

## HEALTH IMPACT ASSESSMENT

### FORMER BRICKWORKS SITE, STAR LANE, GREAT WAKERING

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## CONTENTS:

### Page No:

1.	INTRODUCTION	1
2.	SCHEME DESCRIPTION	5
3.	POLICY CONTEXT	7
4.	ASSESSMENT	11
5.	EVALUATION OF HEALTHCARE REQUIREMENTS	15
6.	SUMMARY AND CONCLUSIONS	16

## APPENDIX ONE: HEALTHCARE FACILITIES PLAN

### LIST OF FIGURES:

FIGURE 1: MODEL OF HEALTH NEEDS ASSESSMENT PROCESS	1
FIGURE 2: MAIN DETERMINENTS OF HEALTH	3

### LIST OF TABLES:

TABLE 1: SCHEDULE OF ACCOMMODATION AT FORMER BRICKWORKS SITE	5
TABLE 2: GP SERVICES WITHIN 3 KILOMETRES OF THE SITE	11
TABLE 2: DENTAL SERVICES WITHIN 3 KILOMETRES OF THE SITE	13

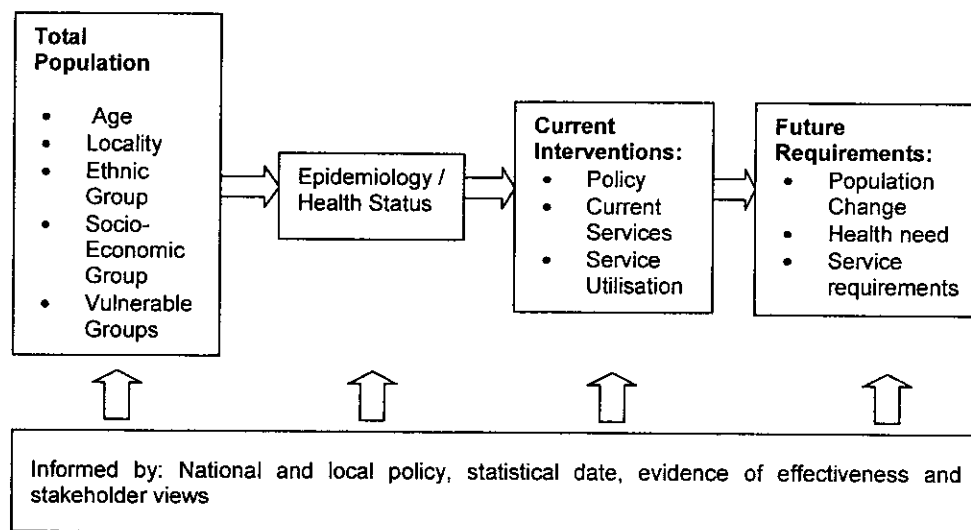
## 1. INTRODUCTION

- 1.1 This Health Impact Assessment (HIA) has been prepared to examine the potential health effects associated with a development proposal for a residential development of 140 dwellings on the site of the former brickworks on Star Lane, Great Waking.
- 1.2 This HIA is a requirement of Policy CLT4- Healthcare within the Rochford District Council Core Strategy, which was adopted on 13 December 2011.
- 1.3 The contents and scope of the report have been confirmed by case officer, Claire Robinson via email on 11<sup>th</sup> May 2012 following a request for these details on 8<sup>th</sup> May 2012 by Pegasus Planning Group.

### Background

- 1.4 Health impact assessments are used to improve health and other service planning, priority setting and policy development and are a method of identifying unmet needs. The overall process of health needs assessment is described in Figure 1 below.

**Figure 1: Model of the health needs assessment process**



Source: P. Brotherton 2008

- 1.5 This model provides an estimate of likely future health requirements and is informed by local data on populations and on projections covering the construction period insofar as these can be determined. Whilst segregation of the population may be helpful in determining health needs of a wider administrative area, it may not always be as helpful for a relatively small geographical area. This may especially be the

case for new developments where population levels may be skewed in favour of particular types of family compositions which may have health considerations which are different from the average for that area.

