision as it will allow individuals to access employment opportunities outside Sherford but also enable them to access the information and resources required to conduct job search activities and therefore take up employment opportunities.

### Description

- 10.4 The AAP aims to attract retail and commercial businesses into Sherford in order to create jobs which will contribute to the economic vitality of the area. This economic growth and development will benefit the regional economy in terms of job creation which will, in turn, generate opportunities for social inclusion of deprived individuals and communities. There will also be employment through service provision.
- 10.5 In combination with jobs provided by the wide range of community, health and education facilities on site, it is expected that the allocation of commercial floorspace can create a balance of homes and workspace and the opportunity to create approximately 1 job per dwelling. This figure may be somewhat below that realistically required for the successful development of the community. One of the developers estimates that 7,395 jobs will be created which will help reduce levels of unemployment. In terms of health this may have a positive impact for those able to enter the workforce via secure, stable, living wage employment.
- 10.6 The AAP states that retail provision is not expected to divert trade from existing centres. Retail Impact Assessment anticipates that Sherford will account for the majority of available convenience goods spending from its population. This is important to help prevent regional inequalities from developing and reduce the likelihood of the surrounding areas suffering from increasing levels of unemployment and decline.
- 10.7 The plan proposes that a diversified rental profile will be adopted to create a diverse business profile. For example local traders and lower margin businesses will be able to locate in Sherford which will add to the social vitality of the community. In terms of creating social cohesion this will be particularly important. The empirical evidence suggests that these small scale and local retailers play an important role acting as hubs or sites of



informal local community interaction and sources of information, whereas large scale retailers tend to 'impersonalise' the urban space thereby reducing day to day interaction amongst residents.

### Opportunities for health improvement

- 10.8 The employment opportunities generated by the development will have a beneficial health impact for those who are currently excluded from the labour market via the reduction of economic poverty. However, this positive impact will be dependent upon whether socially excluded groups such as the long-term unemployed are able to access these employment opportunities. In this regard active labour market programmes will have important role to play in enabling and facilitating people to take up these opportunities.
- 10.9 More widely the generation of employment opportunities via the development will have a positive social and economic impact on the local and regional economy.
- 10.10 The health improvements that may occur due to economic growth can have further cumulative economic benefits. Better health increases labour supply and productivity and historically, health has been a major contributor to economic growth.
- 10.11 Plymouth suffers from a lack of business start ups and relatively poor entrepreneurial culture and a lack of suitable facilities for such new businesses. Is there an opportunity for Sherford here? Could it provide a base for new enterprises in the city. Ensure it has a good supply of suitable work spaces well integrated with other land uses?
- 10.12 The role of the public sector as major regional and local employers should not be overlooked: this applies to local government and to the NHS and training and apprentice schemes for Sherford residents could be designed with education providers. The NHS has apprenticeships and training schemes in a range of areas. These are badged under the *Wider Healthcare Team (97)* and include
- Administration
  - Estates
  - Corporate services
  - Clinical support services
  - Domestic services
  - Support services

### Potential health risks

- 10.13 Jobs created by the development and the residents of Sherford have the potential to be taken up by incomers from surrounding towns and villages. This is a double-edged sword as it may have a beneficial regional, or sub-regional effect but an adverse local effect: eg promoting the integration of the new community into the sub-region while failing to promote the social inclusion of deprived individuals within Sherford. Jobs created by regeneration initiatives are often filled by workers from other areas, rather than the local population (98-100). As the Sherford population will be growing it will be important to explore ways in which Sherford residents can benefit from the new opportunities.
- 10.14 Recently the Medical Research Council conducted a systematic review of the health impacts of state subsidised economic development (101). They examined over 9,000 titles and abstracts and found only 11 studies that provided robust and rigorous evidence on health impacts. The majority of this evidence points to the negative health effects of development particularly in terms of the health status of the existing population.
- 10.15 As noted above the development is estimated to create 7,395 jobs, however, it is necessary to be cognisant of the type and quality of employment that will be created.
- 10.16 The Employment, Retail and Commercial Strategy states that about 16,800m<sup>2</sup> of retail and service use floorspace and about 67,000m<sup>2</sup> of commercial and employment floorspace will be delivered to accommodate a diverse range of employment opportunities throughout the new community consistent with mixed use principles. The significant majority of commercial space will be in small units (about 90% of B class uses in units of less than 250m<sup>2</sup>).



10.17 The health impact of employment is entirely dependent on the nature of the employment (102). The Employment, Retail and Commercial Strategy states that there will be a diverse range of employment opportunities. If these employment opportunities become dominated by employment which is low paid, insecure, secondary sector, or non-standard they will begin to contain many negative attributes such as low pay, insecurity and limited job sustainability. These types of employment would not promote the social inclusion of the worst off (103-105).

- Re-employment in low quality work may be actually worse for psychological health than the experience of unemployment (106-108).
- Re-employment into satisfying work may be beneficial. However, a transition from unemployment to 'inadequate' work is unlikely to be beneficial to health (107;109-111).
- Furthermore, it may take a significant time for the 'damage' to health resulting from unemployment to be repaired.
- Even if employment prospects do improve, for some groups of workers such as lone mothers, there may be conflicts between the demands of employment and other salient roles and responsibilities such as childcare (112-114).

10.18 The AAP makes little mention of how to realistically address unemployment, low skills and and poor educational qualifications and only refers to the 'provision of Life-long learning and training opportunities within the development process' (SNC8, point 4). Further only one mention of training or active labour market training programmes is made that meet employment demands generated over the phasing of the development. As a respondent states:

*"There is a need to think about the range and mix of employment that might be needed and to work with Job centre plus and to ensure training is being provided. For instance it would be good to have training providers on industrial sites to provide a service for all industries there".*

10.19 The retail assessment states that there is scope for two supermarkets with the provision of one upmarket and one discount supermarket. Given the socio-economic mix of inhabitants that will be resident in Sherford there is a possibility that these supermarkets will come to exemplify the socio-economic inequalities that exist within community. In terms of creating community cohesion within the development it will be important to ensure that this does not create a 'them and us' situation.

## Conclusions

10.20 The new community at Sherford is likely to have a significant impact on the economy of the area in the medium-term. If well planned and designed, with good communications and sufficient employment provision, this could assist the economic self-containment of the area, although this needs to be taken with the proviso that any potential increases in traffic and requirements for additional service provision will need to be dealt with to ensure any potential benefits are realised. It is, however, likely that due to the site's proximity to Plymouth and industrial sites close to the A38 that a significant amount of out commuting will still occur.

10.21 In addition to the potential effects of Sherford, the area of the South Hams closest to Plymouth has seen events recently which have the potential to greatly influence the economy. The effects of job cuts at the Imerys clay works at Lee Moor need mitigation to ensure that a potential negative is turned into a positive for the area. The Devon Area Action Force (including South Hams Council) has met recently to find ways forward to address the situation. The likely expansion of Langage Business Park could potentially offer a greater number and variety of jobs in the western part of the District and this area, along with the clay pit area at Lee Moor have also recently gained DTI Tier 2 Assisted Area status for industry.

