

Rapid Health Impact Assessment of the Teignbridge Plan 2013 - 2033

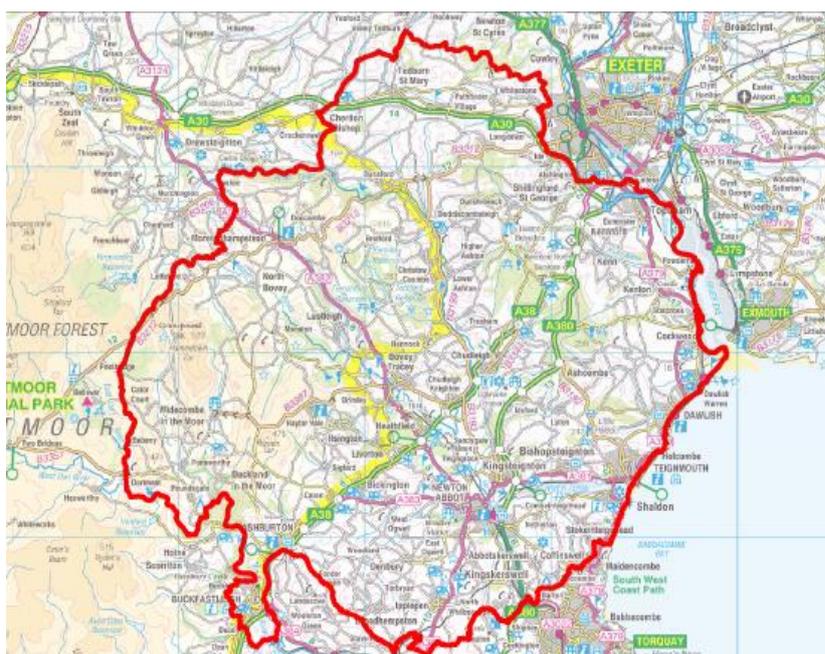
1. Introduction

- 1.1 The aim of the study was to examine the potential health and well-being impacts of the Teignbridge Plan 2013-2033. It is a rapid health impact assessment (HIA) based on documentary evidence including wider evidence regarding the health and wellbeing of the local population and contributions from the steering group.
- 1.2 The purpose of the study was to enable early assessment of the health impacts of the Teignbridge Plan to ensure positive health impacts are enhanced and to mitigate any negative impacts at the earliest stage to inform future planning and development.

2. Scope

- 2.1 The HIA addressed the health impacts on the local population but considered some wider impacts. Figure 1 illustrates the geographical boundary for the assessment of impacts. The Dartmoor National Park area is outside the scope (marked in yellow) as this is a separate planning authority. There will be impacts on the health of the Teignbridge population from development of the Torbay and Exeter areas as well.

Figure 1 Geographical scope of the HIA (Teignbridge JSNA)



2.2 The Teignbridge population is similar to the Devon population with a slightly higher proportion of aged 80+ females and lower proportion of 20-34 year olds. The older population is predicted to rise significantly over the next 15 years with an impact on future service design and delivery and needs. (Figures 2 and 3).

Figure 2 Teignbridge Population Compared to Devon (June 2010) Data Source: Patient and Practitioner Agency