- 1.6 HIA is commonly defined as

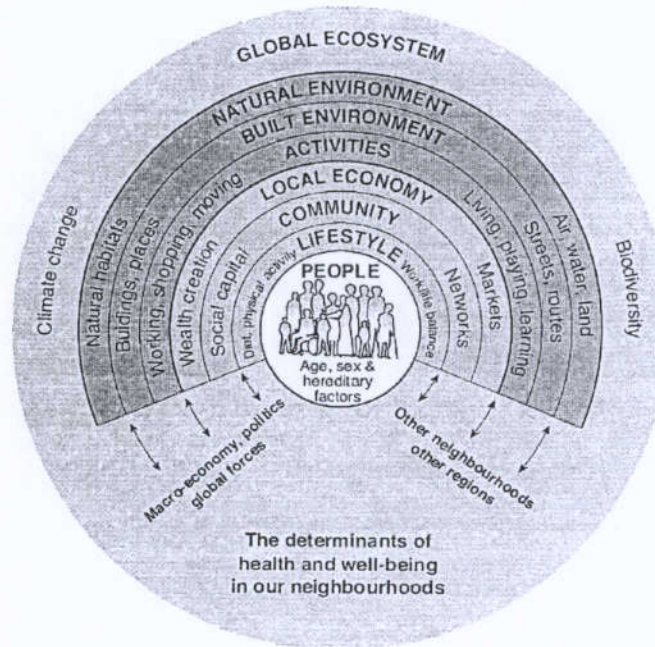
***“A combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population”<sup>1</sup>***

- 1.7 The HIA is based upon a socio-economic model of health. It is a tool to organise both positive (e.g. creation of jobs) and negative (e.g. generation of pollution) impacts on the different affected subgroups of the population that might result from the development.
- 1.8 Figure 2 highlights how many factors influence health and well-being. These include housing, community networks, places to play and modes of travel and opportunities to move. These are known as determinants of health. HIA is also concerned with inequalities in health, as some population groups are more susceptible to change in the social, economic and physical environments and may be more susceptible to poor health.

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<sup>1</sup> Health Impact Assessment SPD, Consultation Draft, South Cambridgeshire District Council, October 2010

Figure 2: Main determinants of health



Source: Dahlgren, G and Whitehead, M (1991), Rainbow model of Health in Dahlgren, G (1995) European Health Policy Conference: Opportunities for Future . Vol. 11 – Inter-sectoral Action for Health

- 1.9 One of the additional aims of a HIA is to act as a public health management plan. This management plan is an impartial output as it proposes ways in which health and health inequalities can be addressed by all parties involved in the physical design of the scheme affecting each stage of the development. In this way, benefits can be embodied within the scheme and extend beyond the life of the HIA itself.
- 1.10 A HIA is an evidence-based process which incorporates a number of methods. These include reviewing current health and policy literature; analysing population and health data; and estimating future impacts and requirements. Future population needs are, of course, subject to many uncertainties and all projections of future needs should be seen as best estimates which are subject to change, rather than as firm predictions.
- 1.11 As noted above, new developments frequently attract particular types of purchaser/occupier that do not equate to the average for an area and therefore any calculations of health needs should take this into account.

### Methodology

1.12 This report will summarise the existing situation regarding healthcare provision and an assessment of the requirements for future residents of the site. In order to fully consider all relevant matters and draw robust conclusions, the following chapters have been included:

- (i) A description of the detailed application for development on this site, including the quantum of development and dwelling mix proposed;
- (ii) A summary of relevant national and local health and planning policy;
- (iii) An assessment of existing healthcare provision;
- (iv) An evaluation of the findings;
- (v) A summary and conclusion.