10.22 Sherford New Community must identify and work with particular local employers and Job Centre Plus in order to ensure that individuals with low skills and educational qualifications are able to access the existing employment demand as well as the new employment opportunities generated by the new community's commercial and retail development. In



## Health Impact Assessment

terms of policy it is proposed that 'The Employment, Retail and Commercial Strategy should address the opportunities for skills training associated with the construction of Sherford and the forward planning required to bring trained employees forward in line with demand. Close links with local training establishments will be required' (18, para 7.82).





Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
			Role of the public sector, including the NHS, and other major employers	
Sherford will be a balanced settlement providing a mixed use of building sizes, high levels of connectivity and diversity of employment opportunities	Resources and funding for business start-up Resources to include capacity building	Are buildings designed so that they can be adapted to meet the changing needs of the regional market and also of the businesses within Sherford, ie <i>lifetime, sustainable business premises?</i>	Support, including favourable tenures, for social enterprises, small businesses and Black and Minority Ethnic (BME) small businesses. Active Labour Market Training programmes	... , ... business start ups, ... role of CDT use assets to fund and ensure employment spread ... Monitor income and employment rates of the residents as compared to the surrounding districts, sub-region and region.
Sherford should not contribute to increasing income inequalities within the sub-region and region.	Local procurement to be defined and prioritized <i>eg</i> building materials to be sourced locally where possible and workforce recruited locally.	Local building materials to be used in the construction of Sherford.	Consult local providers and education providers Involvement of local stakeholders such as Job Centre Plus to incorporate basic skills training and educational qualifications Support through early stages of employment to ensure that ALMT programme and the employment does not conflict with other responsibilities eg childcare.	... Number of disadvantaged individuals accessing the ALMT programmes ... Number of disadvantaged individuals accessing the economic opportunities generated within Sherford ... Percentage of materials sourced locally



## 11. Conclusion

- 11.1 The process of development is critical. The process of managing the new community and its relations with surrounding towns and villages is critical.
- 11.2 While partners, such as the District and the County Councils and the applicants, undoubtedly have differing agenda it is clear that all partners are also working towards the sustainability of Sherford. There are large overlaps between healthy public policy and sustainable development.
- 11.3 In order to develop a healthy and cohesive new community we recommend that a number of key headline issues be considered in the design, delivery and implementation of Sherford.
- 11.4 Consultation, engagement and involvement are key. Flexibility as the new community develops is paramount.
- **Transport:** we commend the aims of the AAP to provide a public transport system/service that is reliable, effective and affordable as well as the promotion of alternative modes of transport as a means of travel within the new community. Sherford will need to deal with the volume of through traffic to ensure severance and safety are not enduring concerns.
  - Sherford's sustainability depends on a dramatic shift in society's relationship with the private car. The bus service must be top quality: affordable, reliable and providing an appropriate service to all age and population groups. The AAP aim to enable 80% of residents to be within five minutes walk of the town centre is also commendable. However, strategies or schemes such as Sustainable Travel Organisation which aim to encourage residents to walk within their community especially to local services are required and need to be adequately resourced and targeted towards the local population.
  - **Governance:** The relationship between Plymouth, South Hams and Sherford must be defined.
  - The development of a Community Development Trust in the initial stages of the new community is a welcome approach to fostering community spirit and social cohesion. The CDT will thrive on strong political support and leadership. It will endure if it provides a responsive service to the residents of the new community.
  - The CDT should have effective and transparent governance structures and should be resourced to target and deliver services effectively.
  - The CDT should address initial and ongoing tensions such as social and economic diversity of residents that may be present or develop between community residents which could threaten the cohesiveness of the new community.
  - **Housing and the built environment:** We welcome the AAP plan for the design of the built environment to facilitate walking and cycling.
  - Specific aims for the urban form of the new community should enable and encourage formal and informal social interaction amongst the community residents.
  - Crime and the fear of crime must be addressed in order that residents feel safe and comfortable using the streets and open spaces.
  - The AAP aim to have a 'pepper potted' housing tenure mix is an ideal mechanism by which to facilitate community cohesion between different social and economic groups. This will generate informal social interaction between groups, however, residents must not be forced into such interaction but rather more one off accidental encounters should be facilitated via the provision of facilities and the design of the urban environment.
  - **Services:** A full assessment of the social infrastructure requirement should be undertaken.



## Health Impact Assessment

- Services should cater to all age groups within the new community: in particular young people and children in terms of childcare availability and provision within the new community. The service needs of particular age groups such as 0-4, 5-11, 12-16, 16-18 year olds must be identified.
  - The support for local produce through the organic farm and the provision of allotments is welcomed. Action to support local and small retailers will add to the identity of the new community.
  - **Economy:** The needs of local employers and the skill base of the local population should be identified. The AAP does aim to provide education and training programmes but these need to be specifically designed for certain types of employment demand within the local area and region. This will enable active labour market training programmes to effectively match the local skills and education base to that of employment demand which will aid in the process of inclusion of socially and economically deprived individuals.
  - Efforts should be made to ensure the quality of employment opportunities are composed of secure, sustainable living wage employment in order to help promote social mobility and social inclusion. The local economy and associated policies should not function to exacerbate social and economic inequalities amongst the local population or between towns and villages within the region.
- 11.5 Involvement and consultation of representative groups and of a wide range of service providers will help ensure that the development is not merely a large building site but a community that is part of South Hams and that contributes to the life of Elburton, Plymstock, Plympton, Brixton and Chaddlewood and other surrounding villages and towns.
- 11.6 All development is a matter of negotiation and balance. This is especially true of community development. The consultees for the HIA were clear that the long-term success of Sherford depends on a fine balance being struck, a balance that meets the needs of each population group, a balance that will need to be adjusted as the needs and requirements of the Sherford new community emerge.