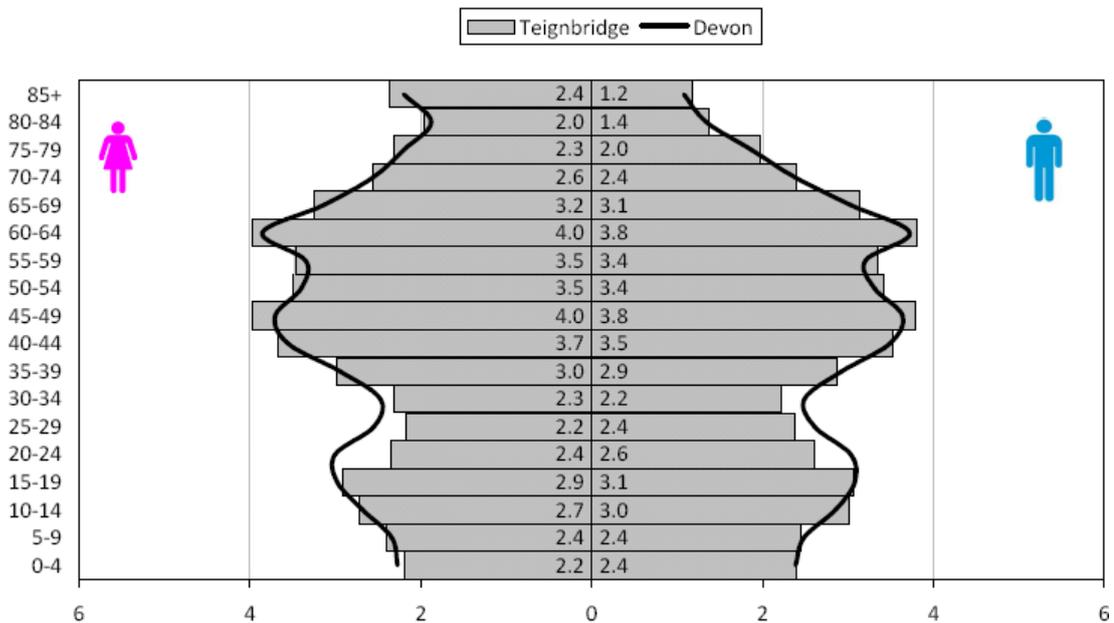
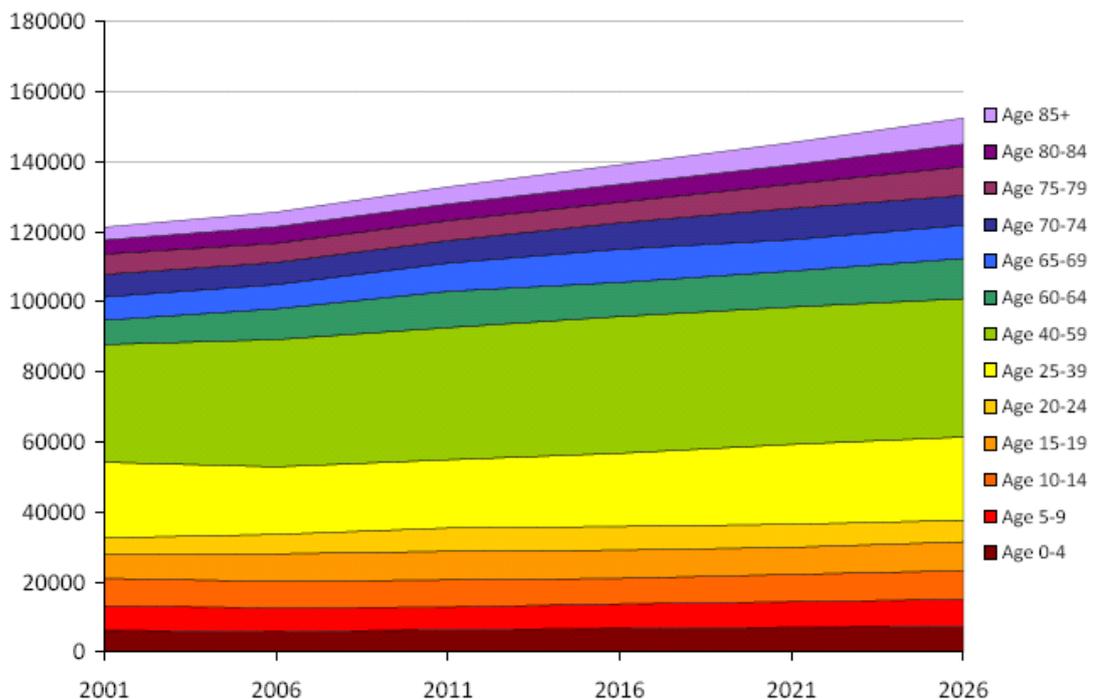
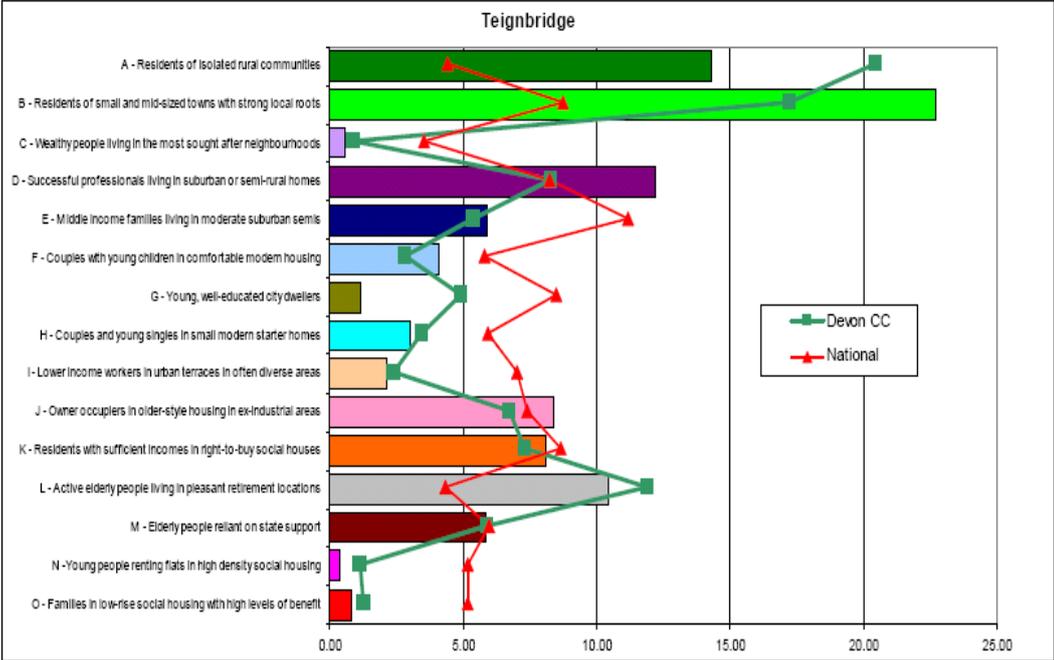


Figure 3 Teignbridge Population Projections by Age Group. Data Source: DCC Jan 2010 Population Projections



- 2.3 The population is predicted to increase by 19,602 people between 2011 and 2026 an increase of 14.8% and an increase of 50.8% in the 85+ age group. The area has a statistically higher rate of people aged 65+ and those with a mental health condition living in care homes, individuals aged 65+ receiving community based care and those with physical disabilities receiving assessments compared to the rest of Devon. (JSNA 2011)
- 2.4 Life expectancy in Teignbridge is 82.4 years. Mosaic data for the District as a whole classifies a greater proportion of residents as 'residents of small and medium sized towns with strong local roots' and 'residents of isolated rural communities'. The profile also reflects the 'active ageing population' and 'successful professionals'. (In Devon 2011)

Figure 4 Mosaic Profile of Teignbridge



Source: In Devon 2011

- 2.5 Appendix 1 provides further health related information and links.

3. Process

- 3.1 Health Impact Assessment is an evidence-based process that aims to predict the positive and negative impacts of a strategy, proposal or development on the health of a population. The HIA process provides an opportunity to promote sustainable communities, by ensuring new plans, strategies and developments are considered in the context of their contribution to the health and well being of the population.
- 3.2 The geographical boundary for the HIA was selected from the District Council boundary with acceptance that the Dartmoor National Park Area was outside the scope of the Teignbridge Plan and is subject to a separate planning process.

3.3 The HIA approach was consistent with that adopted for the South Devon Link Road in Teignbridge using a spectrum approach rather than a numbered scale to evaluate the impacts. (NHS Devon 2011)

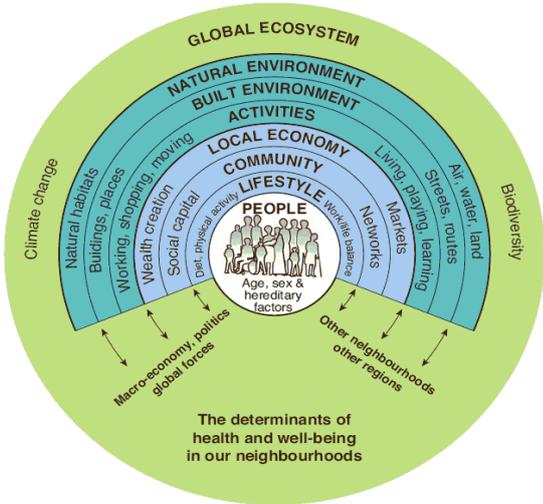
3.4 The steering group consisted of:

- Tina Henry - Head of Health Improvement, NHS Devon
- Neil Blaney – Principal Planner Spatial Planning and Delivery, Teignbridge District Council
- Lorraine Montgomery - Service Manager Green Spaces and Active Leisure, Teignbridge District Council
- David Eaton - Environmental Health Team Leader, Teignbridge District Council
- Rob Kelley - Partnership Development Officer, Economic Development, Teignbridge District Council
- Graham Davey - Housing Enabling Officer, Teignbridge District Council
- Gary Powell - Community Projects Officer, Teignbridge District Council
- Chrissie Rowe - Health and Fitness Officer & Walk This Way Coordinator, Teignbridge District Council
- Jo Stirling - Teign Housing

3.5 Methodology - The criteria for assessment in the HIA were agreed by the steering group, evidence gathered for baseline assessment which was tested by the steering group to form draft proposals and redrafted to the final report. Consideration was given to the wider determinants of health and well-being in neighbourhoods set out in Figure 5 below. The Spectrum Approach was used to assess the impacts which distinguish five different levels of success or failure, each associated with a colour: blue, green, yellow, orange and red. The views to create the value judgement were those of the steering group.

