

Health Inequalities Task Group

**Report on the effects of the location and
density of new housing developments on
health outcomes, May 2011**

Report on the effects of the location and density of new housing developments on health outcomes

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Membership of the Task Group

Councillor Robert Iggulden – Chairman

Councillor Peter Graham

Councillor Peter Tobias

EXECUTIVE SUMMARY

1. This report presents the findings of the Health Inequalities Task Group, which was established by the Overview & Scrutiny Board in July 2010 to review the effects of the location and density of new housing developments on health outcomes (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety).
2. The review aims to provide an independent comment from the Task group and cannot be considered as a comprehensive report.
3. The findings must be considered within the following context:
 - Housing is one of the social determinants of health, and it was not possible, within the limitations of this review, to extrapolate the impact of housing alone. There are cross-cutting issues spanning all social determinants of health.
 - The 'built environment' and 'health and well being' is taken in a holistic way, as this is how it is perceived by residents. Discussions led to information in respect of what happens within the built environment and residents identified a range of actions, which had taken place on Fulham Court estate, that they see as having improved health outcomes on the estate.
4. **The Task Group recommends that:**
 - 4.1 The Council's engagement with residents be commended, and the involvement of residents in consultations and decision-making through continuous engagement opportunities, communication and information events, continue to be facilitated.
 - 4.2 The Council uses physical improvements such as better lighting and closed-circuit television and green spaces, which make it safe for residents to walk or exercise with a view to designing out crime.
 - 4.3 The Council and PCT provide targeted information and advice on health and well-being in areas where it is easily accessible such as GP surgeries and community centres.
 - 4.4 As Planning and Public Health share similar goals to improve the way in which people live and the quality of life, that the transfer of the Public Health function to local authorities be regarded as an opportunity to work together to create healthier built environments.

INTRODUCTION

5. The Centre for Public Scrutiny's (CfPS) Health Inequalities Scrutiny Programme was launched to raise the profile of overview and scrutiny as a tool to help councils and their partners better understand and address health inequalities within their local community.
6. The programme, commissioned by Local Government Improvement and Development, recruited Scrutiny Development Areas to help develop the role of overview and scrutiny in tackling health inequalities and to design, develop and test a Scrutiny Resource Kit. The resource kit, entitled 'Peeling the Onion', can be viewed [here](#).
7. Scrutiny Development Areas were recruited from ten areas across the country, ranging in size from a single local authority to large groups covering a whole region, with different areas of focus (Appendix 1). Each area was awarded funding of up to £5,000 to support innovation in the review together with 6.5 days of expert adviser support, which included two action learning meetings.
8. The North West London Councils' chosen topic was Housing and Health. The seven boroughs (initially eight including Harrow which subsequently decided not to participate) comprised Brent, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.
9. The aim of the North West London project was to look at housing provided through registered social landlords and private landlords in the context of liveability standards as a wider determinant of health. The major reason for the partnership's choice of this particular area was that, although housing is a key determinant of long term health, it has traditionally operated as a silo. The focus has been on housing markets, new supply, improvements to housing stock, design and management of rented homes. It was felt that there was a significant opportunity to use this review to establish and strengthen the connections housing has on the quality of life of residents and inequalities within an area.
10. Each participating Authority (in isolation or partnership) investigated a specific strand of work which addresses the various aspects of housing as a long term causal effect of health inequalities. The strand chosen by Hammersmith & Fulham in conjunction with Hounslow was:

The effects of the location and density of housing developments (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety) on health outcomes.

11. The strands investigated by the other boroughs were:
 - The effects of overcrowding on educational attainment and children's development (Hillingdon).

- The effects of overcrowding on physical and mental health, access to decent kitchen and food preparations areas etc (Kensington & Chelsea and Westminster).
 - The impact of fuel poverty due to high fuel costs and poor energy efficiency and the effect this has on health and well being of people (Brent & Ealing).
12. Reports from the other North West London boroughs can be reviewed [here](#).

Hammersmith & Fulham's Review

13. Initial work was undertaken from January 2010 to April 2010, and then, following the local and general elections, from July 2010 to March 2011.
14. The scoping template, which is attached as Appendix 2, set out the Task Group's terms of reference as:
- How does the built environment affect health, well being and quality of life in the chosen locality?
 - Which aspects of the built environment should be a priority if health is to be improved?
 - How can the Council, housing associations and health partners contribute to improving health through the built environment?
15. In order to demonstrate the conclusions of the review, Fulham Court Estate, Fulham Road, was selected as a case study. NHS Hammersmith & Fulham advised that this was an area with a high rate of health inequalities, which had not been focused upon previously. Appendix 3 sets out information in respect of Fulham Court.

Methodology

16. The task group adopted the following approaches:
- desktop-based analysis and research;
 - site visit and talking to local stakeholders; and
 - oral and written evidence from residents, officers, partners and other organisations.
17. Interviews with tenants and residents were held informally without a set agenda. Whilst members suggested topics in line with this review, discussions inevitably focused on the key questions that mattered to the tenants and residents.
18. Discussions about the 'built environment' led to information in respect of what happens within the built environment, and residents perceived health and wellbeing in a holistic way and identified a range of actions,

which had taken place on the estate, that they saw as having improved health outcomes on the estate.