## 12. List of references

1. WHO Regional Office for Europe and European Centre for Health Policy. Health impact assessment: main concepts and suggested approach. Gothenburg consensus paper. 1999. Brussels. WHO Regional Office for Europe, ECHP. 1-10. Available at <http://www.who.dk/document/PAE/Gothenburgpaper.pdf>
2. Dahlgren, G. and Whitehead, M. Policies and strategies to promote social equity in health. 1991. Stockholm, Institute for Future Studies.
3. Whitehead M. Tackling inequalities in health: a review of policy initiatives. In: Benzeval M, Judge K, Whitehead M, editors. Tackling inequalities in health: an agenda for action. London: King's Fund Publishing; 1995. p. 22-52.
4. Curtis S, Cave B, Coutts A. Is urban regeneration good for health? Perceptions and theories of the health impacts of urban change. Environment and Planning C: Government and Policy 2002;20(4):517-34.
5. Cave, B., Curtis, S., Coutts, A., and Aviles, M. Health impact assessment for regeneration projects. Volumes I-III. 2001. London. East London and the City Health Action Zone and Queen Mary, University of London . Available at <http://www.bcahealth.co.uk/links-internal.html>
6. Quigley, R., den Broeder, L., Furu, P., Bond, A., Cave, B., and Bos, R. Health impact assessment. International best practice principles. Special publication series No. 5 2006. Available at [http://www.iaia.org/Non\\_Members/Pubs\\_Ref\\_Material/SP5.pdf](http://www.iaia.org/Non_Members/Pubs_Ref_Material/SP5.pdf)
7. Devon County Council. New communities and strategic urban extensions. Local Development Framework Briefing Paper 2006. Available at <http://www.devon.gov.uk/ldf-briefing-papers>
8. DCA Ltd. Housing market and needs assessment. Final report 2006 Plymouth City Council, South Hams District Council, Caradon District Council, West Devon Borough Council. Available at [www.plymouth.gov.uk](http://www.plymouth.gov.uk)
9. Devon Primary Care Trust. Health in Devon. The Annual Report of the Devon Directors of Public Health 2006.
10. Wanless, D., Beck, M., Black, J., Blue, I., Brindle, S., Bucht, C., Dunn, S., Fairweather, M., Ghazi-Tabatabai, Y., Innes, D., Lewis, L., Patel, V. and York, N. Securing our future health: taking a long-term view. Final Report 2002 Health Trends Review team at HM Treasury. Available at <http://www.hm-treasury.gov.uk/wanless>
11. Department of Health. Choosing health: making healthier choices easier. Cm 6374 2004. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
12. Wanless, D. Securing good health for the whole population. Final report 2004 HM Treasury, HMSO. Available at [http://www.hm-treasury.gov.uk/consultations\\_and\\_legislation/wanless/consult\\_wanless04\\_final.cfm](http://www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless04_final.cfm)
13. Department of Health. Our health, our care, our say: a new direction for community services. Cm 6737 2006. London.
14. Department for Communities and Local Government. Strong and prosperous communities. The Local Government White Paper 2006. Available at [www.communities.gov.uk](http://www.communities.gov.uk)
15. South West Regional Assembly. The draft regional spatial strategy for the South West 2006-2026. 2006. Taunton, Somerset. Available at [http://www.southwest-ra.gov.uk/nqcontent.cfm?a\\_id=836](http://www.southwest-ra.gov.uk/nqcontent.cfm?a_id=836)
16. Devon County Council. A sustainable strategy for Devon. Devon Structure Plan 2001 to 2016, Explanatory memorandum. Adopted October. 2004. Available at [www.devon.gov.uk](http://www.devon.gov.uk)
17. Plymouth City Council. North Plymouth (including minerals) Area Action Plan. Plymouth City Council Local Development Framework. Preferred Options 2005. Available at [www.plymouth.gov.uk](http://www.plymouth.gov.uk)
18. South Hams District Council. Sherford New Community Area Action Plan: South Hams Local Development Framework. Submission stage 2006. Available at <http://www.southhams.gov.uk/sherford.htm>



## Health Impact Assessment

19. Acheson, D., Barker, D., Chambers J, Graham, H., Marmot, M., and Whitehead, M. Independent inquiry into inequalities in health: report. 1998. London. The Stationery Office. 1-164.
20. Department of Health. Policy Action Team 13. Improving shopping access for people living in deprived neighbourhoods. 1999.
21. Department of Health. Reducing health inequalities: an action report. 1999. London.
22. Wrigley N, Warm D, Margetts B, Whelan A. Assessing the impact of improved retail access on diet in a 'food desert': a preliminary report. *Urban Studies* 2002;39(11):2061-82.
23. Guy C, Duckett M. Small retailers in an inner city community: a case study of Adamstown, Cardiff. *International Journal of Retail and Distribution Management* 2003;31(8):401-7.
24. Guy C, Clarke G, Eyre H. Healthy cities: the impact of food retail led regeneration on food access, choice and retail structure change and the growth of food deserts: a case study of Cardiff. *International Journal of Retail and Distribution Management* 2004;32(2):72-88.
25. Guy C, David G. Measuring physical access to 'healthy foods' in areas of social deprivation: a case study in Cardiff. *International Journal of Consumer Studies* 2004;28(3):222-34.
26. Morland K, Wing S, Diez Roux A V, Poole C. Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventative Medicine* 2002;22(1):23-9.
27. LaVeist T A, Wallace J M Jr. Health risk and inequitable distribution of liquor stores in African American neighborhood. *Social Science and Medicine* 2000;51(4):613-7.
28. Morland K, Wing S, Diez Roux A V. The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. *American Journal of Public Health* 2002;92(11):1761-7.
29. Reidpath D D, Burns C, Garrard J, Mahoney M, Townsend M. An ecological study of the relationship between social and environmental determinants of obesity. *Health and Place* 2002;8:141-45.
30. Lochner K A, Kawachi I, Brennan RT, Buka SL. Social capital and neighborhood mortality rates in Chicago. *Social Science and Medicine* 2003;56(8):1797-805.
31. Morrison R S, Wallenstein S, Natale D K, Senzel R S, Huang L L. 'We don't carry that': failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics. *New England Journal of Medicine* 2000;6(342):1023-6.
32. Burdette H L, Whitaker R C. Neighborhood playgrounds, fast food restaurants, and crime: relationships to overweight in low-income preschool children. *Preventative Medicine* 2004;38(1):57-63.
33. Barton H, Grant M, Guise R. Shaping neighbourhoods: a guide for health, sustainability and vitality. London: Spon; 2003
34. Red Tree. Masterplan book. 2006. Available at [www.redtreellp.com](http://www.redtreellp.com)
35. Scott Wilson Ltd. Sherford transport assessment. 2006 Red Tree LLP. Available at [www.redtreellp.com](http://www.redtreellp.com)
36. Faber Maunsell Ltd. Plymouth Eastern Corridor Study. 2006 Plymouth City Council. Available at [www.plymouth.gov.uk](http://www.plymouth.gov.uk)
37. Asthana, S., Halliday, J., Brigham, P., and Gibson, A. Rural deprivation and service need: a review of the literature and an assessment of indicators for rural service planning. 2002 South West Public Health Observatory and the Department of Social Policy and Social Work, University of Plymouth. Available at [www.swpho.nhs.uk](http://www.swpho.nhs.uk)
38. Department of the Environment Transport and the Regions. Social exclusion and the provision and availability of public transport: summary report. Report by TRaC at the University of North London 2000. London. Crown Copyright.
39. Appleyard D. Liveable streets. Berkeley: University of California Press; 1981
40. Clark, J., Hutton, B., Barnett, H., Hathway, T., and Harrison, T. The appraisal of community severance. Contractor's Report 135 1991 Transport and Road Research Laboratory Ltd.
41. Roberts I, Li L, Barker M. Trends in intentional injury deaths in children and teenagers (1980-1995). *Journal of Public Health Medicine* 1998;20(4):463-6.
42. Jacobsen PL. Safety in numbers: more walkers and bicyclists, safer walking and bicycling. *Injury Prevention* 2003;9:205-9.
43. Department of Health. At least five a week: evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer 2004. Available at [www.dh.gov.uk](http://www.dh.gov.uk)