3.6 The agreed criteria were used to assess the strategic policies and strategic places (section 4).

Figure 5 A Health Map. © Barton and Grant 2010 (based on a public health concept by Whitehead and Dahlgren.1991)



4. Findings - Strategic Policies

- 4.1 A number of potential health impacts were considered using a range of sources of information. The evidence sources are listed in Appendix 1. The HIA seeks to identify the potential positive or negative health impact but also expresses mitigation to lessen or enhance those impacts and provides recommendations for further consideration. Reference is made to the section of the Teignbridge Plan where relevant. Appendix 2 was used to frame the impact assessment against the criteria.
- 4.2 A NICE evidence review (NICE 2008) for the built environment and physical activity guidance found a set of features of urban planning and design associated with increased levels of physical activity including mixed land use, high levels of connectivity and provision for walking and cycling, accessible destinations, density of shops and aesthetic features.

Mix of land use

- 4.3 The plan seeks to make wide provision for housing and employment, mixed with leisure and outdoor opportunities. The steering group felt that little mention was made regarding the sustainability or otherwise of agriculture. Concerns were also raised regarding the impact of mixed use on air quality and noise.

Recommendation: The plan needs to support a diverse mix of land uses with access to affordable quality housing, promoting diversity and water management and flood risk. The plan needs to clarify the role of agriculture and address environmental issues regarding mixed use.

Street layout, connectivity and active travel

- 4.4 The plan makes detailed reference to the importance of community spaces and connectivity. Cycling and walkability is promoted over car use, congestion is an issue in some areas. The steering group suggested a vibrant cultural environment as opposed to just incorporating public art. To achieve something for different age groups a mix of uses and spaces is important to allow all ages and groups to mix and meet. Active travel is a theme throughout the plan. Parts of the area are congested and infrastructure will need to support this modal shift to improve the street scene in some areas. The opportunity to further develop the cycling link between Torbay and Newton Abbot provides an opportunity to promote active travel in line with LTP3.

Recommendation: Reference to community vibrancy and mixed use, community uses and spaces is recommended to facilitate intergenerational social interaction. Delivery of active travel options will require significant investment and prioritisation.

Access to Public and Other Services

- 4.5 The plan has detailed proposals for infrastructure to improve access to public and other services this will however require negotiation and prioritisation. A balance will need to be made between providing a vibrant active place for all against the needs of the most vulnerable.

Recommendation: The plan needs to balance the needs of the most vulnerable with the opportunity to develop a health promoting environment for future residents.

Open and Green Space and Leisure

- 4.6 Physical activity not only contributes to well-being, it is essential for good health (DOH 2004). Increasing physical activity levels in the population will help prevent or manage over 20 conditions or diseases. Appendix 4 shows modelled physical activity data for the area showing that activity varies across the area with lower levels in Teignmouth and Dawlish and highest in more rural areas.
- 4.7 Promoting and creating built or natural environments that encourage and support physical activity requires involvement of local and experts at all stages of development to ensure the potential for physical activity is maximised and to plan a network of routes for walking, cycling and using other modes of transport involving physical activity and ensure promotion of accessibility to open spaces. (NICE 2008)
- 4.8 Investment in infrastructure which enables increased activity levels amongst local communities through cycling and walking is likely to provide low cost, high-value options providing benefits for our individual health, the NHS in terms of cost savings, and for transport as a whole. (GOSW 2010)
- 4.9 The Local Transport Plan 3 (DCC 2011) incorporates a number of priorities including working with communities to provide safe, sustainable and low carbon choices which includes making cycling and walking realistic choices and making bus and rail travel convenient and reliable and car travel more efficient. Also the plan proposes to make Devon the 'Place to be naturally active.' This links with Teignbridge Districts Councils 'Heart of Teignbridge' Green Infrastructure Strategy which seeks to provide interconnecting routes to enable people to be more active. (Teignbridge District Council 2011)
- 4.10 Physical activity is addressed in active travel but is an essential component of a healthy lifestyle.
- 4.11 Obesity rates in Teignbridge are slightly higher than the England rate but this is not statistically significant. The prevalence of obese adults is 25.1 (England average 24.2, best 13.9 and worst 30.7) 15.9 of Year 6 children are obese. (Health Profile 2011) Teignmouth West as a ward has statistically higher overweight and very overweight children in reception and year 6.
- 4.12 Emotional health and well-being is important for health and New Horizons: A Shared Vision for Mental Health (Department of Health 2010a) highlights the importance of:
- integrating physical and mental health and wellbeing
 - developing sustainable, connected communities
- A community which is well connected, sustainable and active will have a stronger emotional resilience.
- 4.13 The plan makes reference to the importance of open and green spaces and promotes active travel and leisure throughout a number of strategic policies.

Evidence of need is provided in Teignbridge Green Space Strategy (2009). Green corridors are also considered. The plan promotes public transport, cycle and walking routes over car use for access to open spaces.

Recommendations: Open and green spaces are well promoted as are leisure facilities. Infrastructure will require negotiation and prioritisation to ensure a wide, future proof leisure offer which will also meet the needs of an ageing population.

Affordable and Energy Efficient Housing

- 4.14 Good quality affordable housing which is energy efficient makes a significant contribution to health. The Marmot Review (Marmot, 2010) recognises the importance of good quality housing and mixed tenure communities, in order for people to feel secure in their neighbourhood and reduce health inequalities. Parts of the existing Teignbridge housing stock have poor energy efficiency. The plan seeks to reduce carbon emissions and support energy efficient homes. The steering group raised the definition of 'high score' for Building for Life which requires clarification. Delivery of the homes will be necessary to deliver the infrastructure requirements which will be deemed to have a health benefit.
- 4.15 Due to the growth in older people and high life expectancy housing plans will need to provide for older and sometimes single older people. This will require consideration of lifetime homes and extra care housing needs. The current model of care closer to home is important as increasingly frail elderly will need to be supported at home both socially and in terms of their health and social care needs.
- 4.16 The plan seeks to achieve a considerable increase in housing provision including a proportion of affordable homes. Affordable housing delivery is important to address the negative health impact from poor quality and overcrowded housing accommodation.

