



Tan Y Fron Extra Care Housing Development for Older People (HIA) Llandudno, Conwy

October 2013

Introduction

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Government (WG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. It works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks and it can also identify any 'gaps' that can then be filled. HIA can also provide a way of addressing the inequalities in health that continue to persist in Wales by identifying any groups within the population who may be particularly affected by a policy or plan.

The Wales Health Impact Assessment Support Unit (WHIASU) was established to support the development of HIA in Wales and is funded by Welsh Government (WG) via Cardiff University and Public Health Wales (PHW). Its remit is to support, train, facilitate and build capacity in HIA and raise awareness of how the process can support and contribute to improving health and wellbeing.

Background

Extra Care Housing is a form of supported housing that is purpose built and well-designed, enabling people to remain independent for longer. Those living in this type of accommodation have access to on-site care and other support services according to each individual's assessed need or in case of emergencies. It is a housing concept providing targeted groups (mainly older people) the security and privacy of a home of their own within a supported environment. There are usually a range of communal facilities on the premises such as cafes and hairdressers and these may be open to the public to prevent isolation from the local community. It is different to other forms of traditional services for older people in that:

- Tenants live in their own home with a legal form of tenure
- Tenants have their own 'front door'; and decide who comes into their home

- Tenants retain full control of their own finances
- The ECH has its own Scheme Manager on-site to run the building and help tenants manage their tenancies
- There will be 24 hour support available on-site
- Tenants will receive support according to assessed need to enable them to retain their independence
- Couples and friends can potentially stay together
- The community living there will be a mix of able and less able older people

Tan Y Fron Extra Care Housing Development

The Tan y Fron development will comprise 46 Extra Care, one and two bedroom apartments with communal facilities for individuals aged 60 and over with an assessed support need and has been developed by Clwyd Alyn Housing Association, part of the Pennaf Housing Group, in partnership with Conwy County Borough Council (CCBC). The leaflet promoting the development is attached in Appendix One.

In addition to the ECH Scheme there will be two other buildings on the same site:

- Llys Dyfrig, a multi-agency Health and Social Care Centre providing office space for CCBC's Social Services Department, together with office and clinic space for the Local Health Board
- Ty Llywelyn Community Centre, which is undergoing extension and refurbishment and which offers facilities and a wide variety of activities for all

It is situated in the Tudno ward area of Llandudno, Conwy which is a designated Communities First (CF) area. Llandudno Hospital is nearby and the centre of the town is a bus ride/short driving distance away. The area contains a number of social housing units managed by Cartrefi Cymru Housing Association and John Bright School Secondary School is also in the vicinity.

Community Health and Population Profile

Conwy is centrally located within North Wales and has a population of 115,350.

In terms of age profile, Conwy has a high proportion of elderly people in its population, 24.6% are aged 65 years and over (aged 45-64 - 28.1% of the population) or 28,200 people. This is the highest in Wales and a steady population increase is expected in coming years, with the highest growth in older age groups. By contrast, 20% of the population is under the age of 18 years, compared with 21.0% in Wales as a whole.

The increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases, cancers and other factors. For example, in Wales an estimated 35% of the over 65's will fall each year, 60% of people in rest homes will fall repeatedly and 3% of people who fall will be admitted to an inpatient bed. Conwy has the highest number of emergency admissions for falls and fractures in people aged 65 years and over in North Wales and many of these incidents occur within the home. This information highlights important demands for health, social care and housing and other support services for children and older people it also illustrates important areas where prevention and early intervention action can be targeted for both children and older people.

Llandudno is a key settlement situated along the North West Wales coastline and has a population of 20,701. It is a thriving economic and tourism hub and areas of Llandudno are a regeneration priority for Conwy County Borough Council and have received significant investment through Welsh Government and regional development funding. However, it contains pockets of deprivation in the form its Communities First areas - Tudno 1 and Tudno 2. Tudno 2 is listed as one of the 10% most deprived wards in Wales.

The Conwy Communities First Cluster targets those in greatest need and covers these specific areas in Llandudno along with others in Colwyn Bay, Old Colwyn, Llysfaen, Pensarn and Kinmel Bay and focuses on improving prosperity, learning and health in the most disadvantaged communities. The Cluster contains a number of distinct communities with their own individual identities spread out over an 18 mile coastal stretch, which poses a number of challenges in terms of delivery and this is taken into account in the delivery plan.

Based on the 2011 Welsh Index of Multiple Deprivation (WMID), the factors influencing health within the Cluster and of greatest impact are Employment, Income, Education and Health and the number of projects and proposed delivery team reflects this need.

The wider determinants of health such as life events, social factors, unemployment, housing, poverty and social isolation contribute to poor emotional and physical health and well being in these areas. Individuals experiencing higher levels of deprivation are at increased risk of exposure to such stressors, and have a higher prevalence of common mental and physical health problems (1, 2, 3, 4).

The delivery of the CF programme includes the following elements:

- Dovetailing projects as far as possible with partners and partnership working
- Coaching and mentoring - this will including up skilling Communities First staff
- Co-production - co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.
- Pathways to progression
- Time banking and volunteering
- All projects will adopt a case management approach including individual planning where appropriate.
- Delivery will be weighted towards those areas of greatest identified need in relation to specific issues.

The Cluster advocates the use of Health Impact Assessments across its three themes working closely with the Wales Health Impact Assessment Support Unit as a means of tackling the wider determinants of health. HIA is also useful in terms of involving local people and supporting participation in the CF areas. HIA is also contained in the detailed Community Involvement Plan which complements the Delivery Plan (4).

The Health Impact Assessment

A HIA training session was held with the Communities First Cluster Manager and Development Workers on April 18th in Llandudno. At this, an Extra Care Housing

Development for Older People which was to be sited in one of the CF areas was discussed alongside its potential implications for the community resided nearby. This was the Tan Y Fron development. A HIA was suggested as a good way of assessing its potential positive impacts and/or any potential unintended negative consequences or issues, involving local stakeholders in its development, informing the project and enhancing its delivery.

