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Marsh Farm Central Area Regeneration
Masterplanning
Health Impact Assessment

MAIN HIA REPORT

FINAL

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1 Introduction

“To achieve a pioneering, forward looking, sustainable and capable community which is able to work and enjoy a quality of life that is full of opportunity and optimism.”

Vision, Marsh Farm Community Development Trust

1.1.1 This Health Impact Assessment has been commissioned by Marsh Farm Community Development Trust, Luton Borough Council and NHS Luton to assess the potential effects and impacts of the demolition and rebuilding of the Central Residential and Commercial Area on local residents’ health and wellbeing and to develop measures to minimise any potential negative health impacts and maximise the potential positive health impacts.

1.1.2 The specific objectives of this HIA were to:

i. Review and link to the findings of the previous HIA:
   Specifically, to link the above to the recommendations of the previous HIA carried out in 2004-05 and to expand on the short term impacts identified in that report.

ii. Identify health impacts of the redevelopment of the Central Area:
   Specifically, to identify and prioritise the potential direct and indirect health impacts on local people and community groups affected by the demolition, remediation and construction work using a range of scenarios based on realistic assumptions with a focus on key equality groups (older people; women; children and young people; people with disabilities; people from minority ethnic backgrounds; people with mental health conditions; and those on low incomes/unemployed)\(^1\), health inequalities and the disparities that exist;

iii. Focus on the wider determinants of health:
   Specifically, to look at physical and mental health; noise; air, soil and water pollution; access to services; housing tenure and re-housing; social integration and economy/employment.

\(^1\) During the scoping of the HIA it was judged, given the nature of the redevelopment, that sexual orientation was not an equality issue that was specifically affected and two other groups were added that judged to be more relevant in this context – people with mental health conditions and those on low incomes/unemployed.
iv. **Make recommendations to minimise the potential negatives and maximise the potential positives:**

Specifically, to clearly assess, report and make realistic and deliverable recommendations on the potential health impacts on the main priority and marginalised groups living in Marsh Farm using the social model of health, including both potential short and long term impacts, and how ongoing monitoring of the potential and actual health impacts can be put in place.

1.1.3 The HIA draws on the masterplanning design process; previous assessment reports; information from local and national organisations; and feedback from local people during the HIA consultation process and other consultation events running in parallel.
2 What is Health Impact Assessment?

“The value of HIA as a decision-making tool lies in identifying options through partnership with the community for objectives that aim to maximise health improvement, reduce health inequalities and minimise harm.”

‘Creating Healthier Communities’, ODPM, 2005

2.1 Introduction

2.1.1 This chapter outlines what health impact assessment (HIA) is and the Institute of Occupational Medicine’s ethos and approach to HIA.

2.2 Health Impact Assessment

2.2.1 The international Gothenburg consensus definition of HIA is: “A combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”

2.2.2 HIA is a key systematic approach to identifying the differential health and wellbeing impacts, both positive and negative, of plans and projects.

2.2.3 HIA uses a range of structured and evaluated sources of qualitative and quantitative evidence that includes public and other stakeholders' perceptions and experiences as well as public health, epidemiological, toxicological and medical knowledge. It is particularly concerned with the distribution of effects within a population, as different groups are likely to be affected in different ways, and therefore looks at how health and social inequalities might be reduced or widened by a proposed plan or project.

2.2.4 The aim of HIA is to support and add value to the decision-making process by providing a systematic analysis of the potential impacts as well as recommending options, where appropriate, for enhancing the positive impacts, mitigating the negative ones and reducing health inequalities.

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2 Office for the Deputy Prime Minister and Department of Health; Creating Healthier Communities: a resource pack for local partnerships; 2005.

3 WHO European Centre for Health Policy; Health impact assessment: main concepts and suggested approach; Gothenburg consensus paper; WHO Regional Office for Europe; 1999.
2.2.5 HIA uses both a biomedical and social definition of health, recognising that though illness and disease (mortality and morbidity) are useful ways of understanding and measuring health they need to be fitted within a broader understanding of health and wellbeing to be properly useful (See Figure 2.1).