## 2. SCHEME DESCRIPTION

### Site Description

- 2.2 The application site is an area of brownfield land comprising 3.28 hectares which was previously the site of a brickworks factory located on the south western edge of Great Waking, Essex. The brickworks operation ceased in 2005 and all buildings have since been demolished.
- 2.3 Great Waking is a village located in the south eastern corner of Rochford District and the south eastern corner of Essex. The centre of the village lies approximately 1km to the north of Shoeburyness and 6km to the east of Southend-on-Sea.
- 2.4 The site is located on the eastern side of the B1017 Star Lane. This road connects Great Waking to Shoeburyness to the south.

### Proposal

- 2.5 This document supports a proposal for detailed planning permission for the redevelopment of the former brickworks site for residential purposes.
- 2.6 A total of 116 dwellings would be provided on this brownfield site. The schedule of accommodation for the development is provided in the table below:

**Table 1: Schedule of accommodation at former brickworks site**

Unit Type	Number of units	% of total
1 bed apartment	6	5.1
2 bed apartment	7	6
2 bed house	21	18.1
3 bed house	48	41.3
4 bed house	34	29.3
<b>Total</b>	<b>116</b>	<b>100%</b>

- 2.7 Of these units, a total of 11 will be allocated for affordable housing, with the remaining 105 units being privately owned.

Health benefits of the proposal

- 2.8 The application sites lies on the edge of Great Waking, attached to the built up area of the village. This means that existing services, play areas and leisure facilities would be accessible to future occupiers by foot or bicycle.
- 2.9 The application site is also adjacent to the north of the town of Shoeburyness. Future residents of the application site would have good access to the wider range of services and also public transport within the town.
- 2.10 The proposal provides dwellings at an appropriate density allowing good size living and amenity areas, delivering a high quality living environment for future occupiers assisting in the creation of a healthy population.
- 2.11 The proposed dwellings incorporate energy efficient building methods and fabrics which will support a sustainable community.
- 2.12 The dwellings will be constructed to be adaptable to the changing needs of occupiers in the short and longer term, which will contribute towards social cohesion in the development and within Great Waking as a whole.



### 3. POLICY CONTEXT

#### National Policy

3.2 National Health policy is set out in a wide range of sources including White Papers, various strategy and operational publication and ministerial speeches. The health policy of the new coalition Government is still emerging but there are some key themes that are likely to have a lasting impact. These include:

- A focus on prevention of ill health (i.e. being proactive);
- Local decision-making;
- Greater clinical input in decision-making (particularly general practitioners);
- A focus on health outcomes;
- Greater plurality of healthcare provision, with more voluntary and independent sector providers competing for work alongside public sector bodies.

3.3 There are many policy documents dealing with specific health issues (e.g. heart disease, mental health etc.), but the rest of this chapter highlights some important overall policy drivers. An important document to set the scene for future planning is the recent NHS White Paper<sup>2</sup>. This has four main elements:

1) Putting Patients and the public first:

**"We will put patients at the heart of the NHS, through an information and evaluation greater choice and control". (S, p3)**

2) Improving healthcare outcomes:

**"To achieve our ambition for world-class healthcare outcomes, the service must be focussed on outcomes and the quality standards that deliver them. The Government's aims are to reduce mortality and morbidity, increased safety, and improve patient experience and outcomes for all". (S, p4)**

3) Autonomy, accountability and democratic legitimacy:

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<sup>2</sup> NHS White Paper (July 2010) Equity and Excellence: Liberating the NHS, UK

**“The Government’s reforms will empower professionals and providers, giving them more autonomy and in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at local level”. (S, p4)**

4) Cutting bureaucracy and improving efficiency:

**“The NHS will need to achieve unprecedented efficiency gains with savings reinvested in front-line services, to meet the current financial challenge and the future costs of topographic and technological change”. (S, p5)**

3.4 It will therefore be increasingly important to ensure that general practitioners and the local authority are involved in the health impacts of the development proposals. The emphasis on choice and competition also means that the pattern of health services provision is likely to be different in future, with a strong possibility of new health providers being in place locally.