An outcome from the session was a proposal to complete a HIA on the Extra Care Housing development. The Cluster Manager approached Pennaf Housing Association and Conwy County Borough Council's Social Services Department with regard to this and they agreed that it would be an excellent idea. A Steering Group was established and the HIA was scoped.

It followed the systematic methodology described in the new 2012 Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide' (5). It supports work and training that WHIASU has recently been undertaking across Wales to develop HIA and a consideration of health, wellbeing and inequalities with local authority Housing and Regeneration Departments, Housing Associations and national related organisations.

The HIA built on a variety of evidence that had already been collated by Pennaf and the local authority and aimed to inform the Tan Y Fron Extra Care Housing project within CCBC and contribute to its development. There had been consultation with a number of local organisations and individuals and feedback from them but the HIA would involve all the stakeholders directly and facilitate a structured discussion with them at once.

Evidence

Research indicates that the quality of housing and internal and external environments that people live in can have a detrimental or beneficial impact on their health and wellbeing (6, 7, 8, 9, 10,11). There are a number of well conducted guidance documents and reviews, including systematic reviews, which have taken place in the field of housing and health many of them published since 2009. In 2011, the World Health Organisation (WHO) published a guidance document relating to the environmental burden of disease associated with inadequate housing (12) and WHIASU itself has recently produced a guide on Housing and HIA (13).

It is now widely recognised that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care factors. Housing is one of the major determinants of health with well-established links between housing and health. For example, there is sufficient evidence that affordable and energy efficient housing has an impact on physical and mental health (14). Poor housing is associated with the following risks: increased cardio vascular disease and respiratory disease, depression, anxiety and housing related hazards such as damp, mould, excessive cold, structural defects such as poor design and lighting and lack of stair rails (15).

As part of the HIA, a brief evidence review was completed specifically on housing and older people (Appendix Two). It found that 16% of people in England and Wales are aged over 65 years and this is projected to rise to just over 48% in the next 20 years (16). 81% are retired and 75% own their own property. Just over a

third of 65s and over live alone (17). UK life expectancy estimates at the age of 65 are 86.1 for women and 83.5 for men and people currently aged 75 can expect to live an average of 13.3 years (for women) and 11.8 years for men (16). In Wales, in 2011 there were 562,544 people aged 65 and over (251,322 men and 311,222 women) and life expectancy at birth was 78.2 years for males and 82.2 years for females. This is an increase of 0.25 years over the figure for 2009-11 for men and 0.06 years for women (17).

The Principal HIA Development Officer searched for previous examples of HIAs for Extra Care Housing Schemes via HIA networks (19, 20, 21) but identified none. A number of Equality Impact Assessments were identified (22, 23, 24). However, the Officer had previously worked on a number of HIAs of similar schemes which have never been published in the public domain and had access to a number of summaries and papers which had been produced for local authority Executive Boards and funding applications (25, 26).

Rapid HIA workshop

A rapid participatory HIA workshop took place on October 21st 2013. Twenty three key local stakeholders and community members were invited to participate and contribute to the discussions. Those who attended the morning included a number of local authority officers from Social Services, Housing, Transport and Planning Departments; elected members for the area; Communities First Cluster representatives; Pennaf and Cartrefi Conwy Housing Associations; representatives of Ty Llywelyn Community Centre; the third sector and local residents. The programme for the morning is included as Appendix Three.

As statistical evidence, best practice case studies and other robust research on the health impacts of housing had been considered already, the aim of this workshop was primarily to gather professional and community knowledge and evidence about the potential impacts of Tan Y Fron within the local community context.

The HIA facilitated some interesting conversations about the Extra Care Housing's impact and identified some cross cutting themes to consider more fully. The HIA was led by Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU) and co-facilitated by Dr Sue Wright, Knowledge and Evidence Manager (Higher Level) HIA, Knowledge and Intelligence Team (West Midlands), Public Health England and Libby Evans, Communities First Cluster Manager, Conwy County Borough Council.

At the outset, the participants identified the main vulnerable groups who would be affected by the Tan Y Fron development using Appendix 2 of the Welsh guidance. A lively discussion followed and a wide ranging number of groups were highlighted as being directly affected by it. These were (in no particular order):

Vulnerable Groups Affected

- Children and Young People especially in relation to the Multiple Games Use Area (MUGA) and the Community Centre which hosts the local youth club.
- New tenants 60+
- Whole community, immediate tenants, especially to the rear of the development
- Users of the woodland path (in CF area)
- Staff

- Service users for Health Social Care and Wellbeing (HSCWB) next door (mainly older)
- Those in the hospital
- Those who use the allotments
- Other smaller communities (moving/movement) in the area
- Low income and those in social housing
- Existing/previous Community Centre users (some who may think it is shut)
- Endeavour and other groups that meet in the centre
- FAB group and Gateway group - formerly used the hall within the demolished social services building
- Familial carers
- Family and friends visiting new tenants

After agreement on the above, the group then worked systematically through the wider or social determinants of health in turn and assessed the health and wellbeing impacts (as listed in Appendix 1 of the Welsh guidance) of the extra care housing. Positive or negative impacts were identified as were any gaps or unintended consequences. Suggestions were made for mitigation and documented. All of this is summarised in the table below.

The *text highlighted in red italics* within the body of the table documents specific comments put forward by the participants throughout the appraisal session and suggestions for further consideration and action. These should be read alongside the final recommendations which are listed at the end of the report.