Figure 2.1: The determinants of health and wellbeing

2.2.6 HIA therefore use the following World Health Organization psycho-social definition of health in our work: Health is “the extent to which an individual or group is able to realise aspirations and satisfy needs, and to change or cope with the environment. Health is therefore a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities.”

2.2.7 This definition builds on and is complementary to the longer established World Health Organization definition that “Health is a state of complete physical, social and mental wellbeing and not simply the absence of disease or infirmity.”

2.2.8 The general methodology is based on established good practice guidance on HIA developed by the Department of Health and the Devolved Regions.

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4 Adapted by Salim Vohra and Dean Biddlecombe from Dahlgren G and Whitehead, Policies and strategies to promote social equity in health; Institute of Future Studies; Stockholm; 1991.
2.3 A holistic approach to health impacts

2.3.1 This HIA takes a holistic or ‘systems view’ of potential health impacts and Figure 2.2 shows how this HIA conceptualises the general links between regeneration plans and programmes and health and wellbeing impacts. \(^7\)

2.4 Equality and health impact assessment

2.4.1 There has always been a focus on inequalities in HIA however increasingly both in the UK and internationally there is a more explicit emphasis on identifying what potential health impacts specific groups within a community may face because of their unique set of circumstances, differences and needs. \(^8\)^9\(^10\)

2.4.2 In the context of HIA an equality-focus aims to develop a HIA approach that engages with equalities groups and hard to reach groups and ensures that their voices are represented in the understanding of impacts and the development of mitigation and enhancement measures and recommendations.

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\(^6\) World Health Organization; Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946, and entered into force on 7 April 1948

\(^7\) Hirschfield et al; Health impact assessment: measuring the effect of public policy on variation in health; University of Liverpool; 2001.

\(^8\) Health Development Agency, Introducing health impact assessment (HIA) informing the decision-making process, England; 2002


\(^10\) Australasian Collaboration for Health Equity Impact Assessment; Equity focused HIA framework; 2004.
Fig 2.2: A systems view of regeneration and health impacts (adapted from Hirschfield et al, 2001)

Regeneration plans and programmes

- Housing projects
  - Modify the physical environment
  - Enhance trust re-connect agencies with local people

- Crime and community safety projects
  - Empower individuals and communities
  - Improve access to services and amenities

- Education, training and skills projects
  - Alter lifestyles and enhance coping skills
  - Improve access to services and amenities

- Transport projects
  - Reduce stress, anxiety and fear
  - Improve access to services and amenities

- Community development
  - Enhance employment prospects

- Social inclusion anti-poverty projects
  - Enhance employment prospects

- Land reclamation projects
  - Enhance employment prospects

- Social cohesion projects
  - Enhance employment prospects

- Integrated services projects
  - Enhance employment prospects

Health and wellbeing impacts

- Children and young people
- Older people
- Women and families
- Ethnic minority groups
- People with disabilities
- Wider community
2.5 **General steps in HIA**

**Screening**

2.5.1 This stage assesses the value of carrying out a HIA by examining the importance of a plan or project and the significance of any potential health impacts.

**Scoping**

2.5.2 This stage sets the ‘terms of reference’ for the HIA i.e. the aspects to be considered, geographical scope, population groups that might need particular focus, what will be excluded from the HIA, how the HIA process will be managed and so on.

**Baseline assessment and community profile**

2.5.3 This stage uses routine national and local datasets e.g. national census, local surveys, area profiles, and other demographic, social, economic, environmental and health information to develop a community profile with a strong focus on health and wellbeing issues, and identification of vulnerable groups, as a baseline from which to assess the potential positive and negative impacts and any health inequalities.

**Stakeholder consultation and involvement**

2.5.4 This stage applies to intermediate and comprehensive HIAs where no previous consultation on a development has taken place. It uses workshops, questionnaires, interviews, surveys and other methods of consultation and involvement to engage key stakeholders, in particular local people, in the identification and appraisal of the potential health and wellbeing impacts, in the development of mitigation and enhancement measures; and in developing options for monitoring and evaluating the identified impacts.

**Evidence and analysis**

2.5.5 This stage involves the collation of key evidence and the systematic analysis of the potential impacts, their significance, the groups likely to be most affected and the strength of the evidence for these impacts through the use of matrices and models.