Context

19. The report is set in the context of major structural change and reform to the NHS; a large public deficit; and forthcoming cuts to a number of health and local government services.
 - The planned transfer of commissioning responsibilities from the Primary Care Trusts (PCTs) to GP-led Consortia and an NHS Commissioning Board .
 - NHS Hammersmith and Fulham has been going through a process of downsizing and merger with the Royal Borough of Kensington & Chelsea and the City of Westminster.
 - A new national public health service (Public Health England) will be created with local public health functions moving from PCTs to local government, and there will be a ring fenced budget.
 - Health and Wellbeing Boards and Local Health Watches will be established.
20. There will always be health inequalities as a consequence of different genetic disposition to disease and illness. The review seeks to identify unfair and avoidable health inequalities in Hammersmith and Fulham, and specifically various aspects of housing as long term causal perpetrators of health inequalities.

Project Limitations

21. There are currently a number of work streams in progress, which could impact on the conclusions of this review:
 - The Joint Strategic Needs Assessment (JSNA) 2010/2011 work streams include in-depth work in respect of housing as a health issue.
 - H&F LINK had scheduled a Housing and Wellbeing research project from January to March 2011, and, as a consequence, was unable to support this review.
 - Consultation responses from residents and tenants have not yet been input into the environmental and social aspects of the Fulham Court Estate Improvement Strategy.
22. Whilst initial general reading on spatial planning and impacts on health was undertaken, a literature review was outside the scope of this review.

BACKGROUND

Health Inequalities

23. Health inequalities are disparities in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of acquiring illness and actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable.
24. Throughout the health system, inequalities exist from determinants to outcomes, and include inequalities in:
 - **socio-economic and environmental factors**, including: income, employment, housing, occupation and education
 - **lifestyle and health related behaviours**, such as smoking, diet and levels of physical activity
 - **access to services**, such as health care
 - **health outcomes**, such as differences in life expectancy, or rates of death or disease.
25. The World Health Organisation defines the social determinants of health as 'the circumstances in which people are born, grow up, live, work and age, and the systems put in place to prevent and treat illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics'.
26. In order to reduce health inequalities, action is required across all social determinants of health, not just within the health system or health care. In general, the more affluent an individual, the better will be his/her health; conversely, the poorest are more likely to have the worst health. This social gradient in health, which runs from the top to the bottom of the socio-economic spectrum, means that health inequalities affect the whole of society, not just the most disadvantaged.
27. 'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010, published by the Marmot Review Team in 2010, discusses the health inequalities challenge facing England and proposes the most practical, evidence-based strategies relevant to future policy and action.
28. The review emphasises the "causes of the causes" of health inequalities, and the need to address these wider determinants. Strategies need to target those at the lower end of the gradient as well

as throughout the whole of society, according to the level of disadvantage.

The London Health Inequalities Strategy

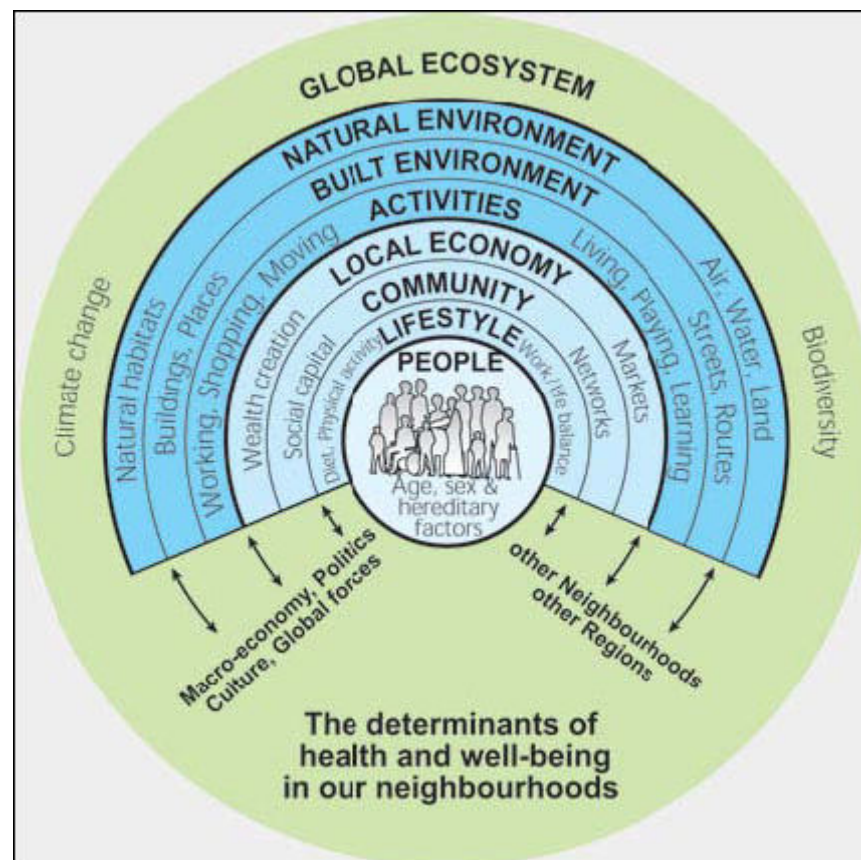
29. The Mayor of London has a statutory responsibility to set out the health inequalities facing London, the priorities for reducing them and the role played by a defined list of key partners in order to deliver the strategy's objectives. The London Health Inequalities Strategy (April 2010) sets out a framework for partnership action to:
- Improve the physical health and mental well-being of all Londoners;
 - Reduce the gap between Londoners with the best and worst health outcomes;
 - Create the economic, social and environmental conditions that improve quality of life for all; and
 - Empower individuals and communities to take control of their lives, with a particular focus on the most disadvantaged.
30. The role of the boroughs in delivering the strategy is identified in the delivery plan. However, proposals in the Health White Paper and the Public Health White Paper will in all likelihood lead to a rethink of how the strategy can be delivered.