Appraisal

Lifestyles	
<p>+ve</p> <ul style="list-style-type: none"> • Restaurant on site. Healthy meals available and cater for people with a special diet. Specially prepared for tenants. Lunchtime only and cheap • Tenants do own breakfast and evening meal. Fully fitted kitchen in each unit. • Family and friends can also book at the restaurant (by tenant invitation only). • Luncheons club - can link to this in the Community Centre's café • Staff food availability at Community Centre's café next door - promote this. • No shop in the development so no negative impact on local community shops. • Tenants can walk to local shop. • <i>Opportunity to develop food co-op</i> 	<p>-ve</p> <ul style="list-style-type: none"> • A bit far from the supermarket but can order online or go on bus (<i>get the bus routes</i>).

<ul style="list-style-type: none"> • Can reduce stress - independent living in a managed development • Woodland walk nearby to increase physical activity. • Rails around the new facility enhance tenants' mobility. • Allotments available nearby • Fitness room/common use room? • Fitness classes available in the Community Centre • Leisure centres nearby <i>(need to get the bus routes- Actioned: Bus 75 will provide a daily service between the Site and Llandudno Town)</i> • <i>Additional bus provision is being investigated</i> • Older people can use MUGA • There is DVD prepared for the tenants to welcome them into the community. 	
Community and Social Influences	
<p>+ve</p> <ul style="list-style-type: none"> • DVD to lessen community intergenerational conflict • There are other examples of tenants living and engaging within Communities First areas • A lot of work put into local people from Llandudno becoming tenants • Social interaction - Lots of parties/gatherings on site/Community Centre esp at Christmas and Easter. • Christmas Events at the Centre, everyone will be invited including Tan Y Fron tenants. • Fun activities like dancing can bring community together. • Ask people what skills they have and how they can contribute to the community with them or share them. • <i>Emphasise that it's not a case of people coming in from 'away'. People coming 'home'. Some of them are originally from the area. Allocation process takes into consideration the connection amongst other things</i> • <i>Could get the tenants to write a</i> 	<p>-ve</p> <ul style="list-style-type: none"> • Inequality heightened by fabulous new residence. • Own poorer quality housing - could lead to conflict • Perception of 'outsiders' • Potential conflict with Young People (YP). Need to make tenants aware of this and MUGA. BIG ISSUE. • <i>Could be clash between the new development and Community Centre. Particularly with events being held. Need to liaise and synchronise these and calendars.</i> • Could be potential for limited interaction: leading to 'them and us'. • Need to break down general community barriers. <i>YP could volunteer to help at Tan Y Fron.</i> • Potential for tenant isolation? Just because there are events etc doesn't necessarily mean that people will become involved

<p><i>contribution of how they are originally from area and memories of growing up in Llandudno. 'Memories' exhibition?</i></p>	
<p>Living and Environmental Conditions affecting Health</p>	
<p>+ve</p> <ul style="list-style-type: none"> • New build, meets BREEAM (Building Research Establishment Environmental Assessment Methodology) standards • <i>Is there anything to give back to housing quality in the area? Owner occupiers nearby - could there be a small amount of money to be given as grants for improvements.</i> • <i>Possibility to have info days in the centre</i> • Green Space, landscaped garden. • <i>Possibly could have an herb garden.</i> • <i>Could tenants link up with owners of allotments?</i> • Extra produce could be used in the TYF kitchen and <i>possible swap of gluts of vegetables and fruit. Allotment produce is not currently being sold in the centre but offered to St David's Hospice First.</i> • CCTV throughout but not in car parks or external areas. <i>To be checked and reviewed - Actioned: the whole site will be have CCTV.</i> • Open access to MUGA makes it successful so can't lock it for security etc. • New development follows 'Secure by Design' principles. • Fenced at back? Hedge? <i>Clarification needed - Actioned: the hedge between Allotments and Site is being retained with new fencing on the site side installed</i> • <i>Perception of people watching YP. Sensitive issue that needs to be acknowledged.</i> • Christmas dinner to break down barriers - kids from the youth club will be serving the dinner. • Shelter out the front of the building 	<p>-ve</p> <ul style="list-style-type: none"> • Potential for complaints in new build - <i>snagging list should mitigate for this</i> • <i>Car parking</i> - space and allocation: staff at community centre, events and attendees, tenants, friends and family of tenants - POTENTIAL FOR CONGESTION. HUGE ISSUE. • Car parking can have impact on community - frustrated already. <i>Need to direct tenants to bus services/public transport.</i> • Rubbish and waste disposal. Mixed responsibility re waste: some tenants do/some don't - post alley gating. • <i>Community Clean ups?</i> No funding for clean ups. • There is a waiting list and there is no direct access to allotments - which is quite a long way to walk. • Noise - older teenagers/early 20's at the MUGA/Football. • 80-100 8-11 year olds attend youth club on a Friday night if it's a drop in night. • 2 youth clubs take place a week: Thursday 7-9pm and Friday 6-8pm • Afterwards the kids still hang around playing football at the MUGA - well used all the time. • <i>Need to make tenants aware that this is one of the few areas where they can still gather without being moved on.</i> • Lighting issues combined with increased traffic - parents dropping kids off and picking up. Potential for road accidents hazards/pinch point. • <i>Clarify security - where does it start and end.</i> • Can't drive all the way around but can walk around. Could lead to