## Health Impact Assessment

44. Zimring C, Joseph A, Nicoll GL, Tespas S. Influences of building design and site design on physical activity. *American Journal of Preventive Medicine* 2005;28(2S2):186-92.
45. see English Partnerships "Car Parking: what works where" (2006) and Manual for Streets [www.manualforstreets.org.uk](http://www.manualforstreets.org.uk)
46. Carlin JB, Stevenson MR, Roberts I, Bennett C, Gelman A, Nolan T. Walking to school and traffic exposure in Australian children. *Australian and New Zealand Journal of Public Health* 1997;21(3):286-92.
47. HM Government of Great Britain. Disability Discrimination Act. (Commencement No. 9) Order 2001: Statutory instruments 2001 2030 (C. 67). 1995. Available at <http://www.hms.gov.uk/acts/acts1995/1995050.htm>
48. Rogers R, Power A. *Cities for a small country*. London: Faber and Faber Limited; 2000
49. Melia, S. *Sherford and its transport strategy*. Health Impact Assessment/Sustainability Appraisal 2007.
50. Department of the Environment, Transport and Regions and Commission for Architecture and the Built Environment. *By design: urban design in the planning system*. Towards better practice 2000. Available at [www.communities.gov.uk](http://www.communities.gov.uk)
51. Koskela H, R. P. Revisiting fear and place: women's fear of attack and the built environment. *Geoforum* 2000;31:269-80.
52. Walklate S. *Victimology*. London: Unwin Hyman; 1995
53. Development Trusts Association. *So you want to set up a Development Trust?* 2005. Available at [www.dta.org.uk](http://www.dta.org.uk)
54. Bandura A. *Self-efficacy in changing societies*. Cambridge: Cambridge University Press; 1996
55. Kawachi I, Berkman L. Social cohesion, social capital and health. In: Berkman L, Kawachi I, editors. *Social Epidemiology*. New York: Oxford University Press; 2000.
56. Kawachi I, Kennedy BP, Lochner K, ProthrowStith D. Social capital, income inequality, and mortality. *American Journal of Public Health* 1997;87:1491-8.
57. Cattell V. Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Soc.Sci.Med.* 2001;52:1501-16.
58. OECD. *The wealth of nations: the role of human and social capital*. 2001
59. Cattell V, Evans M. *Neighbourhood images in East London: social capital and social networks on two East London estates*. York: YPS for the Joseph Rowntree Foundation; 1999
60. Cattell V, Herring R. Social capital and well being: generations in an East London neighbourhood. *Journal of Mental Health Promotion* 2002;1(3):8-19.
61. Portes A, Landholt P. The downside to social capital. *The American Prospect* 1996;26:18-21.
62. Cave, B., Curtis, S., Coutts, A., and Aviles, M. *Health impact assessment for regeneration projects. Volume II: Selected evidence base*. 2001. London. East London and the City Health Action Zone and Queen Mary, University of London . Available at <http://www.geog.qmul.ac.uk/health/guide.html>
63. Cumberlidge C, Musgrave L. *Design and landscape for people: new approaches to renewal*. London: Thames & Hudson Ltd; 2007
64. *Rapid health impact assessment of the South Hams Sherford Development*. December 2005.
65. Atkinson R, Kintrea K. Owner-occupation, social mix and neighbourhood impacts. *Policy and Politics* 2000;28(1):93-108.
66. Campbell C, Wood R, Kelly M. *Social capital and health*. London: Health Education Authority; 1999
67. McCulloch A, Joshi HE. Neighbourhood and family influences on the cognitive ability of children in the British National Child Development Study. *Soc.Sci.Med.* 2001;53:579-91.
68. un Nabi R. The process of organizational change in the Aga Khan Rural Support Programme, Pakistan: lessons for rural development NGOs. *International Journal of Rural Studies* 2005. Available at <http://www.ivcs.org.uk/ijrs/#Oct2005>
69. Humpel N, Owen N, Leslie E. Environmental factors associated with adults' participation in physical activity: a review. *American Journal of Preventative Medicine* 2002;22:188-99.
70. Cave, B., Molyneux, P., and Coutts, A. *Healthy sustainable communities: what works*. 2004 Milton Keynes and South Midlands Health and Social Care Group. Available at [www.mksm.nhs.uk](http://www.mksm.nhs.uk)



## Health Impact Assessment

71. King AC, others. Personal and environmental factors associated with physical inactivity among different racial-ethnic groups of U.S. middle-aged and older-aged women. *Health Psychology* 2000;19(354-364).
72. Bennett J. From new towns to growth areas: learning from the past. Institute for Public Policy Research; 2005. Available at [www.ippr.org.uk/ecomms/files/housing.pdf](http://www.ippr.org.uk/ecomms/files/housing.pdf)
73. Prime Minister's Strategy Unit. Improving the prospects of people living in areas of multiple deprivation in England. A joint report with the Office of the Deputy Prime Minister 2005.
74. Imrie R, Raco M. Urban renaissance? New Labour, community and urban policy. The Policy Press; 2003
75. Page D. Building for communities: a study of new housing association estates. York: Joseph Rowntree Foundation; 1993
76. Haan, et al. Poverty and health: prospective evidence from the Alameda County Study. *American Journal of Epidemiology* 1987;125:989-98.
77. Yen IH, Kaplan GA. Neighbourhood social environment and risk of death: multilevel evidence from the Alameda County Study. *American Journal of Epidemiology* 1999;149:898-907.
78. Evans, G. and Shaw, P. A study into the impact of Lottery Good Cause spending in the UK. draft final report 2001 Centre for Leisure and Tourism Studies, University of North London for the Department for Culture, Media and Sport.
79. Wilson.W.J. The truly disadvantaged: the inner city, the underclass and public policy. Chicago: University of Chicago: UCP; 1987
80. Bonnefoy, X. and others. Review of evidence on housing and health. 2004. Geneva. World Health Organisation.
81. Seymour, L. Nature and psychological well-being. No.533 2003. Peterborough. English Nature. Available at [www.english-nature.org.uk/pubs/publication/PDF/533.pdf](http://www.english-nature.org.uk/pubs/publication/PDF/533.pdf)
82. Kweon B S, Sullivan W C, et al. Green common spaces and the social integration of inner city adults. *Environment and Behavior* 1998;30(6):832-58.
83. Sommer R. Personal space: the behavioral basis of design. New Jersey: Prentice Hall; 1966
84. Parke RD, Bhavnagri NP. Parents as managers of children's peer relationships. In: Belle D, editor. *Children's social networks and social supports*. New York: Wiley; 1989. p. 241-59.
85. Peebles F, Loeber R. Do individual factors and neighbourhood context explain ethnic differences in juvenile delinquency? *Journal of Quantitative Criminology* 1994;10:141-57.
86. see <http://www.knowhere.co.uk/22.html>
87. L'Aoustet O, Griffet J. The experience of teenagers at a Marseilles skatepark: emergence and evaluation of an urban sports site. *Cities* 2001;18(6).
88. Matthews H, Limb M, Percy-Smith B. Changing worlds: the microgeographies of young teenagers. *Tijdschrift voor Economische en Sociale Geografie* 1998;89(2):193-202.
89. Leyden K M. Social capital and the built environment: the importance of walkable neighborhoods. *American Journal of Public Health* 2003;93(9):1546-51.
90. Saelens B E, Sallis J F, Black J B, Chen D. Neighborhood-based differences in physical activity: an environment scale evaluation. *American Journal of Public Health* 2003;93(9):1552-58.
91. Burden D. Street design guidelines for healthy neighborhoods. 1999. Sacramento. Californian Local Government Commission.
92. Ball K, Bauman A, Leslie E, Owen N. Perceived environmental aesthetics and convenience and company are associated with walking for exercise among Australian adults. *Preventative Medicine* 2001;33:434-440.
93. Brownson R C, Baker E A, Housemann R A, Brennan L K, Bacak S J. Environmental and policy determinants of physical activity in the United States. *American Journal of Public Health* 2001;91:1995-2003.
94. MacDougall C, Cooke R, Owen N, Willson K, Bauman A. Relating physical activity to health status, social connections and community facilities. *Australian and New Zealand Journal of Public Health* 1997;21:631-7.
95. Berrigan D, Trojano RP. The association between urban form and physical activity in U.S. adults. *American Journal of Preventative Medicine* 2002;23(2 (supplement)):74-9.