Health Inequalities in Hammersmith & Fulham

31. The overview of health inequalities provided in the Hammersmith and Fulham Annual Public Health Report 2010/2011 (Appendix 4) indicates:
- *unequal life expectancy*: a 7.1 year gap in male life expectancy and a 11.7 year gap in female life expectancy between different wards in the borough;
 - *premature mortality*: some men and women, especially those from lower socio-economic status groups, die early;
 - *dying younger and suffering longer*: the gap between the most deprived area and least deprived area has been estimated to be 9.6 years for males and 12.3 years for females;
 - *inequalities in child health*: the Income Deprivation Affecting Children Index ranking ranges from North End ward at 155 to Ravenscourt Park ward at 28,709 (the index ranking for super output areas ranges from 1 (most deprived) to 32,482 (least deprived)).

Health Impacts of Spatial Planning Decisions

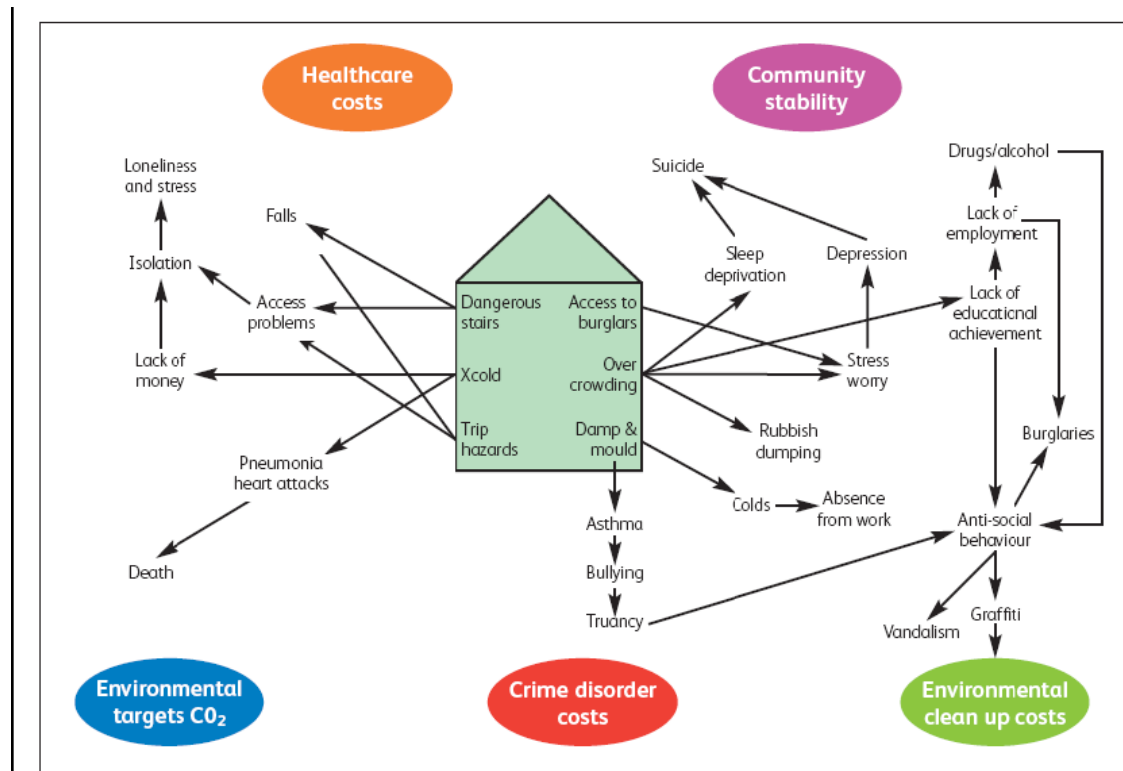
32. Spatial planning seeks to transform traditional planning from its narrow focus to considering the effect of planning on wider contexts. Spatial planning engages with issues affecting planning in society and considers how planning decisions interact with social, cultural, economic, and ecological policies.
33. The health risks associated with spatial planning include:
- heart disease
 - respiratory disease
 - mental health (short and long term effects)
 - obesity
 - injuries
 - increased mortality, morbidity and costs to NHS
34. Barton and Grant's health map¹ for the local human habitat (2006) demonstrates the numerous ways in which the built environment affects health, from individual to population-wide influences.