3.5 Within the overall policy context, some strategic priorities for the NHS are set out in a 5 year plan for 2010 to 2015<sup>3</sup>. This included a commitment to:

- More rights for patients (e.g. Choice of hospital).
- Accelerated improvements in quality across five key areas of care (cancer, cardiac care, stroke care, maternity care and patient experience).
- Transformed services for those with a long term condition (such as diabetes, chronic obstructive pulmonary disease and dementia).
- Ensuring that a proportion of hospital income is dependent on patients experience and satisfaction with services.

3.6 More detailed priorities for the NHS are set out each year in the Department of Health Operating Framework. The 2010/11 Framework was revised by the new Government shortly after coming into office<sup>4</sup> covering some access targets and highlighting the requirement for efficiency savings. This did not fundamentally

<sup>3</sup> Department of Health: (Dec 2009) NHS 2010 – 2015: From Good to Great, Preventative, People-Centred, productive: Department of Health; UK

<sup>4</sup> Department of Health (June 2010) Revision to Operating Framework for the NHS in England 2010/11; DH, UK

change the year's health priorities, but it is very likely that substantial changes will occur in future years.

- 3.7 The longer term strategy for improving population health will be published in a forthcoming White Paper on public health. In the meantime a hint at some of the key topics was given in a speech by the Secretary of State for Health (7<sup>th</sup> July 2010: A new Approach to Public Health) by Mr Andrew Lansley MP which highlighted that:

**"Britain now has the highest obesity rates in Europe, we have among the worst rates of sexually transmitted infection, and we are seeing rising rates of alcohol and drug problems. Even smoking, which has declined for decades, remains statistically high and claims over 80,000 lives a year."**

- 3.8 He suggested that these are too often seen as separate issues and he stressed the importance of understanding about such lifestyles and tackling the underlying causes of health-damaging lifestyles. Examples he gave included dysfunctional families, poverty, worklessness, weak family and community structures, lack of good parenting, mental illness and lack of self esteem.
- 3.9 National planning policy referring to health is found in the National Planning Policy Framework (NPPF), published in March 2012.
- 3.10 One of the 12 principles of planning outlined in the NPPF is to:

**"Take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs."**

#### Local Policy

- 3.11 The Rochford District Council Core Strategy was formally adopted in December 2011.
- 3.12 Policy CLT4 refers to Healthcare, and states:

**"The Council will take the following actions to ensure that healthcare needs are met:**

- Assist the Primary Care Trust, or other relevant organisation, in identifying sites for additional healthcare facilities in the District, which are well related to the District's population and in accessible locations, and aid their implementation.
- Require new residential developments over 50 dwellings and non-residential developments over 1000 square metres to be accompanied by a Health Impact Assessment and an assessment of their impact on healthcare facilities. Where significant impacts are identified, developers will be required to address negative effects prior to the implementation of the development.
- Take a positive approach towards proposals for the renovation or replacement of healthcare facilities that became outdated."

- 3.13 This policy outlines Rochford District Council's approach to the consideration of health matters in the context of planning policy. The second bullet point confirms that this development proposal is required to be supported by a Health Impact Assessment.
- 3.14 The Rochford Joint Strategic Needs Assessment was produced by the South East Essex NHS in April 2008.
- 3.15 This document identifies current and future health and well-being needs for the population of the Rochford District in both the short and long term. This document forms the basis of understanding the health care needs and seeks to inform future plan preparation for health care plans and programs.

#### 4. ASSESSMENT

4.1 This section outlines the existing situation regarding access to healthcare in accessible proximity to the site. It is appropriate to assess the primary care service provision of doctor's surgeries, dental surgeries, opticians and pharmacies as these are the most commonly accessed forms of healthcare, and therefore will most likely experience any increase in demand resulting from this development. An analysis of secondary and tertiary healthcare is also included in order to show the full picture of existing health care provision.

##### Existing primary health care

##### Doctor's surgeries

4.2 Table 2 below shows the doctor's surgeries providing general practitioners services within 3 kilometres of the site. There is one practice in Great Waking itself, and a further seven within this range in Shoeburyness or Southend-on Sea. It is considered reasonable for these surgeries to be considered in accessible range for future occupiers of the proposed development.