	<p>conflict with tenants.</p> <ul style="list-style-type: none"> • Kids will try to go and look around out of curiosity. Make tenants aware of this. Could be a few corners where they will try to go for a smoke. <i>Make tenants aware of this, re-enforce the message.</i> • Car parking in tenants' spaces - not allocated and therefore could be a free for all - could lead to conflict.
Economic Conditions affecting Health	
<p>+ve</p> <ul style="list-style-type: none"> • Training kitchen in TYF • Volunteering opportunities for the tenants within the community • Employment opportunities for wider community at TYF. • Jobs Fayre was held in October 2013 • 4 new jobs in Community Centre (Café etc) • Link with IT suite in community centre - any age can go • Potential training opportunities for the tenants • Look at skills of tenants to upskill officers or wider community. • <i>Income generation schemes.</i> • <i>Opportunity to link with Communities First</i> • Link with local community - job fayre • Hairdressing opportunity. There will be salon for rent on the site and this will be advertised in the local paper. • Affordable heating schemes. • Nail technician job opportunity. • Welfare rights visits/support to ensure access to all benefits - potential gains. • ECH cheaper than residential care • Freeing up housing elsewhere in the county. • Library with 3 computers to assist with online access, also link with IT suite in the community centre for additional provision. • Communities First can assist with signposting/support re financial info online. • WIFI enabled throughout the building 	<p>-ve</p> <ul style="list-style-type: none"> • Many jobs with Pennaf are Welsh speaker essential. This was a barrier for many local people. <i>Pennaf need to clarify whether it is essential or desirable for TYF - Actioned:</i> • <i>All Domiciliary Care Workers jobs (employed by Home Support Services) are Welsh essential; those for domestic workers (employed by Pennaf/Clwyd Alyn) are Welsh Desirable</i>

Access and Quality of Services	
+ve	-ve
<ul style="list-style-type: none"> • Specific Health and Social Care services onsite at Llys Dyfrig • 4 local GP surgeries • Situated next to hospital- has a Minor Injury Unit • Golf club nearby • Local shop nearby - an increase in local usage - contribute to economy • Local take-aways deliver • Hair dressing salon will be open to wider community provided tenants agree (on site). • <i>Opportunity for local shop to bringing up trolley/delivery service.</i> • <i>Café could sell milk/ small provisions to tenants.</i> • Local suppliers of food. • Mobile library bus will be visiting each Friday - <i>need to clarify if this service will take books up to tenants</i> • Bus 75 will come up to site. There will be proper registered bus stop. <i>Future public transport provision will be revisited as it is a bit limited.</i> • <i>Bus service needs to be well promoted.</i> 	<ul style="list-style-type: none"> • Perception and sense of control over how much the local community can access Tan y Fron. Fine line with tenants feeling safe and integration with wider community. • Influx of new tenants moving into area within a 6-8 week period - increasing impact on services, increase in demand or a shift in demand e.g GP registers. • Mobility scooter battery life/charging. The batteries may not last to town and back. <i>Is there any provision in the town where to charge up? To investigate this.</i>
Macro-economic, Environmental and Sustainability Factors	
+ve	-ve
<ul style="list-style-type: none"> • Meets BREEAM standards • Meets Welsh Government/CCBC priorities, Older People Strategy. • Could assist with sustainability of community centre. • Ties in with Regeneration Policy • Benefits to rest of the community accessing community centre. • Maintains and promotes independent living. • Partnership and locality working - supporting policy 	<ul style="list-style-type: none"> • Don't miss good practice in other extra care housing schemes, <i>share info etc.</i> • Implication of national language policy on jobs - local people not able to apply if not welsh speakers.

Suggested Recommendations

Many potential positive impacts were identified. Some negative or unintended impacts were also identified, along with some gaps in the provision. Potentially problematic issues were raised, addressed and recommendations and mitigation discussed.

Two major potential issues were highlighted at the HIA workshop and it was felt that contingency planning should take place for these and that they need to be *explored further*.

They are:

1. Intergenerational Issues

- Need to talk to Police Community Support Officers (PCSOs) and liaise with them when visiting centre.
- Use the welcome DVD to discuss the area, the MUGA, Community Centre and discuss how they may want to contribute or not
- There is a Strategy for Conwy for intergenerational linkage - liaise with this group.
- Highlight the potential of time banking and volunteering. Opportunities for both older people and younger people to work together.
- Sharing of skills within the ECH and the wider community.
- Produce a local calendar for tenants - young people have done this with Ty Llywelyn.
- Need to have some contingency planning for the new Community Centre extension. Let people know!

2. Parking

- 86 spaces for the whole site but there could be capacity issues - some tenants may have 1 or even 2 cars and there will be many visitors to TYF tenants
- 6 spaces for Community Centre staff but there will be more people with cars when events are on
- Alternative parking. Tell tenants, visitors, services etc. Make them aware that parking is limited.
- Need to consider how relationships are managed? Have a strategy for when issues arise. What happens when enforcement becomes stricter?
- Keep in mind emergency services access for the hospital and community.
- Get a group together specifically for this issue. Who could be involved in the future?
- Wait and see what happens but there should be contingency planning.
- Mention this to Jim Jones (Holds Ty Llywelyn lease).
- Additional signage may be needed when operational.

Some of the other recommendations included:

- Need to emphasise that it's not a case of people coming from 'away' but of people coming 'home'. Some of the new tenants are originally from the area. Allocation process looks at this and their connections

- Could get the tenants to write a contribution of how they are originally from the area and memories of growing up in Llandudno. Have a 'Memories' exhibition?
- Inequality issue - Is there anything to give back to the housing quality in the area? Especially owner occupiers nearby - could there be a small amount of money to be given as grants for improvements.
- Possibility to have info days in the centre
- Future public transport provision will be revisited as it is a bit limited; bus routes need to be checked and the bus service needs to be well promoted.
- Mobility scooters - is there any provision in the town to charge these up? Need to investigate this.
- Potential to explore income generation schemes.
- Opportunity to link with Communities First
- Opportunity to develop a food co-op
- Possible swap of gluts of vegetables and fruit. Allotment produce is not currently being sold in the centre but offered to St David's Hospice First.
- Could be a clash between the new development and the Community Centre. Particularly with events being held. Need to liaise and synchronise these and calendars.

Conclusion

Overall, it was concluded that the Tan Y Fron Extra Care development has the potential to be highly beneficial for the Tudno area, its local people and support some of the most vulnerable in society. It will positively deliver in many aspects and these can be maximised and built on. It has also highlighted some issues that could potentially be detrimental and the workshop participants provided some practical recommendations for actions to minimise these. The workshop followed a systematic process and provoked a lively discussion. An evaluation of the HIA was completed (Appendix Four) and this demonstrated that the HIA was of benefit to the participants and the partnerships involved.