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11 **Rapid HIAs** are rapid desktop analyses that take days or weeks to carry out. **Intermediate HIAs** are detailed desktop analyses with some focussed stakeholder consultation or feedback, e.g. stakeholder workshops and interviews that take weeks and months to carry out. **Comprehensive HIAs** are exhaustive analyses involving comprehensive consultation of stakeholders through representative surveys, workshops and interviews that take a year or more to carry out.
Mitigation and enhancement measures

2.5.6 This stage involves the identification of a range of measures to minimise the potential negative health effects and maximise the positive health benefits identified in the previous stages.

Health impact statement

2.5.7 This stage produces the final HIA report or health statement.

2.5.8 It involves summarising the key conclusions, options and recommendations emerging from the assessment including identifying, where appropriate, monitoring indicators to ensure that health and wellbeing are maintained during the whole lifecycle of a project or plan.

Follow up

2.5.9 This stage involves the active follow up of the project or plan to monitor and/or ensure that mitigation and enhancement measures have been put in place after a project or plan is approved.

2.5.10 It can also involve: a) presentation of the findings to key professional stakeholders; b) the development and implementation of a health impact communication plan to ensure that local communities fully understand the findings of the HIA and how and why it was carried out; and c) the evaluation of the effectiveness and value of the HIA process itself.
3 Methodology and Scope of this HIA

“...HIA is intended to help decision makers. There is no “best way” of doing an HIA. Each one has to be designed to fit the question it is intended to answer.”

A Critical Guide to HIA, John Kemm, Director of the West Midlands Health Observatory and HIA Gateway

3.1 Introduction

3.1.1 The following sections outline the methodology applied to this HIA. They concern the following: a definition of the study area and study population; sources of information consulted; consultation and consultee feedback; assessment criteria and assessment framework.

3.1.2 This HIA used a participatory approach where health impacts and ways of minimising the potential negatives (mitigation) and maximising the positives (enhancement) were developed through consultation and discussions with local residents and other key stakeholders.

3.1.3 The methodology and methods used were based on existing good practice guidance in the UK.

3.1.4 This HIA used existing data and information from earlier and concurrent impact assessment studies and consultations as well as routine data sources.

3.1.5 The assessment was largely qualitative except where data was available to enable quantification or where quantification of health impacts has already been undertaken in other impact assessment studies.

3.1.6 The HIA was undertaken between April 2008 and December 2008.

3.1.7 There were five major tasks within this HIA:

- A detailed health and equality-focused content analysis of the Marsh Farm (MF) Masterplan and working in partnership with the masterplanning team, the development of mitigation and enhancement measures to minimise the potential negatives and maximise the potential positives within the existing Masterplan both in terms of the design and the likely demolition, remediation, construction and operation phases of the implementation of the MF Masterplan.
3 Methodology and Scope of this HIA

- Review of the previous HIA and evaluation of how far its recommendations have been incorporated into the development of the MF Masterplan and where further improvements could be made in the MF Masterplan to fully address them.
- Focused community and stakeholder consultation in relation to what the potential health impacts might be in relation to the MF Masterplan, what evidence there is for it and discussions on how the negatives can mitigated and the positives enhanced.
- Development of a set of credible, deliverable and MFDCT-owned set of recommendations with some of these already feeding in during the HIA process into the detailed MF Masterplan process.
- Examination of the best way of undertaking ongoing monitoring of the potential health impacts as the MF Masterplan is implemented.

3.2 Screening

3.2.1 A rapid screening of the five Masterplan Options 1-4a was conducted which identified that each of the Options had strengths and weaknesses from a public health perspective and that no Option was significantly better than any other. The screening paper is provided in Appendix A: Rapid Screening of the Five Masterplan Options.

3.3 Scoping

Project Steering Group

3.3.1 The sub-group of the Health and Wellbeing Advisory Group of Marsh Farm Community Development Trust (MFCDT) acted as the Project Steering Group for the HIA.

Study area

3.3.2 The geographic scope of this HIA was the Marsh Farm area which forms a part of Sundon Park and Northwell wards in Luton.