Recommendation: The plan will deliver more new homes. Viability of the affordable housing offer could impact negatively on health inequalities if only market housing is delivered. The plan needs to consider the significant increase in an older population. The extra care housing offer needs to be clarified.

Food Access

- 4.17 Food and nutrition are key determinants of health and wellbeing. The association between healthy eating and a range of chronic illnesses, such as heart disease, hypertension, certain cancers and diabetes mellitus has been well established. When considering healthy eating and what people eat, it is also important to think why people make the food choices they do and how their social circumstances constrain or enable these. Being aware of this helps inform strategies to ensure long-term change in eating behaviours (NHS Devon 2010).
- 4.18 The plan refers to allotments and community gardens for personal growing and increased consumption of fruit and vegetables and also makes reference to local produce in town centres. The issue of future food security on a wider scale and affordability of local food and provision of hot food takeaways are not detailed. If

healthy food is only available to certain groups and at high cost it will not assist with the reduction of health inequalities.

Recommendation: The plan needs to consider the wider implications of local food growing to support self sufficiency and access to affordable healthy food options. A further question arises regarding development of fast food outlets in areas where young people frequent.

Air Quality and Noise

- 4.19 Teignbridge has declared four air quality management areas and has areas affected by traffic congestion.
- 4.20 Department of Health Committee on the Medical Aspects of Air Pollution (COMEAP) accepts the World Health Organisation (WHO) recommendations and estimates that air pollution contributed to 12,000 premature deaths each year and to 14,000 hospital admissions for respiratory disease in being brought forward (DH 1998).
- 4.21 Transport has also been demonstrated to contribute to health inequalities. Exposure to air pollution is worse in the areas of greatest disadvantage (Acheson 1998) later studies have reduced the strength of this argument as AQMA'S are declared in a variety of locations but this does not remove the compounded impact that air quality has on deprived neighbourhoods. (DEFRA 2006)
- 4.22 The WHO Air quality guidelines represent the most widely agreed up-to-date assessment of health effects of air pollution, recommending targets for air quality at which the health risks are significantly reduced.
- 4.23 Evidence suggests that nitrogen dioxide can increase the sensitivity of asthmatics to allergens and therefore increase the likelihood of asthma attacks and longer term exposure to nitrogen dioxide can increase the likelihood of respiratory illness in children. The difficulty lies in the separation of the impact from this and other pollutants. (COMEAP 2009)
- 4.24 The link between road transport noise and health are inconclusive (NHS Health Scotland 2007) Traffic noise levels do not generally result in hearing loss but can be enough to lead to serious annoyance, interference with speech and sleep disturbance. Stress has been suggested as a possible mechanism through which noise may affect mental and physical health.
- 4.25 In terms of well-being there is little doubt that a significant number of people are adversely affected by exposure to environmental noise. There is increasing evidence that environmental noise, from both aircraft and road traffic, is associated with raised blood pressure and with a small increase in the risk of coronary heart disease. Evidence that environmental noise damages mental health is, on the other hand, inconclusive. (Health Protection Agency 2010)
- 4.26 The plan makes reference to mitigating harm due to poor air quality by restricting vulnerable uses in areas of poor air quality. Achievement of air quality objectives was deemed problematic without a strong policy on future development to improve air quality. The South Devon Link Road seeks to improve air quality in the Kingskerswell AQMA.

- 4.27 Concern was raised regarding the potential to impact on air quality and noise through mixed use development.

Recommendation: The plan has the potential to improve air quality if it delivers road improvements and a shift to alternative forms of transport this will only be delivered with significant investment.

Access to Employment

- 4.28 The Marmot Review (Marmot, 2010) highlights the importance of creating fair employment and good work for all. This starts with early years, supportive schooling and skills development and lifelong learning leading to safe, good quality employment with flexibility to support lone parents, carers and individuals with long term health conditions.
- 4.29 The plan has a wide employment offer trying to promote skilled professional work opportunities and land suitable for skilled business use. Proposals for skills building and vocational opportunities for the under 19's are also included.
- 4.30 Tourism accounts for less than 10% of employment and vacancies in the area exist in the care and retail sector which are historically low paid. The care sector is likely to grow in the future and the skills mix and affordability of housing will need to support this growing market. The outward migration of young people and commuting for skilled work need to be addressed by the plan.

Recommendation: To impact on health inequalities a range of learning opportunities and work opportunities need to be available. The plan needs to attract inward investment and skilled work but reflect the demand for jobs and skills of some communities who need flexible and lower paid work and others that may be working into later life.

Extreme Weather Events and Climate Change

- 4.31 Extreme weather events can impact on local communities and developments need to support emergency preparedness. The Plan has tough carbon reduction targets and considers the impact of flood risk in area proposals.

Community Interaction

- 4.32 Creating living streets (designed for community use), where cars have access at slow speeds enhances community networking and can have a beneficial effect on road safety, activity levels and health inequalities. (HDA 2005)
- 4.33 Transport can exacerbate or reduce social exclusion assisting with access to work, learning, access to health appointments and food shopping. Studies have demonstrated the links between strong social networks and health. The Plan offers a number of infrastructure proposals which support community interaction but prioritisation will require negotiation and local involvement.
- 4.34 The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health. Social support is critical to physical and mental well-being. The extent of people's participation in their communities and the added control

over their lives that this brings has the potential to contribute to their psychosocial well-being and as a result to other health outcomes. (Marmot 2010) Community Buildings are particular community spaces that enhance the health of a community. For example village halls are the glue that binds communities together, sustaining the health and wellbeing of the rural population. **State and management of rural community buildings in England, ACRE October 2011**

Recommendation: The need to have vibrant community places with a mix of uses and spaces to allow all ages to mix and meet is important for health improvement and social support. This is important in an area with high life expectancy and the risk of social isolation. Where provided facilities should seek to support the whole life course.