## Health Impact Assessment

96. Building Research Establishment. Sherford sustainability framework. 2006 Redtree. Available at [www.redtreellp.com](http://www.redtreellp.com)
97. NHS Careers. Careers in the wider healthcare team. 2006. Available at [www.nhscareers.nhs.uk](http://www.nhscareers.nhs.uk)
98. Brownhill S. Turning the East End into the West End: the lessons and legacies of the London Docklands Development Corporation. In: Imrie R, Thomas H, editors. *British urban policy: an evaluation of the Urban Development Corporations*. 2 ed. London: SAGE Publications Ltd; 1999. p. 43-63.
99. Bailey N, Turok I. Adjustment to job loss in Britain's major cities. *Regional Studies* 2000;34(7):631-53.
100. Turok I, Webster D. The New Deal: jeopardised by the geography of unemployment? *Local Economy* 1998;12(4):309-28.
101. Egan, M. Employment interventions in health. presentation to European Public Health Association 2003.
102. Graetz B. Health consequences of employment and unemployment: longitudinal evidence for young men and women. *Soc.Sci.Med.* 1993;36(6):715-24.
103. Deakin S. Labour market flexibility: a cure for unemployment? *Benefits* 1995;12:1-5.
104. Peck J, Theodore N. Work first: workfare and the regulation of contingent labour markets. *Cambridge Journal of Economics* 2000;24:119-38.
105. Martin, R., Nativel, C., and Sunley, P. The local impact of the New Deal: does Geography make a difference? Paper presented at the annual conference of the Institute of British Geographers 2000. University of Sussex.
106. Burchell BJ. The effects of labour market position, job insecurity and unemployment on psychological health. In: Gallie D, Marsh C, Vogler C, editors. *Social change and the experience of unemployment*. Oxford, New York: OUP; 1994.
107. Dooley D, Prause J, Ham Rowbottom KA. Unemployment and depression: longitudinal relationships. *Journal of Health and Social Behavior* 2000;41:421-36.
108. Winefield AH, Tiggemann M, Winefield HR, Goldney RD. Growing up with unemployment: a longitudinal study of its psychological impact. London: Routledge; 1993
109. Halvorsen K. Impact of re-employment on psychological distress among long-term unemployed. *Acta Sociologica* 1998;41:227-42.
110. Ezzy D. Unemployment and mental health: a critical review. *Soc.Sci.Med.* 1993;37(1):41-52.
111. Fryer DM. Unemployment and mental health: hazards and challenges of psychology in the community. In: Isaksson K, Hogsedt C, Eriksson C, Theorell T, editors. *Health Effects of the New Labour Market*. Kluwer Academic/Plenum Publishers; 2000. p. 11-25.
112. Baker D, North K. Does employment improve the health of lone mothers? *Social Science and Medicine* 1999;49:121-31.
113. Brown GW, Bifulco A. Motherhood, employment and the development of depression. A replication of a finding? *British Journal of Psychiatry* 1990;156:169-79.
114. Backett-Milburn K, Cunningham-Burley S, Kemmer D. Caring and providing: lone and partnered working mothers. *Family Policy Studies Centre*; 2001
115. Cummins S, Macintyre S. 'Food deserts' – evidence and assumption in health policy making. *British Medical Journal* 2002;325:436-8.
116. Ellaway A, Macintyre S. Does housing tenure predict health in the UK because it exposes people to different levels of housing related hazards in the home or its surroundings? *Health & Place* 1998;4(2):141-50.
117. available at [www.healthyrbandevelopment.nhs.uk](http://www.healthyrbandevelopment.nhs.uk)
118. Taylor, F. Flood Risk Management: critical review of assessments of impacts on population, health and well being within Strategic Environmental Assessment. 2006 Health Protection Agency and Environment Agency.



## 13. Appendices

### List of appendices

Appendix 1: List of consultees.....	74
Appendix 2: On-line survey.....	76
Appendix 3: First thoughts: design codes etc .....	82
Appendix 4: Social cohesion.....	86
Appendix 5: Consultation: Purpose and approach .....	87



## Appendix 1: List of consultees

**Table 8: People interviewed for Sherford HIA**

Name	Title/Role, Organisation
1. Andrew Fiske	Head of Housing, South Hams District Council (SHDC)
2. Cherry Herbert	Planning Officer, Environment Agency
3. Vic Ebdon	Education, Capital Education funds, DCC
4. Harvey Gardener	Re sherford, Police
5. Jonathan Selman	Planning/Urban Design, Plymouth City Council
6. Tim Todd	Director, Young Devon
7. Alison Morgan	Adult and Community Services, DCC
8. Andrew Lightfoot	Economic development, DCC
9. Becky Jenkins	Health Intelligence, Devon PCT
10. Christine McNeil	Education & skills – policy, DCC
11. Dillon Hughes	Principal Youth Officer, Youth Services, DCC
12. Lesley Smith	Director, Community Council for Devon
13. Malcolm West	Development control, Devon County Council
14. Paul Tyler / Rebecca Webber	Major Developments, South Hams District Council
15. Roger Grainger	Community Strategy, DCC
16. Lesley Thatcher	South Hams Sustainability Group & Ivybridge Town Council
17. Freddie Mills	Plympton St Maurice Civic Assn
18. Siobhan, Katie, Charlotte, Paddy, Jake	<i>Voice in Plymouth</i> Youth Forum
19. Denise Rudgey / Liz Mawhinney	Community Public Health Practitioners (& residents of South Hams & Plympton)
20. George Plenderlieth	Director, Plymouth Guild (Voluntary health & social care services)
21. Colin Trier	Plymouth 2020 representative (Environment & Sustainability Group), Fellow of the Centre for Sustainable Futures, Plymouth University
22. Wendy Miller	Ex community health representative, Plymouth 2020, Local Strategic Partnership
23. Paul Lowden	Chair Brixton Parish Council
24. Fran Easu	Regional Housing Manager, Devon & Cornwall Housing Assn
25. Roger Pipe	Millfields Community Development Trust

**Table 9: People invited to complete online survey**

Name	Title / Role, Organisation
1. Alan Street	Chaddlewood Community
2. Keith Clapton	Plympton Community Council
3. Paul Lowden	Brixton Parish Council
4. Derek Curtis	Brixton Parish Council
5. Mike Palmer	Plymouth City Council
6. Joy Howard	Elburton Residents
7. Gill Whillock	Plymstock Community Forum
8. Elaine O'Flaherty	
9. Gary Streeter	MP