Study population

3.3.3 The population scope of this HIA was a) the residents living in the Purley Centre and Purway Close (who would be relocated); b) the residents living around the Purley Centre and Purway Close (around the area that would be redeveloped).
3.3.4 The key population sub-groups that our HIA will focus on are the six equalities priority themes: age, gender, ethnicity, culture/faith, disability as well as those with mental health conditions and those on low income/unemployed.

3.3.5 After discussion it was considered that there were no specific issues in relation to the proposed redevelopment/regeneration and Lesbian, Gay and Transgender people. Hence a specific consultation was not undertaken with this group though they were considered during the analysis of the potential health impacts.

**Determinants of health considered**

3.2.8 The key determinants of health and wellbeing that have been considered were:
- Infectious diseases
- Non infectious/chronic diseases (including respiratory and heart disease)
- Mental health and wellbeing (including nuisance and annoyance effects)
- Employment and enterprise
- Housing and shelter
- Transport and connectivity
- Learning and education
- Crime and safety
- Health and social care
- Shops and retail amenities
- Social capital and community cohesion
- Culture and leisure
- Lifestyle and daily routines
- Energy and waste
- Land and spatial

**3.4 Baseline assessment and community health profile**

3.4.1 Background assessment reports developed as part of the previous masterplanning process.

3.4.2 Information and data from the Office for National Statistics, Eastern Region Public Health Observatory, HIA Gateway; Luton Borough Council, Luton Primary Care Trust, New Deal for Communities and Marsh Farm Community Development Trust were used to understand the current health and wellbeing and needs of the residents of Marsh Farm.
3.5 Consultation and involvement

3.5.1 The HIA consultant team attended three existing consultation events linked to other work on Marsh Farm to familiarise themselves with Marsh Farm and gain an early first hand insight into the issues and perspectives of local residents and to make people aware of the HIA work.

3.5.2 Five equalities themed workshops were undertaken. These were facilitated by MFCDT staff as well as the HIA consultants.

- Children and young people
- Older people and those with disabilities
- Black and minority ethnic groups
- Unemployed people
- Tenants in the Purley Centre and Purway Close

3.5.3 It was difficult to set up a specific focus group around mental health and so a small informal meeting of two users of the CERC and a member of staff of the CERC was undertaken to consider the potential impacts on those with mental health conditions.

3.5.4 Every effort was made to ensure that each of the groups was diverse and had a gender balance.

3.5.5 Details of the consultation are presented in Chapter 9: Community Views and Perspectives.

3.5.6 The materials developed for the workshop session are shown in Appendix C.

3.6 Evidence and analysis

3.6.1 This HIA used existing literature reviews/reviews of the evidence of the health impacts of regeneration and housing redevelopment to inform the analysis of the likely major positive and negative health impacts of the proposed redevelopment and masterplanning process.
3.6.2 The HIA was based on a document analysis and desk-top health impact analysis using a matrix table to analyse the potential positive and negative health and wellbeing impacts.

3.6.3 The identified impacts were then classified using the levels defined in Table 3.1.

3.6.4 We compared the potential impacts to a ‘Do Nothing’ option for the construction, short term operation and long term operational phases of the proposed development.