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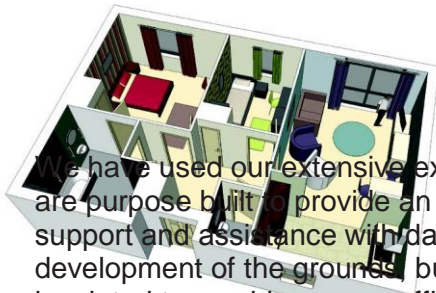
TAN Y FRON, FFORDD YR ORSEDD, LLANDUDNO

Tan y Fron is a new purpose-built Extra Care Development, offering you the unique combination of an independent lifestyle, backed up by 24 hour on-site Domiciliary Care and support as you need it, providing you with peace of mind now and for the future.



Key Features

- 1 & 2 Bedroom apartments for rent and for purchase, subject to eligibility criteria
- Privacy and independence
- 24-hour on site Domiciliary Care for individuals with an assessed need
- Private car parking
- Landscaped gardens
- A true sense of community with on-site hobbies room, hair salon & therapy room, library and IT room, restaurant and multi use / cinema room
- Guest Suite



Thoughtfully designed

We have used our extensive experience to develop high quality apartments, which are purpose built to provide an ideal environment for all your needs, offering care, support and assistance with daily tasks. Our care and attention isn't limited to the development of the grounds but extends to every aspect of the apartments – insulated to provide energy-efficient comfort, fitted with technology to help support independent living and designed to be safe and convenient, yet still providing a modern homely environment.



Specialist Care

Tan y Fron, Extra Care scheme, will comprise 46 high quality extra care apartments and is a development by Clwyd Alyn Housing Association, part of the Pennaf Housing Group, in conjunction with Conwy County Borough Council. The Llys Dyfrig Multi-Agency & Social Care Centre will also be located on the site, providing a facility for health and social care professionals from the Betsi Cadwaladr University Health Board and Conwy County Borough Council.

Access to Tan y Fron in Llandudno is both simple and easy, with the A55 Expressway only minutes away and is well connected to local transport links, local bus services and the mainline Llandudno Railway Station. Whether you want to take it easy in the quiet seaside atmosphere or take advantage of Llandudno's range of leisure opportunities, a new home in Llandudno will be ideal.



Tan y Fron Extra Care Scheme,

If you are 60 or over, and feel that you would benefit from the Tan Y Fron Extra Care Scheme, you can contact us in the following ways:

Customer Service Team on FREEPHONE 08001835757
Email enquiries@clwydalyn.co.uk or visit www.tanyfron.org.uk

Appendix Two

Housing and Older People: Brief Evidence Review

Introduction

Sixteen percent of people in England and Wales are aged over 65 years, this is projected to rise to just over 48% in the next 20 years (Age UK 2013). Eighty one percent are retired and 75% own their own property. Just over a third of 65s and over live alone (Office for National Statistics 2013a). UK life expectancy estimates at the age of 65 are 86.1 for women and 83.5 for men and people currently aged 75 can expect to live an average of 13.3 years (for women) and 11.8 years for men (Age UK 2013).

It is now widely recognised that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care. Housing is one of the major determinants of health with well-established links between housing and health. For example, there is sufficient evidence that affordable and energy efficient housing has an impact on physical and mental health (Spatial Planning and Health Group 2011). Poor housing is associated with the following risks: increased cardio vascular disease and respiratory disease, depression, anxiety and housing related hazards such as damp, mould, excessive cold, structural defects such as poor design and lighting and lack of stair rails (Parliamentary Office of Science & Technology 2011).

A review of the relationship between housing and health from the Scottish Government (2010) is below:

Health and Housing

- The greatest risks to health in housing are related to cold and damp (including moulds and fungus), which affect and exacerbate respiratory conditions. Indoor air quality, dust mites and other allergens. House type and overcrowding represent further examples of risk factors. Other less direct risks include neighbourhood effects such as a broad range of antisocial behaviour, which can have a negative impact on mental well-being.
- Some research highlights differences in health between those living in particular housing tenures. Housing conditions in homes that are owned tend to be better than in homes that are rented, especially in relation to problems of condensation, lack of adequate heating and damp, with proportions in the rented sector around twice as high.
- There are large numbers of homeowners living in poverty, which can contribute towards negative health outcomes, therefore, the relationship between tenure type and poverty needs rethinking.
- Housing problems are a component of the multiple disadvantages that combine to affect - and be affected by - health and well-being.
- A large body of research shows that improvements to housing conditions can produce health benefits.
- Policies which tackle fuel poverty are likely to deliver economic, and health and well-being benefits to many households.

The impact of poor falls disproportionately on older people. Older people are more likely to be affected adversely by poor housing as they are more likely:

- To be financially vulnerable and unable to afford adequate heating or undertake repairs and adjustments to their home and so reduce risks to health (Institute of Public Care 2012)
- To suffer ill health and mental impairment and have one or more long term conditions (Parliamentary Office of Science & Technology 2011). Many of these can be made worse by poor housing and good housing and housing improvements can elevate or contribute to better health (Institute of Public Care 2012)
- To suffer injuries due to accidents in the home, e.g. falls can result in broken femurs, reduced mobility and result in lack of confidence to leave the home (Department of Health 2008; Institute of Public Care 2012; Parliamentary Office of Science & Technology 2011).

Health of older people

Dementia: this is one of the main causes of disability in older age more than disability caused by cancers, Coronary Vascular Disease (CVD) and stroke. The incidence of dementia for those eighty and over is one in six and one in three for people aged over 65 (Age UK 2013). The risks of falls and accidents increase with the development of dementia. There are 800,000 people with dementia in the UK, 62% live alone and state they feel lonely (Alzheimer's Society 2013).