¹Based on the 1981 Dahlgren and Whitehead determinants of health model.

The Impact of Housing on Health

35. Housing affects health in many ways, through the structure of housing; internal conditions such as damp, cold and indoor contamination. The figure below demonstrates the range of impacts housing can have on public health.



The links between public health and housing (Chartered Institute of Environmental Health (2008))

Fulham Court Estate: The Built Environment

36. Fulham Court Estate is a relatively large Council-owned estate located in the South of the borough, close to Fulham Broadway (Town Ward), a small town centre. The estate is characterised by low-rise inward-looking brown-brick buildings, with a lack of greenery and communal open space.
37. There is a small row of shops on the northern boundary of the estate, on Fulham Road, and the estate is reasonably well located with respect to a range of shops in Fulham Broadway located within walking distance (5-10 minutes) There is also a market on North End Road six days a week.
38. The estate is well served in respect of public transport. Tube trains run from Fulham Broadway (District) and Parsons Green (District). A number of bus services operate around the perimeter of the estate and throughout the local area. There are no through-roads on the estate.

39. There is a significant variation in living space, with some units having only small kitchens without eating facilities and others having either a large kitchen or separate dining room. During the 1970s/1980s the Council built an additional storey on the blocks (with the exception of Block A which fronts on to Fulham Road) to create family units, and also provided larger kitchens within some of the flats. The small kitchens present problems in respect of laundry, with washing being dried in other rooms or on balconies.
40. All properties meet Decent Homes standards, which include new kitchens, bathrooms, windows and doors, upgraded heating and insulation. However, the new central heating and hermetically sealed windows have accentuated the problem of condensation, which impacts on health, and has resulted in the perception that the properties are 'damp'.

EVIDENCE AND FINDINGS

How does the built environment affect health, well being and quality of life in the chosen locality?

Which aspects of the built environment should be a priority if health is to be improved?

How can the Council, housing associations and health partners contribute to improving health through the built environment?

Fulham Court Estate Residents

41. The Council was perceived historically as not living up to its commitments, but this has changed. Now residents say there has been a massive difference in engagement, with the Council carrying out the work which it had said it would do.
42. At the beginning of 2010, the Council asked residents of Fulham Court what they thought of plans for a £4 million redesign of their estate. The proposed works aim to integrate estate homes with the surrounding local streets, reducing the isolation of Fulham Court which, in the past, has contributed to crime, vandalism and social separation. The plan is literally to take down dividing barriers across roads and open spaces and physically redesign the landscape to merge tenants' homes better into the surrounding streets.
43. Tenants were also asked for their views on building a children's centre to offer more support for working parents and to help those struggling with parenting. Building work has now started on a new £1 million children's and community centre. The two-storey building in Shottendane Road will replace an ageing portable building and will be available to all residents living nearby. The centre is due to open by summer 2011. It will combine

a ground-floor children's centre for families with children under five and a first-floor community centre, able to host a range of activities. A residents' steering group has been established to ensure people's opinions are listened to during the building's construction and beyond. Residents will have the chance to help brighten up the building by working with an artist on a giant mural on one side. An artist's impression of the centre is given below.

44. Mary Hippolyte, Chair of Fulham Court TRA, said: 'Spending money on the estate is showing people the council is serious about improving it. Bringing down the barriers between the estate and surrounding streets will make a huge difference.'



Fulham Court Community Centre (artist's impression)

Community Activities

45. Community activities are currently limited because of the redevelopment of the community centre and the Balfour Beatty site hut has become a temporary community centre. Tenants and residents continue to hold weekly bingo sessions and, for safety reasons, meet on the estate to go across to the site hut in Lancaster Court.
46. During the summer cooking lessons and other activities were organised for the children.
47. Volunteers from the Doorstep Library, 'the book ladies' work with children on the estate, visiting households once a week to read stories and leave books. For the past three years, the volunteers have made about 27 visits per week and read to the children for roughly 15 minutes. Each child is lent two books per week. They now plan to start work on two other estates during the next 12 months.

48. Katie Butt, who manages the volunteers, says 'the stimulus of reading and the confidence it gave both parents and children improves morale, and thus probably health.'