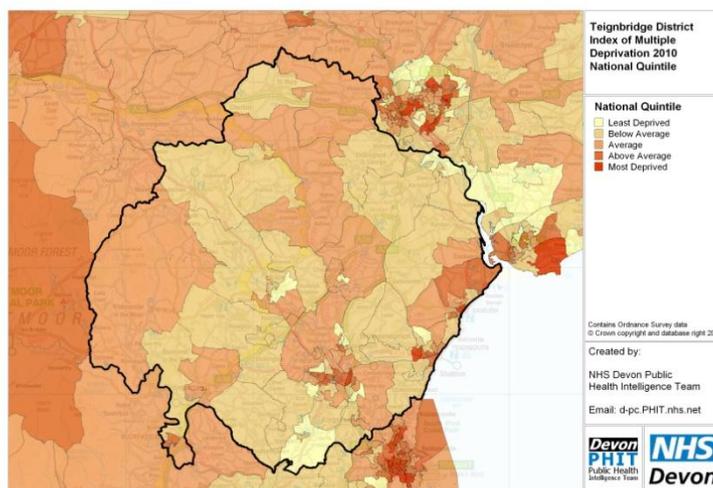
Transport Infrastructure

- 4.35 The transport infrastructure is essential to achieve health improvements in areas which impact on health inequalities and ill health including air quality, active travel and access to employment. The importance of the rail link and major routes are supported. The risk will be delivery of infrastructure to allow other enhancements to the area.

Health Inequalities

- 4.36 Fair Society, Healthy Lives states the importance of creating and developing healthy and sustainable places and communities by fully integrating the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality and improving active travel across the social gradient. (Marmot Review 2010)
- 4.37 Teignbridge has some areas which are in the least deprived quintile nationally and some areas in the most deprived. (Figure 6) Appendix 4 shows areas of urban and rural deprivation across Devon and how they compare to the England and Devon rate. The wards with the highest deprivation include Teignmouth West, Buckland and Bushell. Rural deprivation and isolation are issues in some areas.

Figure 6 Indices of Multiple Deprivation 2010



- 4.38 The health conditions which impact most on the health inequalities gap are coronary heart disease, lung cancer, stroke, other cancers and cardiovascular disease. Lifestyle factors such as increased physical activity, healthy eating, alcohol and smoking are the areas which will impact most on health inequalities.

Recommendation: An environment which supports and facilitates people to eat more healthily and be more active will have a positive impact on health; particularly if those services and facilities are accessible to deprived areas.

5. Findings - Strategic Places

Newton Abbot

- 5.1 The majority of development in the area is in Newton Abbot with significant opportunities for enhancement to the area. The plans include significant housing and employment opportunities. The plan adopts a self containment model. Concerns have been raised regarding growth and addressing congestion through public transport and active travel. Air quality was deemed problematical to overcome particularly in the Newton Abbot area with its existing infrastructure. Further sports facilities are proposed and enhancement of the town centre. The highest demand on services is likely to be seen in this highest density of development. Accessible community multi-use spaces could address the facilities for all age groups, particularly the elderly and teenagers.
- 5.2 Expansion of allotments and community food production has a positive health benefit but needs to benefit the most vulnerable groups. A skills centre for young people will have a positive impact on health outcomes.

Kingsteignton

- 5.3 The plan hopes to enhance the town is individual character. Mineral operations have potential to cause noise and dust problems if too close to residential properties. To improve air quality the proposal needs to enhance sustainable travel in an integrated way and improve resilience through expansion of opportunities to grow food locally. The area has a lot of outward commuting and the loss of sports pitches has been raised.

Kingskerswell

- 5.4 The link road is proposed to improve local air quality and there is a proposal to reopen the train station to enhance public transport. A number of community halls exist and there is potential to gain an enhanced facility to improve community interaction if it has local support. If not it could have a negative impact. The proposed connections improve access to work, active travel and public transport and will reduce local traffic and severance, and enhance the living environment.

Edge of Exeter

- 5.5 The edge of Exeter has been subject to a rapid HIA and has been considered at a master planning level.

Dawlish

- 5.6 There is a need to balance tourism and employment with the natural environment in Dawlish. Young people have expressed concerns about jobs for when they are older. There are youth facilities but limited employment offer. The neighbourhood plan has identified aspirations for the area.

Teignmouth

- 5.7 Part of Teignmouth West experiences the worst health inequalities in Teignbridge. The Broadmeadow proposals (TE1) offer employment potential and housing including affordable homes. Additional infrastructure is proposed including youth and community facilities. The location of facilities needs to remain convenient for the most disadvantaged communities rather than all transferred to new developments. Teignmouth has a large elderly population but there are no proposals for extra care provision in this area.

Bovey Tracey

- 5.8 Heathfield is quite an isolated community with poor connectivity and accessibility, future development should improve links for the local community and in particular safe access across the A38 for opportunities for future employment and leisure access. Cycling routes need to connect existing communities and new communities and infrastructure. The enhancements to Bovey Tracey town centre seek to connect and enhance the community vibrancy and green infrastructure.

Chudleigh

- 5.9 The changes to Chudleigh are not significant and seek to make the area less of a commuter location and enhance self containment.

Recommendation: Consideration should be given to undertaking health impact assessments at the master planning stage where specific proposals are known and the impacts on the local population in strategic places can be more accurately assessed.

6. Summary of Recommendations

- 6.1 A number of recommendations have been made many of which require clarification or further information to address or enhance the health impact.

Recommendation: The plan needs to support a diverse mix of land uses with access to affordable quality housing, promoting diversity and water management and flood risk. The plan needs to clarify the role of agriculture and address environmental issues regarding mixed use.

Recommendation: Reference to community vibrancy and mixed use community uses and spaces is recommended to facilitate intergenerational social interaction. Delivery of active travel options will require significant investment and prioritisation.

Recommendation: The plan needs to balance the needs of the most vulnerable with the opportunity to develop a health promoting environment for future residents.

Recommendations: Open and green spaces are well promoted as are leisure facilities. Infrastructure will require negotiation and prioritisation to ensure a wide, future proof leisure offer which will also meet the needs of an ageing population.

Recommendation: The plan will deliver more new homes. Viability of the affordable housing offer could impact negatively on health inequalities if only market housing is delivered. The plan needs to consider the significant increase in an older population. The extra care housing offer needs to be clarified.

Recommendation: The plan needs to consider the wider implications of local food growing to support self sufficiency and access to affordable healthy food options. A further question arises regarding development of fast food outlets in areas where young people frequent.

Recommendation: The plan has the potential to improve air quality if it delivers road improvements and a shift to alternative forms of transport this will only be delivered with significant investment.

Recommendation: To impact on health inequalities a range of learning opportunities and work opportunities need to be available. The plan needs to attract inward investment and skilled work but reflect the demand for jobs and skills of some communities who need flexible and lower skilled work.