Table 3.1: Definition of the levels of potential impact

<table>
<thead>
<tr>
<th>Significance Level</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major +++/--- (positive or negative)</td>
<td>Health effects are categorised as a major positive if they prevent deaths/prolong lives, reduce/prevent the occurrence of acute or chronic diseases or enhance mental wellbeing would be a major positive. Health effects are categorised as a major negative if they could lead directly to deaths, acute or chronic diseases or mental ill health. The exposures tend to be of high intensity and/or long duration and/or over a wide geographical area and/or likely to affect a large number of people (e.g. over 500) and/or sensitive groups e.g. children/older people. They can affect either or both physical and mental health and either directly or through the wider determinants of health and wellbeing. They can be temporary or permanent in nature. These effects can be important local, district, regional and national considerations. Mitigation measures and detailed design work can reduce the level of negative effect though residual effects are likely to remain.</td>
</tr>
<tr>
<td>Moderate ++/-- (positive or negative)</td>
<td>Health effects are categorised as a moderate positive that enhance mental wellbeing to some extent and reduce exacerbations to existing illness. Health effects are categorised as a moderate negative if the effects are long term nuisance impacts, such smell and noise, or may lead to exacerbations of existing illness. The exposures tend to be of moderate intensity and/or over a relatively localised area and/or of intermittent duration and/or likely to affect a moderate-large number of people e.g. between 100-500 or so and/or sensitive groups. The negative impacts may be nuisance/quality of life impacts which may affect physical and mental health either directly or through the wider determinants of health. The cumulative effect of a set of moderate effects can lead to a major effect. These effects can be important local, district and regional considerations. Mitigation measures and detailed design work can reduce and in some/many cases remove the negative and enhance the positive effects though residual effects are likely to remain.</td>
</tr>
</tbody>
</table>
| Minor/Mild +/- (positive or negative) | Health effects are categorised as minor/mild whether, positive or negative, if they are generally low level quality of life impacts. Increases or reductions in noise, odour, visual amenity, etc are examples of such effects. The exposures tend to be of low intensity and/or short/intermittent duration and/or over a small area and/or affect a small number of people e.g. less than 100 or so. They can be permanent or temporary in nature. These
3.6.5 For each potential health impact ten key issues were considered

- Which population groups are affected and in what way?
- Is the effect reversible or irreversible?
- Does the effect occur over the short, medium or long term?
- Is the effect permanent or temporary?
- Does it increase or decrease with time?
- Is it of local, regional or national importance?
- Is it beneficial, neutral or adverse?
- Are health standards or environmental objectives threatened?
- Are mitigating measures available and is it reasonable to require these?
- Are the effects direct, indirect and or cumulative?

3.7 Recommendations

3.7.1 A set of general recommendations were developed for the key phases of the masterplanning, redevelopment and regeneration process. See Chapter 10.

3.7.2 A specific Masterplanning/Redevelopment Health Action Plan was also developed with suggestions for indicators that could be used to monitor progress on the Action Plan. See Chapter 11.

3.8 Follow up

3.8.1 A series of activities with the aim of embedding and generating local ownership of the recommendations of the HIA and the Masterplanning Health Action Plan were undertaken.

3.8.2 Key activities included presentation to key stakeholders and the community on the findings of the HIA during the development of the Final Draft Report and further engagement work to enable the recommendations to be mainstreamed into the masterplanning/redevelopment process.
3.9 **Limitations of this HIA**

3.9.1 The masterplanning process in Marsh Farm was a very fluid process which meant considerable change in terms of what form the redevelopment would take and in how the redevelopment process would be managed. This made the process of analysing potential impacts difficult.

3.9.2 There has been a lot of previous consultation and it was therefore difficult to engage local residents especially those who had not been reached by previous consultations. A range of approaches were tried to encourage greater participation.
4 Background to Marsh Farm and the Masterplanning Process

“To ensure that the regeneration of the Marsh Farm community is continual and that the capacity of the local people, especially children and young people, is built to ensure that the improvement is sustainable”.
Marsh Farm Community Development Trust Delivery Plan Year 7 2007/2008

4.1 Introduction

4.1.1 This chapter provides background details on the Marsh Farm Estate and the background context to the redevelopment of the Central Area.

4.2 Marsh Farm New Deal for Communities

4.2.1 New Deal for Communities (NDC) is a key programme in the UK Government's strategy to tackle multiple deprivation in the most deprived neighbourhoods in the country, giving some of the poorest communities the resources to tackle their problems in an intensive and co-ordinated way. The aim is to bridge the gap between these neighbourhoods and the rest of England.

4.2.2 The Marsh Farm New Deal for Communities (NDC) area falls within two council wards - Northwell and Sundon Park. Planned in the mid 1960’s, Marsh Farm Estate is a mixture of private and public sector housing. Marsh Farm has five schools, two nurseries, a shopping centre, lots of green open spaces and community facilities. It has approximately 10,000 residents.

4.2.3 Marsh Farm has been and continues to be a deprived area though the NDC programme has improved the situation in the area for the better.

4.2.4 The New Deal for Communities programme has been running for seven years and there are a wide range of programmes and projects running that fall under six main headings:

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12 Information sourced from Marsh Farm Community Development Trust.
4.3 Background to the Marsh Farm Estate

4.3.1 Marsh Farm is a 1960s Radburn style estate of some 4,000 dwellings (houses and flats). There are three landmark tower blocks on the estate. The estate was designed to be a self-contained community with a mixture of private and public sector housing, its own schools, shopping centre and other public amenities e.g. library.