Shepherds Bush Housing Association

49. Mr Paul Doe, Chief Executive highlighted key findings of research undertaken in 2003 as part of a major re-investment and refurbishment programme, published in 'Housing & Health Uncovered'. The programme provided an opportunity to make an explicit link between housing and health.
50. A major part of the work comprised a questionnaire survey to collect data on tenants' self-perceived health status and their views on how housing affected their health, well being and quality of life. Two groups of tenants were surveyed: those whose homes were being renovated or who were being relocated to new housing; and those whose housing situation was unlikely to change within the period of the study (the 'control' group). In total, some 800 interviews were completed.
51. Following the housing improvements, there was a clear improvement in self-perceived health status amongst the reinvestment and relocated tenants; there were fewer reported current health problems and problems with mobility, undertaking usual activities and pain and discomfort. There was also a decline in levels of anxiety and depression.
52. Additionally, there was an increase in satisfaction with the general area, such as feelings of safety both inside and outside the home, the perceived friendliness of neighbours and feelings of belonging to the community. Initially, there were high levels of optimism for the future but this levelled off in subsequent follow-ups. Both groups of tenants showed rising awareness of the influence of wider health determinants on their health throughout the study.
53. Mr Doe provided two examples of improvements which had increased residents' satisfaction: replacement of gas fires with central heating; and the undertaking of assessment and adaptation of properties, as opposed to waiting for an assessment by an occupational therapist.
54. Mr Doe outlined the following issues:
- The policy across all local authorities was to fill homes to maximum occupancy.
 - 10% of new buildings were required to meet the Lifetime Homes Standard (a set of 16 design criteria that provides a model for building accessible and adaptable homes). Examples of flexibility in

buildings included: 'Adjustable' kitchens which can be lowered for disabled access; and lift shafts created but lifts not provided until required.

- Housing Associations did not know in advance who would be occupying the homes, and therefore some adaptations had to be undertaken after building completion, which was significantly more expensive.
- New buildings were smaller.
- Sound proofing was very expensive and required tall ceilings, but had a significant effect on health, and specifically stress and anxiety. However, there could also be a reverse impact, in that the quality of sound reduction increases the awareness of other noises.

Octavia Housing

55. David Woods, Development Director Octavia Housing outlined the ways in which new housing developments can ensure improvements in wellbeing and the feedback from a tenants satisfaction survey, which identified the issues that adversely affect wellbeing as:

- Noise transmission problems
- Space standards
- Lack of storage space
- Lack of external privacy
- Parking
- Expensive service charges/utility bills
- Antisocial behaviour
- High child density
- Lack of external communal parking space

56. Octavia Housing had developed the award winning **Bourbon Lane, Hammersmith**, made up of 78 affordable homes for families and key workers: 45 homes for general needs rent and 33 homes for shared ownership. The scheme was completed in July 2007, as part of a S106 agreement with White City shopping centre developers, Westfield.



Bourbon Lane, Hammersmith

57. The development comprises eight blocks situated along a new country lane, with entrances to dwellings off shared mews. All family homes have private gardens, and the majority of upper floor flats and maisonettes have roof terraces or balconies.

58. Features of the development include:

- Secured by Design standards, with an Eco-homes rating of Very Good (achieving high levels of sound and thermal insulation and high environmental sustainability); and
- Space standards, which met Homes and Community Agency requirements plus 10%.

Cassidy Medical Centre

59. The Cassidy Road Medical Centre is located within a few minutes walk of the estate and recently Chapel Street and the Hurley Clinic successfully bid for the contract. <http://cassidymedicalcentre.co.uk/>

60. The task group met with Dr Brown, Lead GP and Dr Russell Rock, Chief Executive Officer, Chapel Street. Some of their responses apply equally to both Fulham Court and neighbouring Barclay Close.

61. Dr Brown considered that there were:

- severe mental health problems, consistent with 'difficult to maintain' properties and depression was a big factor; and
- problems with damp, which resulted in respiratory problems.
- problems of social isolation and that it was difficult to build a community, and specific problems with lifts not working and no gritting in the recent bad weather.

62. *The comments in respect of damp were disputed by H&F Homes, which has issued guidance explaining that many of the problems are not due to external factors, but to the ordinary household activities of the residents (such as cooking, bathing and washing clothes), and what residents can do to avoid condensation.*

63. *The guidance states that unless the warm air produced by ordinary household activities can escape to the outside through an open window, air vent or extractor fan, it will find a cold spot within the home where it can condense, and outlines simple steps to reduce or even cut out condensation altogether, for example open a window; cover pots and pans and use an extractor fan; dry washing outside or if not, in the bathroom with the window open; and vent tumble driers outside .*

64. *Overall, the guidance stresses that opening a window is the simplest and most effective way of keeping air moving around the home and reducing damp condensation.*
65. Dr Brown had been informed that it was very easy to buy drugs, and specifically cheap cocaine.
66. Dr Rook informed that initial responses to a community survey indicated that there was perceived rising crime, which was gang related, high levels of debt, and that there were more young families afraid to leave their homes.
67. Dr Rock considered that there was not adequate community space at Fulham Court.
68. The Cassidy Medical Centre is keen to ensure the surgery becomes highly community based and they are intent on improving the general health of the area, rather than just dealing with those who are sick. Dr Russell provided the list below of community services that are being developed with local community groups and members:
- An extensive community health survey across the Fulham area utilising one-to-one interviews and postal surveys.
 - Work with the SPEAR employment programme for young adults, providing work experience opportunities.
 - Foodbank Referral Point providing the poorest families and those facing food crises with three days of free food, emotional support and signposting services.
 - Men's health programme with Chelsea FC working with young adults and older men around issues of health and lifestyle.
 - Working with local authorities on plans for health provision for young families as part of a new Children's Centre in Fulham Court
 - Working with Children's Centre staff on health advice for young families.
 - School visits to see the surgery and meet the doctors.
 - Funding from outside of the PCT/local authority is being sought to develop a broad ranging telecare and community service package for isolated elderly people, vulnerable adults and young families.
 - Looking at services that can be offered in response to the needs reflected in the community survey around debt and finance challenges.