Recommendation: The need to have vibrant community places with a mix of uses and spaces to allow all ages to mix and meet is important for health improvement and social support. This is important in an area with high life expectancy and the risk of social isolation. Facilities supporting the whole life course are essential.

Recommendation: An environment which supports and facilitates people to eat more healthily and be more active will have a positive impact on health; particularly if those services and facilities are accessible to deprived areas.

Recommendation: Consideration should be given to undertaking health impact assessments at the master planning stage where specific proposals are known and the impacts on the local population in strategic places can be more accurately assessed. Wider participation in the HIA process should be included at this stage.

7. Conclusions

- 7.1 Assessment of the health impacts of plans and policies is characterised by much uncertainty, competing values, and differential or conflicting impacts for different population groups at a local or wider level.
- 7.2 As a whole the plan makes a positive contribution to the health of the people of Teignbridge. Overall the plan seeks to improve the local area with access to housing and employment which are needed whilst enhancing the natural, social and leisure environment to provide residents and visitors with a healthy

environment and opportunity to lead a healthy lifestyle to improve their health and wellbeing and reduce health inequalities that exist.

- 7.3 There is a risk that some of the infrastructure may not be delivered and that the existing disadvantaged communities may not experience the potential health gains as the new areas with greater investment.
- 7.4 The health impact assessment should be revisited at master planning stages to ensure local plans address the needs of the local population and issues raised at this strategic stage.

8. Limitations

- 8.1 The steering group defined a geographical boundary to limit the scope of the assessment it does not assess the impact of climate change.
- 8.2 The HIA is rapid and is not an Environmental or Strategic Environmental Assessment. It is not a participatory HIA although the views of residents involved in the consultation were considered by the steering group.
- 8.3 The timescale was short and a full HIA should be undertaken and used to monitor future health impacts at the masterplanning stage where assessment of impacts will be easier.
- 8.4 The HIA does not seek to conclude whether the plan has an overall positive or negative health impact.
- 8.5 The HIA only assesses the impact on the local economy within the geographical scope of the HIA.

9. References

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APPENDIX 1

Sources of Evidence

- The Teignbridge Plan. Plan Teignbridge 2013-2033. Core Strategy 2013-33. Development Plan Document. Preferred Options. January 2012. Link: [Plan Teignbridge 2013-2033](#)
- The Health Profile for Teignbridge 2011 highlights skin cancer (malignant melanoma), tooth decay in under 5's and educational attainment as where the area is significantly worse than the England rate. Link: [Health Profiles](#)
- The Devon Health and Wellbeing pages provide further information in the Joint Strategic Needs Assessments (JSNA) for the Southern Locality and District Council Areas as well as GP practice profiles. Link: [Devon Health and Wellbeing Pages -JSNA](#)
- The Sport England pages provide a range of local authority profiles relating to physical activity and sport. Link: [Sport England Profiles 2011](#)
- [Teignbridge Green Space Strategy 2009](#)

APPENDIX 2

Teignbridge Plan HIA

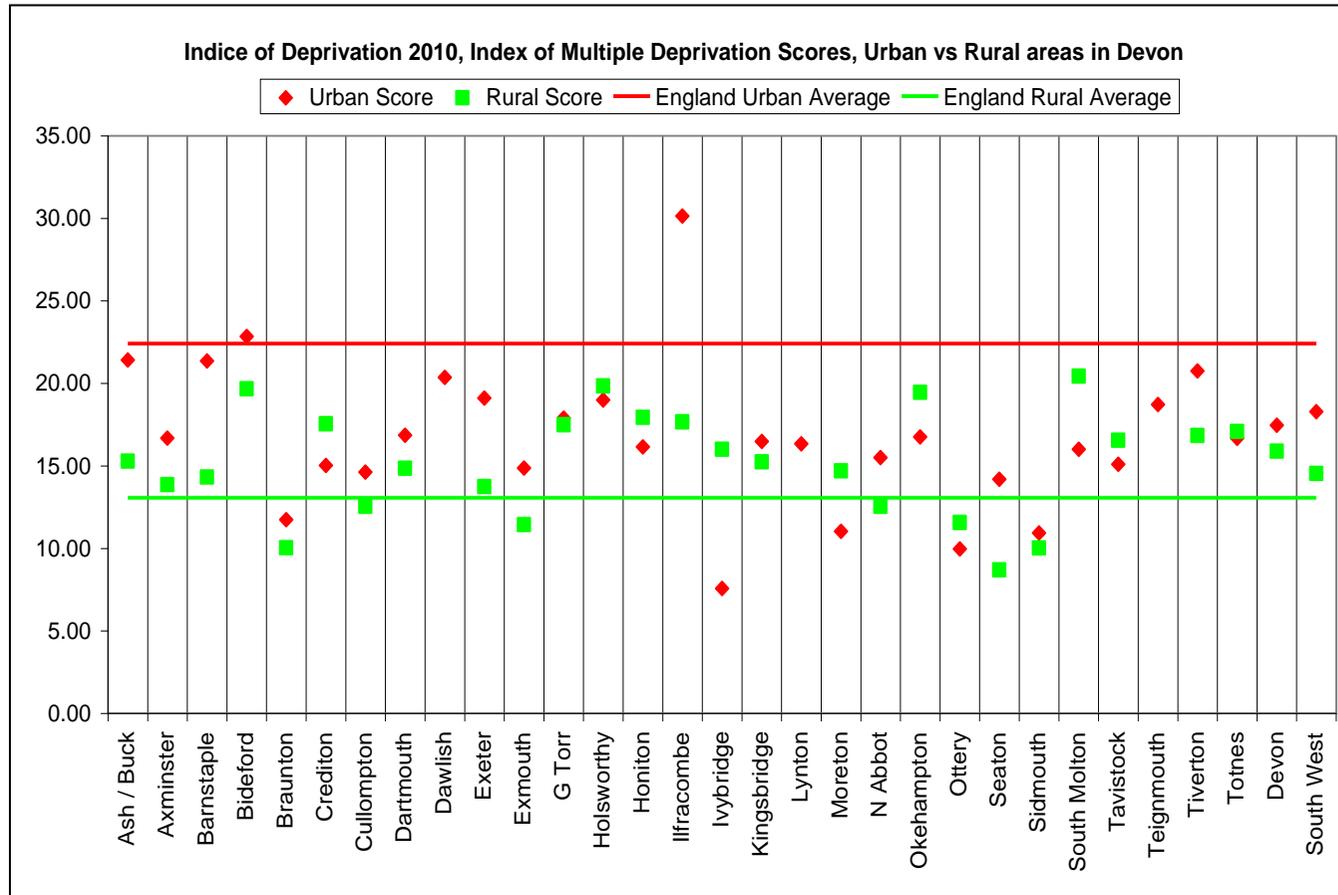
1. What type and how significant an impact on health does the proposal have?	Spectrum Appraisal	Comments (inc. any need for further info)	Mitigating Measures (inc. any need for further info)
Mix of land use		The plan provides a diverse mix of land use without development of large out of town shopping areas, enhancing and developing existing settlements. (S8 self containment) The future role of agriculture seems less clear. (S1), The plan supports retention of important areas such as Dawlish Warren and attempts to blend existing buildings and places and communities (S3) Job vacancies are in retail catering B1/2/8 highly skilled jobs wanted, 1/3rd of all jobs will need new land. Mixed use may cause pollution issues.	Further information on the role and importance of agriculture especially as the plan talks of self sufficiency of the local area (S1) Air quality and noise impacts of mixed use must be addressed
Street layout and connectivity and active travel		(S2 f) Incorporate public art (enhance community space in other ways as well) Pedestrian, cyclist, public transport are raised over the needs of motorist Stimulating environment (S10) National Cycle routes supported	The need for a vibrant cultural environment with a mix of uses and spaces to allow all ages and groups to mix and meet is important.
Access to public and other services		Green and other infrastructure makes reference to services as examples of provision and will be subject to prioritisation and negotiation	Prioritisation and negotiation to deliver services in areas at greatest disadvantage with greater need
Safety and security		The plan makes little detailed reference to reducing crime and fear of crime, the area is a low crime area.	Masterplanning and design guides need to address fear and risk of crime and disorder
Open and green space		(WE11) Green Infrastructure proposals allocate 5% children's play, 5% for young people, 30% to parks, 50% playing pitches and 10% allotments and community gardens which provides a mix of uses allocated to all new developments and in each place of development	The importance of open and green spaces need to be retained and prioritised
Leisure		(S12) Tourism Dawlish Warren and Haldon are important sites to promote health and wellbeing and new sites must be accessible by public transport, cycling and walking (S13) a retail emphasis seems to be maintained but the night time economy and wider leisure uses does not appear to be as important in the plan. The plan discourages out of town and supports existing facilities such as the Waterfront in NA (S5) Infrastructure leisure is mentioned in general terms and as an example	Delivery of a wide future proof leisure offer has an associated delivery risk if not prioritised.
Affordable and energy efficient housing		(S2) Building for Life - What makes a high score 10/12 of 20 rural lower (S4) Viability of the number of homes and % affordable. Focus on Heart of Teignbridge (2.11). Extra care housing provision not detailed, needs of a growing ageing and single occupancy housing not	Delivery risk of housing and affordable housing schemes Further information on the scope of extra care housing and housing for a growing elderly population balanced with a need to encourage young people.