<b>Name</b>	<b>Title / Role, Organisation</b>
10. Janet McCarthy	Economic development, DCC
11. Jeff Evanett	West Country Ambulance Service
12. Jill Borrow	Sport and Recreation Officer, DCC
13. John Mckenna	Service planner, NHS
14. Kay Dawson	Community Development, South Hams District Council
15. Laura Whitehead	CVS South Hams
16. Liz Alexander	Libraries, DCC
17. Michael Cozens	Economic Development, SHDC
18. Mike Jones	Urban Transport Design, County council
19. Mike Skinner	District Librarian, East Devon, DCC Libraries
20. Mike Studden	Head of environmental hazards, Health Protection Agency
21. Paul Padfield	BTCV
22. Phil Dent	Transport planner, Devon County Council
23. Phil Slater	Transport planner, Devon County Council
24. Rahila Henderson	Youth Participation and Democracy Worker, Youth Services, DCC
25. Ross Kennerly	Parks and play, South Hams District Council
26. Sharon Reynold	Architectural Liaison Officer, Police
27. Steve Church	landscape, Devon County Council
28. Sue McGrath	Crime and Disorder Partnership
29. Annette Dentith	Waste, DCC
30. Robin Beavis	Cycling, DCC
31. Ros Mills	Public Rights of Way, Devon County Council
32. Steve Brown	Public health lead south Hams, Devon PCT
33. Alan Stone	Urban design, County Council
34. Alex Hanson	Devon Fire and Rescue Service
35. David Whitfield	Arts Officer, DCC
36. Ian Lake	South West Water
37. Pamela Akerman	consultant in public health local authority lead, SW Regional Public Health Group
38. Gareth Walton	Director, Devon Sustainable Building Initiative
39. Helen Cooke	Public Health Data analyst, SW Public Health Observatory
40. Ian Hutchcroft	Sustainable Development, DCC



## Appendix 2: On-line survey

- 13.1 The question themes and format were developed out of the scoping stage, the initial round of interviews with stakeholders, discussion with the steering group and analysis of the empirical evidence base on the social determinants of health.
- 13.2 The survey questions and scales shown below relate to neighbourhood issues. They were drawn from studies concerned with the effects of the neighbourhood environment on individual health and well-being (115;116).
- 13.3 The survey begins with three introductory pages. A link is provided to further information about the development and the HIA.
- 13.4 The focuses on ways in which respondents see the development generating social cohesion, and on potential threats to that process, *ie*
  - what are the major drivers of social cohesion;
  - what are existing problems in the local area; and
  - whether they themselves could identify how the development of a new community could affect residents health.
- 13.5 The survey closes with some open-ended questions about respondent's own professional, and lived, experience.
- 13.6 The survey was distributed via [www.surveymonkey.com](http://www.surveymonkey.com).



## Health Impact Assessment of Sherford New Community

### 1. Introduction

It is crucial that Sherford is designed as a sustainable community for both now and the future: meeting people's changing needs and requirements. Ben Cave Associates Ltd are working with Devon County Council to help ensure that the proposed development of the new community at Sherford is sustainable and healthy. To do this we are carrying out a health impact assessment (HIA) for Devon County Council. For more information on HIA [click here](#). This HIA is being carried out in parallel with an HIA of Cranbrook. If you are involved in both developments we ask that you also look at the questionnaire for Cranbrook. This questionnaire should take no longer than 15 minutes to complete. We are sending it to a wide range of service providers. It will provide us with a valuable overview of your hopes for, and any concerns about, the proposed development.

### 2. Health and wellbeing

We are investigating ways in which health, wellbeing and health inequalities might be affected by the proposed development at Sherford.

This could apply to existing residents and the neighbouring communities of Elburton, Plymstock or Plympton, Brixton and Chaddlewood or to the people moving in to Sherford.

Our health is affected by many different factors including

- our access to employment,
- our access to transport and to good housing and
- whether we feel comfortable and supported in our neighbourhoods.

Sherford clearly offers much potential.

How can we maximise this?

### 3. Your views

We are very interested in your views about how the designs and delivery of the new community can be strengthened to maximise positive health effects. You do not have to be a medical expert to be an expert in improving health. During the first stage of the health impact assessment we reviewed the plans and existing research about the new community to identify the main issues. A briefing note is available at [click here](#). This review and subsequent interviews have identified a key question: How will the new development link to and integrate with the existing communities (at Elburton, Plymstock or Plympton, Brixton and Chaddlewood) and with Plymouth itself, and also how will Sherford grow as a community? The following questionnaire asks your views about the ways in which communities develop and how residents will come together to form a community. This is called social cohesion. We are interested in your opinion on this and other matters. We provide space to cover other issues below.



**Health Impact Assessment of Sherford New Community**

**4.**

**1. Please rank the factors which you think are the most important for social cohesion in local communities**

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	N/A
Social trust – such as the sense that others in the community can be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of belonging and shared values – such as the emotional bond with the area and feeling of belonging, knowing the people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political trust & participation – such as trusted local politicians who represent the views of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respecting diversity – such as respecting differences and being happy when a mix of different people are in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Similar life opportunities – such as a lack of discrimination in local public services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community relationships – such as being proud of, and enjoying, neighbourhoods where people are trusted and look out for each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic opportunity – such as access to stable living wage employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Are there other drivers which you think are as or more important than the above for social cohesion in local communities**

**3. Taking your top three drivers of social cohesion please give a brief example of how these particular aspects of a community can be promoted in Sherford.**



**Health Impact Assessment of Sherford New Community**

**5.**

**4. In the neighbouring communities such as Elburton, Plymstock or Plympton, Brixton and Chaddlewood are any of the following a problem?**

	Not a problem	Minor problem	Major problem	N/A
Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter and rubbish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assaults and muggings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speeding traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reputation of neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of safe places for children to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of recreational facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale and use of drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Please describe below the specific neighbouring community such as Elburton, Plymstock or Plympton, Brixton and Chaddlewood which suffer from these problems.**



**Health Impact Assessment of Sherford New Community**

**6.**

**6. How do you think people's health and well-being will be affected by the development of a new community at Sherford? ·**

For answers which apply to the existing residents of the community and the neighbouring villages of Elburton, Plymstock or Plympton and Chaddlewood please answer this question .

For answers which apply to new residents of Sherford please go to question 7.

Answers which apply to other groups please go to question 8.

**7. How do you think the health and well-being of the new residents of Sherford will be affected by the development of the new community?**

**8. How do you think the health and well-being of other groups such as those of Black and Ethnic Minority and the socio-economically deprived will be affected by the development of a new community at Sherford?**

**7.**

**9. In your work do you make links between environmental, social and economic factors? Please provide some examples.**



**Health Impact Assessment of Sherford New Community**

**8.**

**10. Are you aware of any work done to profile the new population? Please indicate where we can get hold of this work.**

**11. Give us your definition of a good neighbourhood**

**9.**

**12. What should the HIA recommend and have we missed anything out?**

**10. Finish**

Thank you for your time If you would like more information about this survey, or about the wider project, please contact Adam Coutts at [adam.coutts@bcahealth.co.uk](mailto:adam.coutts@bcahealth.co.uk) or Sara Gibbs at [sara.gibbs@devon.gov.uk](mailto:sara.gibbs@devon.gov.uk)  
Telephone: Adam Coutts - 07818 216 559 Sara Gibbs - 07976 922702 For BCA Health: [click here](#)



## Appendix 3: First thoughts: design codes etc

### Tests of Planning Soundness from PPS12

13.7 These tests refer to Development Plan Documents and are thus at a higher strategic level than the considerations for individual projects. They illustrate the criteria against which the Planning Inspectorate will judge the plan.