Hammersmith & Fulham Council

69. Senior Housing and Regeneration Officers highlighted the following key issues and developments at Fulham Court:
- Approximately one quarter of residents were lone parents.
 - There were issues of drug misuse, debt and unemployment.
 - The estate comprised nine blocks bordered by high walls and narrow entrance gates, and was surrounded by affluent Victorian/Edwardian street properties.
 - Initiatives to improve the physical environment included: better parking and pedestrian areas; decreased number of access points; and improved landscaping.
 - Resident engagement events had been held including an open day earlier in the year and a residents workshop, which would be held in the following few months. The consultation event included the offer of free health checks. The Children's Centre would facilitate the involvement of the Hammersmith & Fulham Federation of Tenants and Residents Associations (HAFFTRA) in health issues.
 - Issues being addressed included: anti-social behaviour (not just ASBOs); caretaking (estate maintenance at new high standards); repairs; and criminal activity on the estate.
70. It was essential to obtain residents' support to maintain the estate in a good condition, with the inclusion of an educational component, for example, in reporting repairs effectively, residents needed to be able to differentiate between damp and condensation.
71. All properties met Decent Homes standards, which included new kitchens, bathrooms, windows and doors, upgraded heating and insulation. There remained environmental issues such as bin stores and footpaths.
72. In response to questions, the following information was provided:
- There was no one isolated reason for ASBOs.
 - A rent arrears analysis had been undertaken and help given to older people to claim benefits.
 - A significant number of staff lived in the borough, although the Council did not actively recruit in this way.
 - There was a significant amount of crime. In the 1980s the estate had been decanted, and when plans for its sale had been overturned,

homeless families had been re-housed on the estate. This culture was being turned around by building trust with residents.

73. Lessons to be learnt for future developments.
 - Cultural issues in respect of the allocations mix.
 - Properties should be of a reasonable size, wind and weather proof and warm.
 - There should be a secure entrance system, CCTV and good lighting; sound proofing; and more open spaces, for example small squares/quads.
 - Services for residents and health and employment initiatives should be brought onto the estate.

74. Senior Planning Officers explained the plan-led system, trickled down from a national level to regional and local policies. Housing was a key national plan and requirement of the London Plan, which contains a target for all homes to meet the Lifetime Homes Standard, making independent living as easy as possible for as long as possible. Homes built to this standard provide accessible and adaptable accommodation, from young families to older people, and individuals with physical impairment. The London Plan includes policies on all aspects of spatial development, from housing to transport to design of urban space.

75. The Council has been an early adopter of Lifetime Home Standards, whereby room standards are larger than Parker Morris standards and homes can be converted to meet disability standards. In addition, the Council requires 10% of dwellings to be built to wheelchair housing standards which means that such dwellings have to be suitable for occupation by a wheelchair user or easily adaptable for such use.

76. The Council is opposed to the inclusion of space standards in the Replacement London Plan and in its response to the consultation stated that the standards should be in best practice guidance and not have the more formal status of planning policy. However, in approving planning applications for new developments, the Council will have to have regard to this policy if it is included in the final version of the London Plan expected in 2011.

77. The requirements of open space are based on the number of children and future needs. The aspiration is 36 sq. m per family unit and 14 sq. m per single person unit.

78. The old co-operative site, Parson Green and the Townmead Estate regeneration scheme are examples of good affordable housing.

CONCLUSIONS AND RECOMMENDATIONS

79. In making its recommendations, the task group has taken into account the following key conclusions:

- Residents place a high value on engagement with the Council and the positive impact of being empowered through consultation. The research undertaken by Shepherds Bush Housing Association also demonstrated the high value placed on engagement, both with residents whose homes were being renovated or who were being reallocated to new housing; and those whose housing situation was unlikely to change within the period of the study (the 'control' group) reporting improvements in their self perceived health status.
- The Council is undertaking estate wide improvements leading to a better physical environment and the development plans for Fulham Court aim to reduce the estate's isolation, which, in the past, has contributed to crime, vandalism and social separation.
- The new community centre and the Cassidy Medical Centre provide opportunities to facilitate community activity and to improve the general health of the area.

80. The Task Group Recommends that:

- The Council's engagement with residents be commended and the involvement of residents in consultations and decision-making, through continuous engagement opportunities, communication and information events, should continue to be facilitated.
- The Council uses physical improvements such as better lighting and CCTV and green spaces, which make it safe for residents to walk or exercise with a view to designing out crime.
- The Council and PCT provide targeted information and advice on health and well-being in areas where it is easily accessible such as GP surgeries and community centres.
- As Planning and Public Health share similar goals to improve the way in which people live and the quality of life, that the transfer of the Public Health function to local authorities be regarded as an opportunity to work together to create healthier built environments.