		clearly addressed	
Food access		(S13) Local produce in town centres, (S5) allotments and community gardens as infrastructure (EC3) diversification of farm complex (EC10) local shops walking distance little mention of wide scale local food produce but mention self containment which would be achieved through agriculture as well as small scale local food growing. Takeaways and fast food outlets not mentioned Food security/affordable food less clear	Further information on the role and importance of agriculture especially as the plan talks of self sufficiency of the local area Further information on policy on fast food outlets and local food policy regarding food security and affordability
Air Quality and Noise		(S11 d) Keep vulnerable uses out of areas harmed by existing uses, guide development to seek improvements in pollution levels, There are 4 AQMA (EN6). It was felt that the plan could be clarified to drive improvements in air quality in a stronger way. Mixed uses have an impact on both air quality and noise this was raised particularly in Kingsteignton and AQMA areas.	Further information on the role of the plan in improving air quality.
Access to employment		Tourism accounts for less than 10% of employment. The importance of existing agriculture unclear also proposals to support vacancies in the retail/care sector where skills building could occur.(S1) Focus in built up areas because of transport links	Current skill requirements low skill/low pay therefore affordability of accommodation is very important and skills in the care sector will continue to be important to the area because of the age profile.
Extreme weather events and climate change		S6 Resilience Passive house standards, low heating bills, existing stock majority of problems No mention large scale renewables S7 42% carbon emission target reduction is significant	Delivery of carbon reduction targets a risk
Community infrastructure		S5 Prioritisation of infrastructure negotiable and combined funding sources applied to market housing only Address inequalities and risk health improving infrastructure not affordable/prioritised	The need for vibrant community places with a mix of uses and spaces to allow all ages and groups to mix and meet is important. Involvement of local communities in decision making on prioritisation of community infrastructure is important.
Transport infrastructure		Promote public transport, cycling and walking Delivery of green infrastructure, Rail travel/Link road Community based transport initiatives S10 strategic rail link	Small scale community transport schemes for hospital appointments etc are important as well as major infrastructure delivery.
Other (1) State: Obesity		The plan has the potential to impact significantly on obesity rates if opportunities for active travel and to be active are delivered	
Other (1) State: Circulatory and vascular diseases		If people are more active and eat more healthily this will impact on circulatory and vascular diseases	
Other (2) State: Emergency admissions		If supportive healthy environments are created this has the potential to impact on emergency admissions	
Other (3) State: Disease prevalence		Prevention and early intervention will impact on disease prevalence in an ageing population	
Other (4) State: Emotional health and wellbeing		The importance of communities of people as well as place are referenced in the plan and have the potential to impact positively on emotional health and wellbeing	

2. How does the proposal influence the population?			
Children (Under 16's)		Place based plans make reference to facilities for children and young people many are negotiable as part of the infrastructure plans.	The educational attainment of children and young people is important as well as an active environment
Young people (16's -25's)		Young people have raised concerns about future employment in the consultation, the population profile (figure 2) shows the e outward migration of working age people	The future plan needs to ensure opportunities for young people are a priority for the area
Workers		As above, the plan does incorporate employment opportunities and skills development	
Over 65's		The plan makes reference to infrastructure and in areas facilities for older people	Clarity was required regarding extra care housing
Mobility impaired		The plan makes reference to accessibility in a number of areas	
Others (1) deprived groups		The area has a number of deprived areas and future development must also enhance opportunities for these areas to avoid a widening of the health inequalities gap.	Consideration of the plans impact on health inequalities is important particularly if development is around such areas, this is equally important at the master planning stage
Others (2) gypsy and travellers		WE6 There is a specific policy for development of sites for gypsy and traveller communities	
3. Are existing inequalities in health reduced or widened?			
Devon Wide		This is negotiable depending on the impact of development on the opportunities for the most deprived communities	
Dartmoor National Park		The plan should provide a wide range of opportunities for connectivity, employment and leisure with the neighbouring area.	
Torbay		The plan facilitates a better connection with Torbay for employment and leisure pursuits	
Regional impacts		The plan supports the important regional connections and provides a wider employment offer with a preference for self-containment.	