**Table 2: GP services within 3 kilometres of the site**

Practice Name and Post Code	Distance from site	No. of GP's	No. of Patients on Roll	Accepting New Patients	No. of GPs required to serve Patients on Roll*
Waking Medical Centre SS3 0HX	0.5km	7	10100	Yes	5.6
Dr A A Khan, Shoeburyness SS3 9NX	1km	2	2646	Yes	1.5
Dr KJK Dhillon, Shoeburyness SS3 9YA	1.1km	1	2458	Yes	1.4
Dr PNB Moss, Shoeburyness SS3 8UT	1.1km	2	3057	Yes	1.7

Dr N Kumar & Partner, Shoebury Health Centre SS3 9BX	2.3km	5	7379	Yes	4.1
Dr AR Basu, Shoeburyness SS3 9BX	2.3km	1	2929	Yes	1.6
Drs George & Kumar, Southend-on- Sea SS1 3JX	2.5km	2	5049	Yes	2.8
Dr B Agha & Partners, Thorpe Bay SS1 3HD	2.7km	3	6529	Yes	3.6
<b>Total</b>		<b>23</b>	<b>40147</b>		<b>22.3</b>

\* Based on optimum patient numbers of 1800 (Royal College of General Practitioners)

Source: NHS Choices

- 4.3 It is noted from Table 2 that all local doctor's surgeries within 3 kilometres of the site are currently accepting new patients. The number of patients per doctor in both the nearest surgery, the Great Waking Medical Centre and for all the surgeries within accessible range of the site is below the optimum number on patients per general practitioner of 1800, as adopted by the Royal College of General Practitioners.

#### Dental surgeries

- 4.4 Table 3 below shows all dental surgeries within three kilometres of the site. There are no surgeries in Great Waking, but five surgeries within this range in Shoeburyness, Thorpe Bay and Southend-on Sea.

**Table 3: Dental surgeries within 3 kilometres of the site**

Practice Name and Post Code	Distance from site	No. of Dentists	Accepting New NHS Patients
Mr Danhauser, Shoeburyness SS3 8BA	1.6km	2	Yes
Mr Patel, Thorpe Bay SS1 3JY	2.4km	2	Yes
Mr Lutterodt, Shoeburyness SS3 9DT	2.4km	3	Yes
Smiles on Broadway, Southend-on-Sea SS1 3ES	2.5km	2	Yes
Longford House, Shoeburyness SS3 9HZ	2.5km	4	No

Source: NHS Choices

Table 3 shows that the four closest dental surgeries to the site are currently accepting new patients.

#### Pharmacies

- 4.5 Rowlands Pharmacy is located in Great Woking, 1.2km from the site. This pharmacy would be easily accessible to future residents of the proposal site.
- 4.6 There are a further six pharmacies within 3km of the site; four of which are in Shoeburyness and two in Thorpe Bay. It is therefore considered there is ample access to pharmacies from the site.

Opticians

- 4.7 There are three opticians within 3km of the site, although none of these are in Great Woking. Two of the opticians are in Shoburyness and one is within Thorpe Bay. It is considered there would be adequate access to this service for future residents.

Existing secondary and tertiary health care provision

- 4.8 There are two hospitals within 10 kilometres of the site; the Spires Wellesley Hospital and the Southend Hospital.
- 4.9 The Spires Wellesley Hospital in Southend-on-Sea is a private hospital 4.3 kilometres from the application site. The hospital provides NHS Choose and Book services and a range of treatments and procedures to insured and self funded patients.
- 4.10 The Southend Hospital, in Westcliff-on-Sea, is 6.9 kilometres from the site providing NHS care to patients. The hospital services are provided by the Southend University Hospital NHS Foundation Trust. This hospital provides a full range of NHS secondary and tertiary care, including an accident and emergency service, and is a centre of excellence for the care of strokes.