APPENDIX 1

THE TEN SCRUTINY DEVELOPMENT AREAS

The areas and participating councils are summarised below:

- Chesterfield Borough Council – Health Inequalities in a Rural Area
- North West London Councils – Housing and Health
(London Boroughs of Brent, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington & Chelsea and Westminster)
- Bournemouth Borough Council and Dorset County Council – Cardiovascular Disease
- Portsmouth – Alcohol Admissions to Hospital
(East Hampshire District Council, Fareham Borough Council, Gosport Borough Council, Hampshire County Council, Havant Borough Council, Portsmouth City Council and Winchester City Council)
- Sefton Metropolitan Borough Council – Health Inequalities in a Small Deprived Area
- North East – Health Inequalities Suffered by Veterans
(Darlington Borough Council, Durham County Council, Gateshead Metropolitan Borough Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle City Council, North Tyneside Metropolitan Borough Council, Northumberland County Council, Redcar and Cleveland Borough Council, Stockton-on-Tees Borough Council, South Tyneside Borough Council and Sunderland City Council)
- Blackpool Borough Council – Minimum Pricing of Alcohol
- Warwickshire – Antenatal and Post Natal Services for Teenagers
(Nuneaton and Bedworth Borough Council, Rugby Borough Council and Warwickshire County Council)
- Cheshire – Health Inequalities in Small Rural Pockets
(Cheshire East Council and Chester West and Chester Council)
- Staffordshire – Mental Health Promotion, Prevention and Early Intervention
(Cannock Chase District Council, East Staffordshire Borough Council, Lichfield District Council, Newcastle-under-Lyme Borough Council, Stafford Borough Council, Staffordshire Moorlands District Council, South Staffordshire Council and Tamworth Borough Council)

SCRUTINY REVIEW SCOPING TEMPLATE

Review Task Group Members:

Councillors Robert Iggulden (Chairman), Peter Graham and Peter Tobias. Two other members (Councillors Stephen Cowan and Rory Vaughan), who had originally been appointed to the Task Group, subsequently resigned.

Hammersmith & Fulham's Liveability Strand: The location and density of housing developments (i.e. good spatial planning including transport links, access to 'real' open and play spaces, controlling noise pollution, ensuring community safety)

Title of Review	Health & housing – Improving health outcomes through the built environment
Outline purpose of Review - Reason	<p>Currently there are health inequalities that exist across the borough. This review seeks to determine the nature of the relationship between health outcomes and the built environment to determine how the built environment can contribute to achieving good health outcomes in a locality.</p> <p>In order to do this, the review involves consulting with residents on a housing estate in Fulham with poor health outcomes. The idea is to capture the views of residents on the estate on how the built environment affects their sense of health and well being.</p> <p>The housing estate, Fulham Court, has been determined on the advice of NHS Hammersmith & Fulham. It is a neglected area, with poor housing and health problems.</p> <p>Establishing a picture of relationship between the built environment and health in this way will form a basis from which to recommend action that can be taken in respect of the built environment to help improve long term health outcomes for residents.</p> <p>Hammersmith & Fulham is partnering Hounslow on this liveability strand. This will allow consultation with residents in two localities, which will strengthen the evidence base for any recommendations made.</p>
Expected Timescale	May – November 2010

<p>(possible no of meetings?) - Report to Exec/Borough Council</p>	
<p>Terms of Reference</p>	<ul style="list-style-type: none"> • How does the built environment affect health, well being and quality of life in the two chosen localities? • Which aspects of the built environment should be a priority if health is to be improved? • How can the Council, housing associations and health partners contribute to improving health through the built environment?
<p>Key areas of enquiry - Research required</p>	<ul style="list-style-type: none"> • Review of existing evidence on links between built environment and health outcomes. • Existing national and local policy guidance and regulatory framework around spatial planning and health outcomes. • In depth understanding of chosen locality (historical/geographical/cultural/amenities available/transport links etc) • Building a picture of engagement to date with tenants in each locality and what feedback tells us. • Carry out detailed consultation in chosen locality.
<p>How review could be publicised</p>	<p>CfPS Local Government Improvement and Development Conferences (local/sector/national) Launch event</p>
<p>Possible witnesses (written or oral evidence) e.g. council officers, individual residents, community groups, partner organisations, other interested stakeholders, other external organisations, executive members.</p>	<ul style="list-style-type: none"> • Residents in chosen housing locality • Planners • Residents/tenants organisations • Expert witnesses • Housing colleagues • Public health colleagues
<p>Equality & Diversity</p>	<p>This review will seek to engage with a cross representational range of Hammersmith & Fulham residents in terms of ethnicity when carrying out consultation.</p>

Expected Outcomes	<ul style="list-style-type: none"> • Increased local understanding of the relationship between health outcomes and the built environment. • Identification of good practice. • Recommendations to the Council and PCT. • Raised profile of Scrutiny within Council. • In association with the other participating boroughs, the development of a scrutiny tool-kit for investigating health inequality.
Value for Money	No short term savings directly linked to this review.
Possible Sources of Information	Other scrutiny reviews Literature review
Lead Scrutiny Officer	Sue Perrin
Risks	<ul style="list-style-type: none"> • Unwillingness of residents to engage • Scope of review perceived as too small to prove that there is a direct link between health outcomes and housing, which may impact on willingness to implement recommendations. • Review overruns • Lack of interest from OSC Members
What will be included	Review of existing evidence/policy guidance as it relates to health and housing issues residents highlight through the consultation activity which forms part of the review.
What will be excluded	Factors relating to housing and health which residents consulted do not highlight. (These issues may be commented upon/touched on but evidence base in terms of improving health outcomes through the built environment will focus on issues highlighted by residents through consultation activity).
Possible Co-optees	Public health, planning and housing representatives LINKs JSNA project team to be established between PCT and borough
Potential visits	Fulham Court
Possible costs	<ul style="list-style-type: none"> • Consultation activity with residents may require incentives to increase participation rates. • Meeting rooms/refreshments.