Sensory Impairment: 13% of 65 + year olds have difficulties with their eyesight and 40% of those over 75 and over develop cataracts (Age UK 2013). It is estimated that 90,000 people fall in England and Wales each year due to vision impairment (Institute of Public Care 2012).

Osteoporosis: 50% of women and 20% of men in the 50+ age groups will break a bone as a result of osteoporosis (Age UK 2013).

Heart and circulatory diseases: Heart and circulatory diseases are the largest causes of mortality in adults over 65 in England and Wales. Twenty one percent of people aged 65+ have been diagnosed with coronary heart disease (Age UK 2013). There is an increased incidence of stroke in older people with 75% of all strokes occurring in the 75+ age group. Falls are common following a stroke due to instability and a lack of upper limb strength (Institute of Public Care 2012). Cold weather and poor heating can contribute to the deaths caused by circulatory diseases (responsible for 41% of all recorded deaths by natural causes) and by respiratory diseases (13%) (Age UK 2013).

Respiratory disease: 13% of all recorded deaths are from respiratory disease due to cold weather and poor heating (Age UK 2013).

Arthritis: There are an estimated 9 million people in the UK suffering from arthritis (Age UK 2013).

Incontinence: there are 2.5m people over 60 suffering from incontinence in the UK, this equates to one in three women and one in seven men in the over 65s. There is an increased risk of falls with incontinence (Age UK 2013).

Long term illness: An estimated 4 million older people in the UK (36% of people aged 65-74 and 47% of those aged 75+ have a limiting longstanding illness or disability). This equates to 40% of all people over 65 years. This figure rises to over two thirds (69%) for people aged 85 and over (Age UK 2013).

Malnutrition: Latest estimates suggest 1.3 million people over 65 suffer from malnutrition, and the vast majority (93%) live in the community (Age UK 2013).

Footcare: Over thirty percent of older people say they are unable to cut their own toenails (Age UK 2013).

Dentistry: Just over half of the respondents in an Age Concern survey said that they were registered with an NHS dentist and this declined further with age and with considerably variations between regions (Age UK 2013).

Diabetes: prevalence of diabetes rises with increasing age and affects around 20% of those over 65 years in the UK. There are an increasing number of older insulin-dependent diabetics who were diagnosed when young (some have survived with few or no complications). Diabetes is recognised late in older people and diagnosed as a result of incidental screening tests. The mortality rate for older people with diabetes is more than twice that of non-diabetic people of the same age mainly because of the increase in cardiovascular disease especially in those with Type 2 Diabetes (Department of Work and Pensions 2013).

Mental Health: Depression affects 22% of men and 28% of women aged 65 or over. The Royal College of Psychiatrists estimates that 85% of older people with depression receive no help at all from the NHS. Depression has been reported to be 40% in care homes. Worse general health can be associated with depression among older adults and other risk factors include: not living close to friends and family, poor satisfaction with accommodation, and poor satisfaction with finances (Age UK 2013). There is also an association between hip fractures and depression. Prevention includes: increased social participation, physical activity, continued learning and volunteering, and reduction of fuel poverty particularly in older people (Institute of Public Care 2012).

Deaths: 33 per cent of all deaths are people aged 85 and over yet only 9-15 per cent of people who gain access to specialist palliative care are in this age group (Age UK 2013).

Lifestyles and older people

Information from the Age UK (2013) reported the following:

Nutrition: 37% in this age group meet the recommended 5 daily servings of fruit and vegetable (compared with 30% under age 65).

Smoking: 41% of older men and 65% of older women report they have never smoked; 14% of men (21% all ages 16+) and 12% of women (19% all ages 16+)

Obesity: 32% of women aged 65 and over have normal BMI, the remaining 68% are either overweight or obese. For men in this age group, only 16% are within normal BMI, 85% are either overweight or obese.

Hypertension: Only 21% of older men and 23% of older women have controlled hypertension; the rest are uncontrolled or untreated.

Healthy lifestyles: Women in their seventies who exercise and eat healthy amounts of fruits and vegetables have a longer life expectancy; in fact, those who were most physically active and had the highest fruit and vegetable consumption were eight times more likely to survive the five-year follow-up period than the women with the lowest rates.

Alcohol: People aged 65+ report the highest rates of drinking alcohol 5 or more days per week: 24% of men (compared to 16% all ages) and 13% of women (compared to 9% all ages).

Physical activity: People aged 75 and over are much less likely to report taking the minimum levels of physical activity necessary to achieve health benefits. Of those aged 65 and over who do sport, the most popular are: recreational walking (10%), swimming (6%) and bowls (5%). The main reasons given for not doing sport are poor health (73%), and lack of interest (12%).

Sleep: 53% of over 65s said they had no trouble with sleep, which was lower than people in age groups between 35 and 64 and 45% of over 65s never had restless sleep.

Learning and internet use: 17% of 65-74 year-olds and 13% of those aged 75+ have taken part in learning in the last three years. Eighty percent of those 65 and over who have engaged in learning report that they do so for personal and leisure

interests. Just under a third of 65s and over use the internet daily this is less than reported by all other age groups although almost two thirds have internet access at home. Reasons for households not having Internet access are: no perceived need; lack skills; and equipment costs are too high.

Employment: over nine percent of people aged 65 and over are employed.

Leisure time: People aged 65 and over spend on average three and three quarter hours a day watching TV (or DVD/Video) and over 65s are estimated to spend an average of 80% of their time in the home, this is 90% for people over 85.

Quality of life: For self-reported health for this age group, 50% stated they were in good or very good health despite 52% of this population living with long term limiting illness or disability (a 50% rise since 2001). Fifty eight percent of the population living in communal establishments (managed residential accommodation including sheltered accommodation) were aged 85 years and over and only 16% of this population reported good or very good health. In the UK, 11% of older people describe their quality of life as very poor, quite poor or neither good nor poor (Office for National Statistics 2013a). People suffering a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness; approximately 7% of those aged 65 or over in the UK say they are always or often feel lonely. Nearly half (49%) of all people aged 75 and over live alone and 12% of older people feel trapped in their own home (Age UK 2013).