4.3.2 The primary innovation of Radburn Estate in New Jersey, USA was the separation of pedestrian and vehicular traffic. This was accomplished by doing away with the traditional grid-iron street pattern and replacing it with an innovation called the superblock. The superblock is a large block of land surrounded by main roads.

4.3.3 The houses are grouped around small cul-de-sacs, each of which has an access road coming from the main roads.

4.3.4 The remaining land inside the superblock is park area, the backbone of the neighbourhood. The living and sleeping sections of the houses face toward the garden and park areas, while the service rooms face the access road.

4.3.5 The walks that surround the cul-de-sacs on the garden side of the houses divide the cu-de-sacs from each other and from the central park area. These paths cross the park when necessary.

4.3.6 Finally, to further maintain the separation of pedestrian and vehicular traffic, a pedestrian underpass and an overpass, linking the superblocks, were provided. The system was devised in such a way that a pedestrian could start at any given point and proceed on foot to school, stores or church without crossing a street used by automobiles. Although the physical plan of Radburn has been an inspiration to planners and architects here in the United States and abroad for almost 60 years, equally important in the development of Radburn is The Radburn Association.
4.3.7 The Association is a non-profit corporation charged with fixing, collecting and disbursing charges; maintaining services, parks and facilities; and interpreting and applying the Declaration of Restrictions, which are restrictive covenants running with the land. Each property within the Association boundaries is governed by these Restrictions.

4.3.8 The area has a good major road and rail network with the M1 motorway a few miles away and Thameslink and First Capital Connect services that connect with Bedford, Luton airport and central London via Leagrave station.

Figure 4.1 Aerial view of Marsh Farm with the Central Area highlighted [Source: Google Maps]
Figure 4.2 Location of Marsh Farm in relation Luton, Cambridge, Northampton, Bicester and Stevenage (Marsh Farm marked with an A tag) [Source: Google Maps]
4.3.9 Figure 4.1 shows an aerial view of Marsh with the central area highlighted. Marsh Farm Estate is approximately three miles north of Luton town centre. It lies within the two Luton wards of Northwell and Sundon Park and is close to the South Bedfordshire.

4.3.10 Figure 4.2 shows a map of Luton in relation to other key urban centres in Bedfordshire and the East of England.

4.4 The proposed redevelopment and outline masterplan

4.4.1 Five options – Options 1, 2, 3, 4, and 4a - had been developed for the Central Area of Marsh Farm that included the Purley Centre, Purway Close and the Community Enterprise and Resource Centre (CERC).

4.4.2 Consultation with the local community and other key professional stakeholders working in Marsh Farm narrowed this down to Options 1

4.4.3 The main characteristics of the Options was an increase in the number of houses and flats; a redevelopment and/or redevelopment and relocation of the CERC; redevelopment of the retail amenities including the creation of a new supermarket; and continuance and extension of the weekly markets on Thursday and Saturday.

4.4.4 A screening of the options was undertaken and is shown in Appendix A.

4.5 Background to the masterplanning process

4.5.1 A team of masterplanning consultants were appointed in autumn 2004 to develop a Master Plan for Marsh Farm. During October 2004 and August 2005, they held a series of open days, exhibitions, fun days, drop-in sessions and circulated questionnaires, to gain the views of the local community. Resident views were used to help develop the Master Plan Options. These Options are shown in Appendix A: Screening of the five Masterplan Options. These outline masterplans were illustrative and suggestive of key spatial aspects and how the proposed new buildings might

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Information sourced from the Marsh Farm Development Trust (Marsh Farm Matters Community Newsletter February 2008 edition).
relate to each other. It was envisaged that the final detailed masterplanning would generate the actual final masterplan design for the Central Area.