Fulham Court Estate

1. Profile

Fulham Court Estate is a relatively large Council-owned estate located in the South of the borough, close to Fulham Broadway (Town Ward), which is a small town centre. The estate is characterised by low-rise brown-brick buildings, with an inward-looking design, with a lack of greenery and communal open space. There is a small row of shops on the northern boundary of the estate, on Fulham Road, and a market takes place on North End Road six days a week.

The estate, which was built in 1933, comprises 356 dwellings, contained in one 4-storey block and eight 5-storey blocks. The majority of housing stock relates to two and three bedroom units (72%), with a breakdown of dwellings by number of bedrooms as follows:

- Studio: 4
- 1 Bedroom: 89
- 2 Bedroom 155
- 3 Bedroom 100
- 4 Bedroom 7
- 5 Bedroom 1

The estate is reasonably well located with respect to public transport, with Fulham Broadway (District) and Parsons Green (District) located within walking distance (5-10 minutes). A number of bus services operate around the perimeter of the estate and throughout the local area. There are no through-roads on the estate.

There is a Tenants and Residents Association.

2. Key facts about the estate and its residents:

- **Deprivation**

Fulham Court is ranked within the top 15% most deprived neighbourhoods in England, and is within the top 5% most deprived nationally with regard to income levels and within the top 10% with regard to barriers to housing and services.

63% of households on Fulham Court Estate do not own a car, which is considerably higher than the Borough (48%) and London (37%) averages.

- **Population**

Fulham Court Estate is home to around 950 residents.

There is a predominance of 'family' households (51%), with a much higher proportion of lone parents with dependent children (20%) than the borough average (7%).

There is a high concentration of young people on the estate (32% of residents aged under 18 years).

- **Tenure**

50 properties have been purchased under the right to buy scheme, and of these, 14 are believed to be privately let.

55% of Council tenants have resided on the estate for ten or more years.

81 households are overcrowded, representing 23% of all households on the estate, which is higher than the average recorded across Council estates.

- **Ethnicity**

Residents are predominately White British (49%) but there are much higher concentrations of residents from Black African and Black Caribbean backgrounds than the borough average.

- **Income & Employment**

The average income is low: 46% of households have annual incomes of less than £20,000 (compared to 35% across other estates).

There are high levels of unemployment and debt, including rent and service charge arrears.

Note: the figures used here are in some cases census based, so may have changed.

3. Estate Improvement

3.1 1960s

Some improvements, mainly involving the re-arrangement of the kitchen and bathroom, and the installation of an electric heater (expensive to run and tenants often resort to other forms of heating, e.g paraffin heaters, or use the electric heat as little as possible, both of which lead to excessive condensation.

3.2 1970s/1980s

An additional storey was build to create family units.

3.3 1986

In 1986, contracts for the sale of block A were exchanged with Barratt, and residents were decanted.

Following the election of a new Council, negotiations took place to release the Council from the contract, in order that the estate could be retained for rented accommodation.

It was agreed that block A was let as a 'design and build' contract to Barratt to provide 30 2-bedroom and 2 1-bedroom flats to modern standards, with new access lobbies, controlled access and some environmental works.

3.4 Decent Homes Standard, 2008

All dwellings have undergone internal improvements to bring them up to the decent homes standard. Internal improvements included kitchen and bathroom modernisation, central heating and electrical upgrades. External improvements included roof renewals, installation of new windows and doors, repairs to underground drainage, structural and fabric repairs, upgrade of CCTV and external and communal redecorations.

3.5 Improvement Strategy, 2009/2013

The key features of the proposals are:

- Altering road layouts to facilitate better parking arrangements; improve street landscaping to match nearby roads; provide better pedestrian access and reduce access points into the estate.
- Integration of Fulham Court and Barclay Close to create an enhanced neighbourhood and remove the physical divisions between the two communities.
- Improving the quality of landscaping to communal areas, including the three courtyards within the main blocks of the estate.
- Providing for a new community building and Children's Centre (for children under five, which will also be open to the wider community) the ground floor will provide for a new children's centre and the upper floor a new community centre for the estate. The centre will be solid build, with partitioned rooms and will have disabled access. Expected completion is in July 2011, and residents are currently using the Balfour Beatty site office for meetings and social activities.

APPENDIX 4

Hammersmith and Fulham Annual Public Health Report, 2010/2011

Extract: Health Inequalities in Hammersmith and Fulham