Older people and other determinants of health

Access to healthcare and social care: 9 per cent of people aged 75 and over in England find it very difficult to get to their doctor's surgery and 19% find it very difficult to get to their local hospital. When asked in which ways care and support services helped them, the most common answers were: personal care (68%), feeling safe and secure (55%), meals (54%), keeping my home clean and comfortable (51%), to have control over daily life (49%), social contact with people I like (42%), and doing things I value and enjoy (33%). For those people aged 85 and over these percentages were higher apart from "doing things I value and enjoy" (Age UK 2013).

Income and fuel poverty (FP)¹: 23 per cent of all adults in Great Britain in 2008 were in receipt of a state pension. Of those who are at state pension age or above, 95 per cent are estimated to be in receipt of a state pension. Fourteen percent live below the poverty line and 8% live in severe poverty (Age UK 2013). FP affects all age groups but especially the older age group. The main causes of fuel poverty are: poor energy efficient homes, the size of the house in relation to the number of occupants, low household income, fuel prices and external temperatures. Forty nine percent of fuel poverty households are occupied by a person over 60 years. This is because: they tend to have lower incomes; spend more time in the home; older people don't detect the cold to the same extent as other groups; their health is affected more by the stress of the cold; they have a greater fall in body core temperature in response to cold; and they suffer excess winter mortality. 36% of people 60 or over in Great Britain sometimes stay or live in just one heated room of their home to save money. People in later life in the UK are more likely to worry about the cost of heating in winter than in comparable European countries. They are also more likely to turn heating off to save money, wear outdoor clothing inside and go to bed early to save on heating costs (Age UK 2013). FP has a major impact on the health of older people: they may choose between heating their homes and having adequate food; it is linked to excess winter mortality, it is associated with CVD, hypertension; myocardial infarction, stroke, and respiratory disease, damp housing is linked with premature mortality, physical and mental ill health, increased arthritis, accidents and falls, and social isolation (West Midlands Public

Health Observatory 2006). There is no association between FP and social class but there is with income: nearly 94% of those in FP are those in the lowest income quintile. Methods to reduce FP are: addressing fuel prices; income; energy efficiency of homes; and reducing under-occupancy of households (WMPHO 2006). **Excess winter deaths (EWD):** it is estimated that with every degree centigrade fall in outside temperature below 19°C there will be a 2% excess in mortality and this is highest in older people. There are no links with housing tenure, living alone or rurality or with socio-economic deprivation (West Midlands Public Health Observatory 2006). There was a 29% increase in EWDs in 2012/13 compared with the previous year in England and Wales. The majority occurred for those aged 75 and over (Office for National Statistics 2013b).

Transport: between 1995/97 and 2011 the proportion of people in Great Britain aged 70 and over holding a licence increased from 38% to 59%. Forty percent of people aged 60 or over in GB use local bus services at least once a week (Age UK 2013).

Work: during August- October 2012, there were 9.2% of people aged 65 and over in employment and the unemployment rate for this age group was 2.1%. There has been a trend of people leaving the workforce (presumably for retirement) later: for men, the estimate of average age of withdrawal increased from 63.8 years in 2004 to 64.5 in 2009. For women, it increased from 61.2 years in 2004 to 62.0 years in 2009 (Age UK 2013).

Crime: only 8% of people aged 60 and over in England and Wales say they live in fear of crime and 90% of over-65s said they never felt unsafe or threatened during the last two weeks (Age UK 2013).

Housing: Over a quarter (26.1%) of all households with older people live in non-decent housing. One in eight of these 75+ households live in housing which fail the decent homes standard because of sub-standard heating and insulation. Older people in private rented housing are most at risk of living in non-decent homes. Sheltered and retirement housing represents a relatively small percentage (5%) of all older people's housing (Age UK 2013).

Neighbourhoods: Poor housing and housing in poor neighbourhoods can also impact on the health of a population and especially older people. For older people access to local facilities, pleasant scenery and seeing other people exercise is important to whether or not they participate in physical activity (Age UK 2013).

Falls: Proportionally older people are most at risk of a fall, their falls result in worse injuries and they take longer to recover. Injurious falls, including over 70,000 hip fractures annually, are the leading cause of accident-related mortality in older people. Around two thirds of deaths and very serious injuries from falls on stairs or steps in the home are to people aged 65 years and over and 78% of femur fractures from Hospital Episode Statistics were in the 75 year plus age group (Institute of Public Care 2012). About a third of all people aged over 65 fall each year. Half of those with hip fracture never regain their former level of function and one in five dies within three months (Age UK 2013).

Housing, Housing improvements and health of older people:

Good housing and housing interventions can help to lessen either the impact of the above health conditions and determinants of health or the likelihood of them occurring (Institute of Public Care 2012).

¹Fuel poverty is defined as those households needing to spend more than 10% of their income on fuel in order to achieve adequate warmth in the home (21°C in the living room and 18°C in other occupied rooms).

Interventions to improve housing can have a positive impact on health. A recent Cochrane review of 39 studies (studies were not specifically focussed on older people) on improving the warmth and energy efficiency of homes showed general improvements to health, to respiratory and mental health. Greatest improvements were reported for those interventions targeted at those most in need (inadequately heated homes and those with respiratory disease). Improvements in household warmth were associated with increased usable space, improved social relationships in and outside the home and reduced illness (Thomson et al. 2013). Warm homes schemes have also demonstrated much wider impacts on health than just impacting on excess winter deaths (see above) and include a contribution to social isolation, home safety, household budgeting, support for carers, community resilience, carbon reduction, nutrition and exercise (Wookey et al. 2013).