4.5.2 There are four overarching goals of the masterplanning process:

- Creating safer environments
- Maximising our heritage opportunities
- Creating a vibrant new centre
- Improving community facilities

4.5.3 In relation to Goal 1 creating safer environments, the community said that they wanted to retain and improve the green spaces, improve the lighting, tidy up garage courts that are vandalised and improve the play areas. Therefore improvements are being proposed to the pedestrian walkways, footpaths, underpasses, street lighting, alleyways, safer car parking, connection of green spaces and a local ‘pocket parks’ will be created.

4.5.4 In relation to Goal 2 maximising our heritage opportunities, the community said that they wanted to maintain Marsh House, improve access to the area, improve the Entrance to Marsh Farm and support the heritage of Marsh House and Wauluds House. Therefore improvements are being proposed in terms of refurbishment of Marsh House for community use; improved access to the River Lea and the surrounding areas; improvements to riverside the walkways, woodlands, views and seating; improvements to the lighting; and improvements to the links to Leagrave Railway Station.

4.5.5 In relation to Goal 3 creating a vibrant new centre, the community said that they wanted better shopping facilities, wanted to keep the market, a centre to be proud of, accessible for all parts of Marsh Farm and they felt that the Purley Centre was an eyesore. Therefore improvements are being proposed in terms of redevelop the Purley Centre to provide better shopping and market facilities; provide a centre which is user friendly, easy to reach, pleasant to walk around, with a range of good quality shops; and to provide new mixed tenure homes ranging from affordable rent and shared ownership, to private owner occupied accommodation.

4.5.6 In relation to Goal 4 improving community facilities, the community said that they wanted a vibrant community, supported by a vibrant community hub; space for local businesses and community enterprise; space for local community events; better
health facilities; and new ways of delivering services. Therefore improvements are being proposed in terms of redeveloping or refurbishing the CERC to provide: community meeting places and social centre, library, health facilities, offices, work spaces, and housing opportunities.

Figure 4.3 Overview plan of the Central Area as it currently exists [Source: MFCDT]
Option 1
Retain the existing CERC and redevelopment of Purley and Purway

Key
- Study Boundary
- Community Facilities
- Supermarket
- Retail on Ground Floor, Apartments Above
- Public House on Ground Floor, Apartments Above
- Town Houses
- Apartments
- Gardens
- Main Pedestrian Linsks
- Main Vehicular Routes
- Secondary Vehicular Routes
- Existing Pedestrian Subway to be retained

Decant Site
- a temporary move to Wauluds House to allow re-development.
4.6 Review of progress on the recommendations from the previous HIA

4.6.1 A HIA was conducted 2004-05 before any of the five options had been developed.

4.6.2 A range of recommendations were made focusing on the delivery of health, social and related services.

4.6.3 The majority of recommendations are being taken forward in one form or another however some have not been because of a) changes in local circumstances, b) a different approach being developed that was not considered when the HIA was conducted, c) changing national priorities or d) because they relate to the detailed design of the proposed redevelopment.

Improving access to services and resources

4.6.4 This theme is being taken forward with plans current being developed for a wellbeing centre to deliver an integrated centrally located set of health and social care support services that work in partnership with existing community facilities on the estate e.g. Children's Centre.

Integrated service planning and delivery

4.6.5 There is greater integration and communication between the various service providers on the estate and this work is ongoing. One aspect of the development of the detailed masterplan will be to ensure that communication is not disrupted during the construction phase and after the redevelopment is completed.

4.6.6 There is a continuing focus on doing specific health and wellbeing work with residents from Black and Minority Ethnic backgrounds. A community development worker has been recruited to take this work forward particular in relation to heart disease.

4.6.7 There is also ongoing work focussing on women’s health and wellbeing.

Lifestyles

4.6.8 Activities around improving the lifestyles of residents are ongoing and additional activities have been commissioned targeting older people, those with disabilities and carers.
4.6.9 There is greater integration and communication between the various service providers on the estate and this work is ongoing. One aspect of the development of the detailed masterplan will be to ensure that communication is not disrupted during the construction phase and after the redevelopment is completed.

Broad health determinants

4.6.10 There has been considerable environmental improvement work in partnership with Groundwork and work on improving the Character Areas around the estate.