*4.24 The presumption will be that the development plan document is sound unless it is shown to be otherwise as a result of evidence considered at the examination. The criteria for assessing whether a development plan document is sound will apply individually and collectively to policies in the development plan document. A development plan document will be sound if it meets the following tests:*

#### *Procedural*

- *i. it has been prepared in accordance with the local development scheme;*
- *ii. it has been prepared in compliance with the statement of community involvement, or with the minimum requirements set out in the Regulations<sup>47</sup> where no statement of community involvement exists;*
- *iii. the plan and its policies have been subjected to sustainability appraisal;*

#### *Conformity*

- *iv. it is a spatial plan which is consistent with national planning policy and in general conformity with the regional spatial strategy for the region or, in London, the spatial development strategy and it has properly had regard to any other relevant plans, policies and strategies relating to the area or to adjoining areas;*
- *v. it has had regard to the authority's community strategy;*

#### *Coherence, consistency and effectiveness*

- *vi. the strategies/policies/allocations in the plan are coherent and consistent within and between development plan documents prepared by the authority and by neighbouring authorities, where cross boundary issues are relevant;*
- *vii. the strategies/policies/allocations represent the most appropriate in all the circumstances, having considered the relevant alternatives, and they are founded on a robust and credible evidence base;*
- *viii. there are clear mechanisms for implementation and monitoring; and*
- *ix. the plan is reasonably flexible to enable it to deal with changing circumstances.*



## The NHS Healthy Urban Development: watch out for health

- 13.8 'Watch Out for Health' (117) provides a structure to assess the likely impacts of developments on health. It helps to ensure that health is properly considered when determining proposals. It allows the opportunity to influence planning proposals to maximise the benefit to human health. It permits development proposals to be justified on the basis of their positive effect on health.
- 13.9 This guide, based on the WHO publication 'Healthy Urban Planning' 2000 Hugh Barton and Catherine Tsourou, is described as a tool for assessing the impact on public health of planning policies and planning proposals.
- 13.10 The list is similar to the *Building in Health* checklist used in the scoping stage of the HIA.
- 13.11 It offers some useful pointers about developing healthy and sustainable communities. It is closely tied to planning policies and proposals: this is both a weakness and strength. The topics should be part of established planning procedure and so the steering group may wish to consider what this list adds to decisions taken by Development Control. On the other hand it serves to emphasise the link between planning and health and it is a reminder of the importance of requiring these facilities and enforcing their provision.

### **Healthy Lifestyles**

- Do planning policies and proposals encourage and promote healthy exercise?
- Opportunities for play and exercise.
- Open spaces.
- Green space and parks.
- Playing fields.
- Manage parks and spaces for everyone.
- Green space within 15 minutes from any home.

### **Housing Quality**

- Do planning policies and proposals encourage and promote housing quality?
- Lifetime homes standards.
- Adaptability and flexibility.
- Are homes well designed and oriented; have the highest energy efficiency rating; and constructed from environmentally friendly materials as locally sourced as possible?
- Tenure mix. Are lettings policies in the development tenure blind?
- Affordability.

### **Access to Work**

- Do planning policies and proposals encourage and promote access to employment and training opportunities?
- Does the development or policy promote diversity in jobs for local residents; and provide opportunities for business?

### **Accessibility**

- Do planning policies and proposals encourage and promote accessibility?
- Encourage mobility.
- Public transport.
- Reduce car dependency.
- Minimise the need to travel.
- Is the community served by frequent, reliable, cheap public transport?
- Are the streets pedestrian-friendly and cycle-friendly?



### ***Food Access***

- Do planning policies and proposals encourage and promote access to wholesome locally produced food?
- Address food deserts.
- Does the development or plan allow for allotments, city farms or healthy living centres; safeguard good agricultural land from development; and avoid centralisation of shopping and provision of large supermarkets?

### ***Crime Reduction and Community Safety***

- Do planning policies and proposals encourage and promote crime reduction and community safety?
- Is there effective security and street surveillance?
- Traffic calming and home zones.

### ***Air Quality and Neighbourhood Amenity***

- Do planning policies and proposals encourage and promote air quality and an attractive environment?
- Good urban design.
- High quality public spaces.
- Minimise air and noise pollution and conserve existing quality townscape.

### ***Social Cohesion and Social Capital***

- Do planning policies and proposals encourage and promote social cohesion and social capital?
- Opportunities for social interaction, leisure activities and local empowerment.
- Avoid community severance by major roads or large commercial schemes.
- Are existing health inequalities likely to be reduced?

### ***Public Services***

- Do planning policies and proposals encourage and promote access to good public services? The right services in the right place.
- Sustainable design and construction in public buildings.
- Are community facilities provided and is community involvement encouraged?

### ***Resource Minimisation***

- Do planning policies and proposals encourage waste reduction, minimise energy and water use, minimise use of non-renewable resources, promote recycling and waste reduction, promote sustainable urban drainage, minimise land contamination?

### ***Climate Change***

- Do planning policies and proposals encourage and promote climate stability and minimisation of greenhouse gases?
- Does the plan or development reduce energy use in buildings and transport?



## SEAs and health

13.12 In a paper reviewing the way in which the Environment Agency approaches human health in SEAs Fiona Taylor adapts the review tool produced by Manchester University (118). The question on baseline conditions is as follows.

Is the local area and population described in terms of:	
Size of the population .....	Y/N
Socio-economic deprivation .....	Y/N
Ethnicity .....	Y/N
Health care utilisation .....	Y/N
Social/voluntary care .....	Y/N
Transport & communications .....	Y/N
Educational facilities .....	Y/N
Community participation .....	Y/N
Waste disposal .....	Y/N
Noise .....	Y/N
Mortality & morbidity .....	Y/N
Access to food produce .....	Y/N
Housing .....	Y/N
Employment .....	Y/N
Safety (crime) .....	Y/N
Leisure services .....	Y/N
Pollution/sewerage .....	Y/N
Spiritual provision .....	Y/N
Odour .....	Y/N
Energy consumption .....	Y/N

13.13 The same question is repeated with a slightly different focus.

Existing health problems and pressures on the wider determinants of health should also be described.	
Size of the population .....	Y/N
Socio-economic deprivation .....	Y/N
Ethnicity .....	Y/N
Health care utilisation .....	Y/N
Social/voluntary care .....	Y/N
Transport & communications .....	Y/N
Educational facilities .....	Y/N
Community participation .....	Y/N
Waste disposal .....	Y/N
Noise .....	Y/N
Mortality & morbidity .....	Y/N
Access to food produce .....	Y/N
Housing .....	Y/N
Employment .....	Y/N
Safety (crime) .....	Y/N
Leisure services .....	Y/N
Pollution/sewerage .....	Y/N
Spiritual provision .....	Y/N
Odour .....	Y/N
Energy consumption .....	Y/N

13.14 The advantage these questions have is that they bring an explicit focus on population: which can also be fine-tuned to include inequalities. The green text relates to characteristics of the population. A further question could be included about population change: *does the assessment account for likely change in population profile over the life of the plan?*

13.15 It is notable that each of these categories has an effect on health. Once again the question about duplication occurs as it is assumed that the service and infrastructure questions would be picked up by standard planning approaches.

13.16 As they currently stand the questions are a checklist that ask about the report in the assessment process. They could be adapted to consider whether a planning application takes account of these issues. They would need to be tied in with key themes in a statutory document such as the Community Strategy.