Tenants whose housing conditions were improved were also more likely to suffer fewer problems with mobility, activities of daily living, pain and discomfort, and these benefits can, in some cases, be linked to their health-related needs being met by the provision of more appropriate housing with aids and adaptations where necessary. Other improvements reported were improved well-being and quality of life such as increased satisfaction with the general area, feelings of safety both inside and outside the home, relationships with neighbours and feelings of belonging to the wider community (Shepherds Bush Housing Association 2003).

There are three studies on the evaluation of extra care housing reported in the Institute of Public Care report (2012).

- Bäumker's review of extra care housing in Bradford (2008) reported increased health by tenants which resulted in reduced costs for health care by over 50%. This was because of less hospital visits, reduced intensity of healthcare, slightly lower Accident & Emergency visits and reduced in and outpatient stays. The extra care facility was found to be safer, warmer and provided an accessible environment. There was reduced social isolation, increased social contact and interestingly, staff recognised previously unrecognised social and healthcare needs.
- The International Longevity Centre research study (2011) looked at three private providers of extra care housing and found that the number of extra nights in hospital was reduced although the stays in hospital were longer. This was because of a reduction in minor injuries. There were positive improvements in health with associated reduction in care packages. And tenants were less likely to enter institutional care at a later stage.
- The Personal Social Services Research Unit (2011) study interviewed 800 people in 19 schemes with a 30 month follow up. They found that extra care housing resulted in lower mortality rates than a matched sample in non-extra care schemes over the same period. Over 40% of tenants had better physical functions at 6 and 18 months after moving into extra care compared to those in non-extra care. Tenants received a high level of social interaction than those in the community. Further findings included: improved health, fewer ailments, less accidents, less social isolation, improved wellbeing, and improved delivery of services (services delivered in one location).

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Sue Wright
1st December 2013

Appendix Three

Programme for the HIA Workshop

9:15	Registration (Tea/ Coffee available)
9:30	Introductions – <i>Libby Evans, Communities First Cluster Manager, Conwy Borough Council</i>
9:40	An outline of Project – <i>Sue Hibbert, Project Manager, Conwy Borough Council</i>
9:50	Outline of Health Impact Assessment and the morning – <i>Liz Green, Principal HIA Development Officer, WHIASU</i>
10:00	Introduction to Appraisal Tool
10:05	Screening session – using appraisal tool to identify key health impacts of the proposal – <i>Liz Green, Libby Evans and Dr Sue Wright, Knowledge and Intelligence Manager (Higher Level) HIA, Public Health England</i>
11:00	Tea/ Coffee break
11:15	Screening session – continued
11.45	Feedback or recommendations
12:30	Finish and Evaluation

Appendix Four

Tan Y Fron Extra Care Housing Development Health Impact Assessment (HIA) Ty Llewellyn Community Centre, Llandudno, Conwy

21st October 2013

Evaluation comments and feedback

1. What did you learn during the workshop?

- More about different partner agencies involved
- The benefit of discussing potential problems. Proactive rather than reactive
- How a HIA is completed
- The importance of cross department/agency working
- What the new scheme will mean for the community. How they can work together
- Lots of plusses! Very few minuses!
- Many issues discussed. Several things brought up to think of in the next 12 months.
- Good event to stimulate minds and opinion. Ensure that everyone is up to date with the present scheme.
- Who is who
- Awareness of all party involvement
- That it is more a community i.a. than a h.i.a.
- The importance of discussing different points to establish potential benefits and issues.
- About extra care facilities
- More about the extra care development.
- -
- Impact of other services within the project
- The potential benefits of using HIA
- How the Tan-Y-Fron Extra Care scheme will affect the surrounding community and how we can place procedures to help integration of the tenants with the community.

2. What do you feel were the positive outcomes resulting from this workshop?

- The feeling that all agencies understood possible pitfalls
- That concerns can be discussed systematically and the benefit of having wide group input.
- Good discussion. Everyone had a chance to contribute
- Many issues were raised. Were answered as we went along
- Identifying ways new scheme can fit in the community. Be prepared for any issues that may arise
- Identified things that will need to address in future
- The importance of intergenerational work
- All issues negative and positive
- Working together to solve problems

- Open discussion to identify solutions to potential issues raised
- Open dialogue
- Open discussion with solutions to questions
- We were able to resolve some of the issues highlighted
- -
- Everyone talking
- Potential problems with outcomes looked at together
- Meeting stakeholders
- I gained a great deal of knowledge of how projects/schemes can affect communities. I feel we resolved any negative issues to prevent them arising.

3. What do you think worked and what didn't?

- Poss networking opportunities
- *Activities worked well. *appendix list was helpful
- Bit disorganized at the beginning but generally it went well
- -
- Good relaxed format
- All discussion worked
- Worked well. No negative comments
- Everything worked, all information is crucial
- Car parking
- More awareness of scheme may have allowed more structured interrogation of issues eg ask client for detailed project overview to provide background
- Shame local councilor didn't recognize his role.
- Single group was good
- Open discussion worked really well
- Open discussion. Some of the 'issues' discussed were clearly causing concern for some groups
- Would like to see outcome first
- All worked well
- Room layout
- All worked

4. What were your expectations prior to the session? Did the session meet them? (Please rate from 1-10 where 1=not at all, 10=very much met them).

- 7
- 8
- Yes, 8
- 10
- -
- 10
- 8
- 9
- 10
- 8

- Had none
- To develop an action plan from the viewpoint of the stakeholders.
10/10
- 10. Met expectations
- 6
- 7
- I had no expectations and I was unaware of the process, but found it informal and interesting with all the different disciplines
- 5
- -

5. Any other comments you wish to make

- -
- -
- Good to hold it at the venue we were discussing
- -
- -
- -
- Very good positive meeting
- Very good event
- Good venue, good presentation
- -
- No
- -
- A productive session
- More detailed info about the scheme beforehand
- -
- -
- -
- n/a