## **5. EVALUATION OF HEALTH CARE REQUIREMENTS**

- 5.1 The document 'District Profile: A summary profile of Rochford' published in February 2010 indicates that the average household size in the Rochford District is 2.4 people. As such, it is considered reasonable to estimate that each unit within the proposed development will accommodate an average of 2.4 people.
- 5.2 This proposal seeks planning permission for 116 dwellings. Based on the above data, it is reasonable to expect a population increase of 279 people from the proposed development.
- 5.3 It is not considered an on-site doctor's surgery would be required for the relatively modest population increase associated with this development.
- 5.4 Based on the existing patient roll, The Woking Medical Centre currently has an average of 1443 patients per doctor. In the event that all future residents of the proposed scheme become registered to this surgery, the number of patients per doctor would increase to 1483. This is worked out by dividing the number of new residents (279) by the number of doctors (7); resulting in an extra 40 patients per GP. This indicates that there would be ample capacity in the surgery to absorb the additional population as average patient per GP numbers would remain below the optimum number of 1800 (as adopted by the Royal College of General Practitioners).
- 5.5 The assessment of all other surgeries within 3 kilometres of the site also indicates a general capacity to absorb the increase in population. Of the seven surgeries in this range, there are currently 40147 patients served by 23 GPs, an average of 1746 patients for each doctor. The proposed increase in population would result in an increase to 1758 patients per doctor, remaining some way below the optimum level.
- 5.6 Furthermore, it should be noted that it is likely a proportion of the future occupiers of the development will currently live within this immediate area and therefore potentially be currently registered to a doctor's surgery assessed in Table 2.
- 5.7 In addition, there is good existing availability of dentist surgeries, opticians and pharmacies in accessible range of the application site, in Great Woking itself and in nearby Shoeburyness, Thorpe Bay and Southend-on-Sea. There is also capacity in the local dental surgeries to accept more patients. It is therefore considered very unlikely that this development would result in an under-provision of these services in the surrounding area.

## **6. SUMMARY AND CONCLUSIONS**

- 6.1 This Health Impact Assessment has considered the health benefits of the proposal and the impact of the proposed redevelopment of the former brickworks at Star Lane, Great Wakering on primary health care provision in the surrounding area.
- 6.2 The location and design of the proposal would result in a development which can contribute towards health objectives and provide high quality and adaptable dwellings for future occupiers.
- 6.3 The assessment of existing health care provision has reviewed the existing provision of doctor's surgeries, dental surgeries, pharmacies and opticians within 3 kilometres of the site, a distance which is considered within an accessible range for future occupiers of the development.
- 6.4 The number of services available indicates that the site is in a positive location for access to all primary health services. There are multiple options for each service within the 3 kilometre range, including eight doctor's surgeries, five dental surgeries, seven pharmacies and three opticians.
- 6.5 The analysis of existing local doctor's surgeries indicates significant capacity to absorb the projected number of occupiers of this development. All of the surveyed surgeries are currently accepting new patients. The closest surgery to the site, the Wakering Medical Centre, in particular has ample capacity to take on all potential new residents to its patient roll without the creation of a shortfall of GPs in Great Wakering or the wider area.
- 6.6 Dental surgeries accessible from the site also have spare capacity as the four nearest to the site are all currently accepting new patients. Therefore, there does not appear to be an existing shortfall of dental services in the local area and it is unlikely this proposal will result in one being created.
- 6.7 There are both NHS and private hospitals providing a wide range of medical services within easy accessible range of the application site.
- 6.8 The proposal would therefore not significantly impact upon the provision of existing health services within the local area or result in an under-provision of services for the existing and proposed population.

## APPENDIX ONE: HEALTHCARE FACILITIES PLAN





KEY

Application Site Boundary

- Doctors Surgery
- Dental Surgery
- Pharmacies
- Opticians

## Star Lane, Great Woking Healthcare Facilities Plan

Drawing Ref: I.0106\_11-1  
Client : Inner London Group

1 : 20000 @ A3  
15th May 2012  
Team MC/OW

**Pegasus**  
Urban Design