Key for spectrum appraisal (© Barton and Grant 2006):

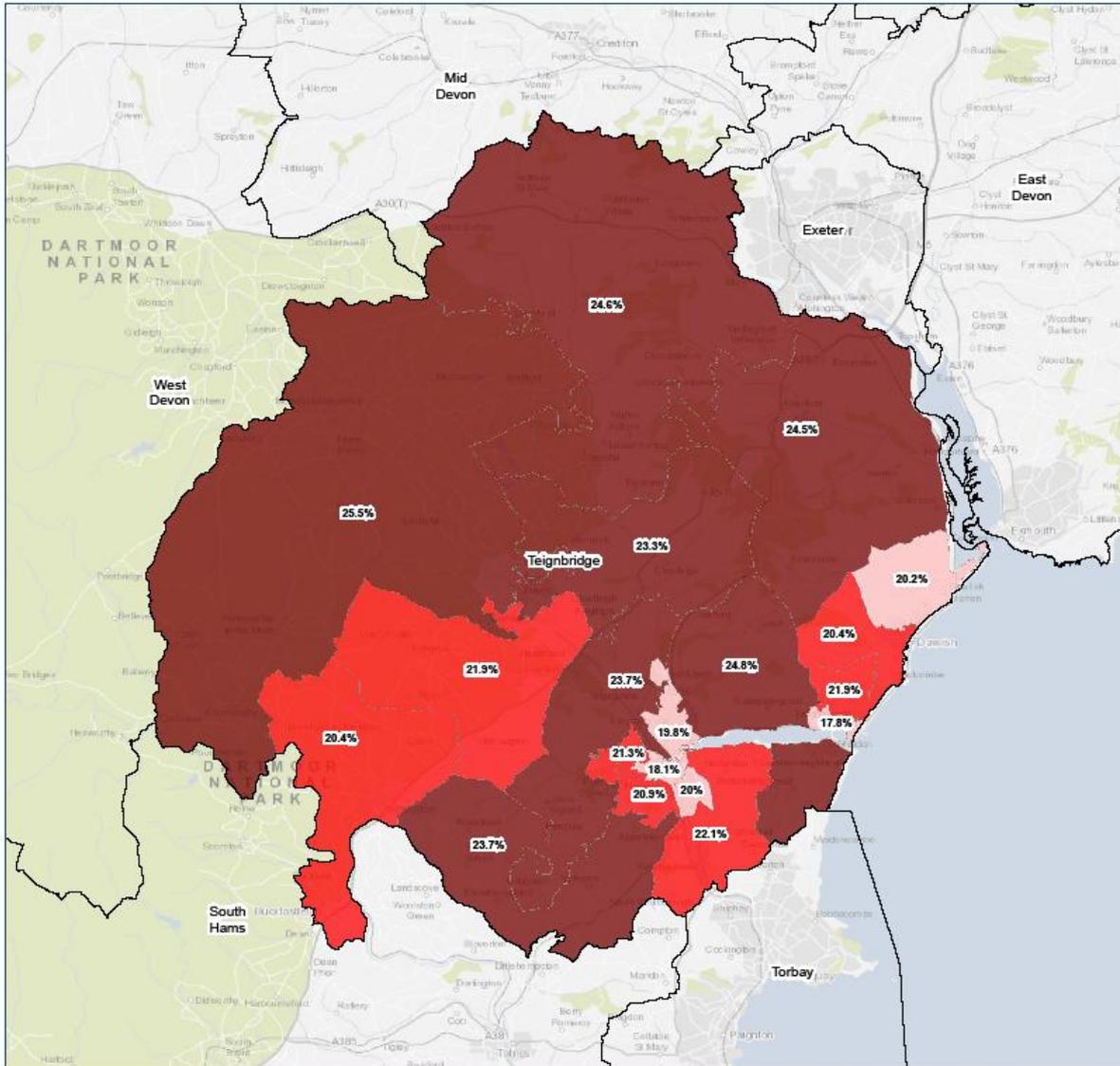
	EXCELLENT	The criterion is fully satisfied. A very well-designed proposal is backed with realistic action plan and partner backing as appropriate. Delivery is secure and exemplary.
	GOOD	The criterion is generally satisfied. Well thought out proposal with an action plan. Delivery is secure.
	NEGOTIABLE	The criterion is addressed and there is an acknowledgement of a delivery mechanism/action plan but success depends on further work and negotiation
	PROBLEMATIC	The criterion is addressed but remains largely aspirational. It is not likely to be satisfactorily fulfilled without major reassessment
	UNACCEPTABLE	The criterion is not being addressed at all in the proposal



APPENDIX 4



Adult participation in sport and active recreation, by Medium Super Output area: Teignbridge



Participation is defined as the percent of the adult population (age 16 and over) participating in at least 30 minutes of sport and active recreation (including walking and cycling) of at least moderate intensity on at least three days a week (formerly National Indicator 8, NI8).

Modelled estimates of participation are based on data from Sport England's Active People Survey 3 (October 2008-October 2009) and Active People Survey 4 (October 2009-October 2010).

MSOA participation estimates are based on modelled or 'synthetic' estimates of participation. Synthetic or modelled estimates combine survey data from Active People with other data sources that are available at the area level (for example, health indicators, socioeconomic status etc) and through a three stage statistical modelling process, provide small area estimates of participation.

Medium Super Output areas (MSOA's) are a geography for the collection and publication of small area statistics. MSOA's have a minimum population of 5,000; and a mean population of 7,200.

Visit the Sport England Research website (www.sportengland.org/research) for more information on Active People Survey and the modelled small area estimates, including:
 - an Excel file with the participation estimates by MSOA in tabular format
 - further information on the small area estimates of participation modelling process, including Technical Report.
 - further information on National Indicator 8 (adult participation in sport and active recreation)

Legend

NI8 participation estimates 2008-10

Quantile classification*

- 10.7% - 17.6% (low)
- 17.7% - 20.3% (low-middle)
- 20.4% - 23.1% (middle-high)
- 23.2% - 32.9% (high)

* Quantile classification: Each class contains an equal number of records. With four classes each contains roughly 25% of all MSOA records.