## Appendix 4: Social cohesion

- 13.17 At the local level, cohesive communities are ones in which people:
- trust and get along with each other and have a sense of belonging;
  - respect diversity and are tolerant; and
  - promote fairness to ensure that community members have similar life chances.
- 13.18 At the national level, a cohesive British society is one in which people have a clear idea of what is expected of them and share a common set of values that transcend ethnic, religious or other identities.
- 13.19 Cohesive communities are central to many key government objectives, including:
- preventing and managing conflict and tension;
  - increasing levels of cooperation between individuals and communities and
  - improving their ability to get along;
- 13.20 However, there are significant challenges to promoting cohesion. Individual communities may be experiencing very specific changes and can face very different challenges for cohesion. The same factors that develop or improve cohesion in one community may reduce cohesion in other communities.
- 13.21 For example the development of a new community at Sherford should improve the quality of life for its residents. There is a risk that this could cause resentment in other areas, unless carefully handled. A number of consultees pointed out how Sherford may develop to the detriment of the surrounding towns and villages in terms of the new community becoming the centre for service provision and detract services and investment from the surrounding areas. This will cumulatively concentrate wealth and services within Sherford and lead to an increase in sub-regional inequalities which will not be conducive to the social cohesiveness of the sub-region.
- 13.22 In order to create a socially and economically cohesive community in Sherford the development must enable and facilitate a combination of factors such as economy, housing, transport, services and facilities and promote local/micro democratic forms of community governance. This will ensure that individuals are provided with the social and economic opportunities and capabilities to participate within their community and society at large.
- 13.23 In terms of the discussion of cohesion specifically the consultees felt that a sense of belonging could be created by the development of a community centre embodied within the establishment of the multi purpose community building (health and well-being centre). This will provide a range of social services and act as an informal and formal context in which community members are able to interact and meet one another.
- 13.24 Views were also expressed amongst the consultees that the development should be contextualised within the surrounding areas and region in order to prevent the new community from becoming isolated from neighbouring towns and villages in a social and economic sense but also in relation to social identity. Consultees questioned whether the new community and its residents would adopt an area specific identity particular to that region or adopt the identity and cultural values of Devon more widely.
- 13.25 Perhaps the most important mechanism by which the development will facilitate the creation of social cohesion and governance is through the creation of institutions that will help create and manage the views and needs of local residents. These will play an important role in the development and management of local forms of democracy, increasing the participation and ownership of residents in the development of the community, and improving the long-term sustainability of the community particularly by holding local political representatives to account.



## Appendix 5: Consultation: Purpose and approach

- 13.26 The use of the qualitative interview data embodied within the consultation process is to examine issues such as what and who is involved in the process of implementation, the steps and processes involved, barriers and facilitators, decisions made, whether the development is being implemented as envisaged, and the reasons for deviation from the original design. The consultation helps us understand the processes by which the development proposals will be delivered and what potential outcomes it may have. It can, for example, generate a detailed description of the mechanism involved delivery of the development proposals, who provides them, what form they take, how they are delivered, and how they are experienced by participants and by those who deliver them. It provides an in-depth understanding of the decisions, choices and judgments involved, how they are made and what shapes this. This is particularly important where the development is itself highly process-orientated, where the intention is to effect change through interactions rather than through a one-off event or input.
- 13.27 The consultation process and the information generated also plays a key (although sometimes neglected) role in understanding impacts and outcomes. Rather than providing quantitative measurements of gross or net impact, it can answer more detailed questions which might be summarised as 'how, under what circumstances, in what ways and for which types of people is the development working ... and what do we mean by "working" anyway?' It can tell us about the range and types of impacts the development has, giving a voice to outcomes that were not anticipated or intended and which an evaluator or consultant might not have thought to consider.
- 13.28 In summary the consultation process can help us to understand where a development or social context is not well understood, and the evaluation questions, issues or criteria are not immediately obvious; where 'insider' values and perspectives are particularly important as well as the 'official' perspective; where diversity in how the development operates across different sites or services needs to be understood; provide new insights into the implementation or experience of the development; check for unintended or perverse consequences of the development; explore the complexity of what goes on, in its natural settings; explore 'taken for granted' practices, lay behaviour and organisational cultures.
- 13.29 Consultation is invaluable in framing the development proposals in ways that are meaningful to ordinary people, and in eliciting their perceptions, understandings and experiences of the development context. It is probably not too grandiose to suggest that it also helps to enhance the democratic process by introducing the residents and or citizens' perspective in rigorous, systematic and non-anecdotal ways.
- 13.30 Throughout the consultation process we aimed to consult a range of stakeholders who would provide differing insights and opinions on the development proposals and the potential outcomes the development of the new community may have in terms of social and economic impacts but in particular health related outcomes. The methodology has sought to use a variety of data sources to described the relationship and mechanisms linking the development proposals and public health evidence in order to provide an indication as to the potential health impacts generated by the development of Sherford New Community
- 13.31 Key stakeholders were identified via consultation with steering group members and project documents. These gate keepers were then asked for suggestions of other people to contact. Key stakeholders were initially contacted via email which provided a description of the development and how their views and opinions would be useful in the development process. Stakeholders were then followed up with a telephone call or further email.
- 13.32 The interview question format was drawn from the themes of the evidence base. However, after conducting a number of interviews key issues began to emerge such as social cohesion, housing affordability, urban design which helped us refine and direct the remaining interviews, i.e., this enabled us to be more specific in our line of questioning rather than asking a number of general questions which helped to provide more in-depth



information on the development proposals and potential outcomes that may arise from the development. Respondents also provided information as to how the process of actually delivering and sustaining the development over time could be achieved.

### ***Questionnaire survey***

- 13.33 The online survey was established in order to broaden the consultation process and context. It enabled us to gather the views and opinions of certain individuals and groups who would otherwise have fallen outside the remit of the interviews. This included local civic, faith and community groups as well as individuals who were deemed to have a direct/indirect interest or may be affected by the development of the new community.
- 13.34 How were they selected? Steering groups recommendations/contacts/identified people and groups through review of development proposals as well as general search for community and civic groups within the local area.
- 13.35 The question themes and format were drawn from the issues arising from the interviews and again from the empirical evidence base on the social determinants of health. Major issues addressed in the questionnaire survey concerned how respondents thought the development could generate social cohesion, i.e., what are the major drivers of social cohesion, significant problems with the development and whether they themselves could identify how the development of a new community could affect residents health. Respondents were also asked how they thought the HIA could be improved and what key recommendations could be included in the process.
- 13.36 Respondents for the online questionnaire were initially approached via email which provided a description of the development and how their views and opinions would be useful in the development process. Stakeholders were then followed up with a telephone call and further email. The steering group members were also asked to remind people/colleagues of the survey.

### ***Analysis of questionnaire and interview data***

- 13.37 The qualitative data derived from the consultation process were analysed and thematically coded using the empirical evidence base on the social determinants of health and the review of the project documents. Quotations and ideas expressed by the interview and survey respondents were then coded under each of these themes such as Transport, Governance, Housing in order to provide a clearer account of the development process itself but also to support the recommendations and concerns that were generated by the HIA team. The data collection also provided a number of new insights into issues concerning the phasing and future proofing of the development.





**Ben Cave Associates Ltd**

company registered in england and wales. 103 clarendon road, leeds, ls2 9df. company number 04578866. vat 797 8252 63.