Taking the recommendations forward

4.6.11 Assessment of the likely impacts of the final masterplan is currently ongoing with the commissioning of this HIA.

4.6.12 The previous HIA provided the evidence base and recommendation for many of the plans and activities that have been put in place since 2004-05.
Photo 4.1 View of the three tower block on Marsh Farm on coming from Wauluds Bank Drive intersection with Bramingham Road

Photo 4.2 Burnt out garages at the corner of Wauluds Bank Drive and Littlewood Croft
Photo 4.3 Houses on the right of Wauluds Bank Drive just before the roundabout leading to The Moakes. Note how cars have been parked on the greenspace in front of the houses.

Photo 4.4 View of the Purley Centre and houses on the Moakes.
Photo 4.5 View of the Purley Centre ground floor where the Purley Tavern and other shops and amenities are located through and entrance at the right after going under the walkway

Photo 4.6 Mural at the entrance to the underpass in front of the Purley centre where the Thursday and Saturday markets are held
Photo 4.7 A view of the Purley Centre from the front

Photo 4.8 View of the Community Enterprise and Resource Centre (CERC) on the Moakes
Photo 4.9 View of Purway Close off the Moakes and the houses along it

Photo 4.10 View of the health centre next to the Purley Centre
Photo 4.11 View of the Purley centre and Purway Close from the roundabout bus stand in front of Lea Manor School

Photo 4.12 View of an underpass near Purway Close
Photo 4.13 View of a balcony of flats in the Purley Centre

Photo 4.14 View of a bus stand on the estate.
Photo 4.15 Pigeon droppings on stairwell in the Purley Centre caused by trapped pigeons

Photo 4.16 Condition of lift entrances with burnt out sign above lift call button
5 Policies Relevant to the Masterplanning Process

“An equal society protects and promotes equal, real freedom and substantive opportunity to live in ways people value and would choose, so that everyone can flourish. An equal society recognises people’s different needs, situations, barriers that limit what people can do and can’t do.”


5.1 Introduction

5.1.1 This chapter summarises the key policy context in relation to the proposed masterplanning and redevelopment.

5.2 National policy


5.2.1 This strategy sets out our response to the global challenge of ageing. It also outlines our plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services.

5.2.2 The first key element of this strategy is the use of the Lifetime Homes Standards. Lifetime Homes Standards are inexpensive, simple features designed to make homes more flexible and functional for all. The Government will ensure that all public sector funded housing is built to Lifetime Homes Standards by 2011 and will work closely with developers, architects, planners and other professionals to encourage take-up and to establish the most economic way to deliver the benefits of Lifetime Homes Standards.

5.2.3 The second is the concept of the lifetime neighbourhood. It is linked to the concept of Lifetime Homes and is a neighbourhood designed to be welcoming, accessible, and inviting for everyone, regardless of age, or health, or disability. In some places these

ideas are linked to ‘Age-Friendly Cities’. The lifetime neighbourhood is sustainable in terms of changing climatic conditions, but it also means that transport services, housing, public services, civic space and amenities, all make it possible for people to have a full life and take part in the life of the community around them. A lifetime neighbourhood is not just good for older people. It is a neighbourhood that works better for everyone because it is underpinned by the principles of inclusive design, sustainability and participation.

5.2.4 Key documents that provide guidance on lifetime homes and neighbourhoods include:

- Lifetime Homes (http://www.lifetimehomes.org.uk)
- Age-Friendly Cities Guide (World Health Organisation, 2007)
- Manual for Streets (Department of Transport and Communities and Local Government, 2007)
- Inclusive Mobility (Department of Transport, 2007)
- Urban Design Principles (English Partnerships and the Housing Corporation, 2007)
- Delivering Quality Places (English Partnerships and the Housing Corporation, 2007)
- Cleaner Safer Greener Communities (http://www.cleanersafergreener.gov.uk/)
- Mixed Communities Approach (www.renewal.net/mc/)
- Good Signs – Improving signs for people with a learning disability (Disability Rights Commission, 2004)

Sustainable Futures: building for the future (2003)

5.2.5 One element of this action plan is ‘Decent Homes, Decent Places’ with the aim of ensuring that all social tenants have a decent home by 2010 and to improve conditions for vulnerable people in private accommodation; to ensure all tenants, social and private, get an excellent service from their landlord; and to ensure all communities have a clean, safe and attractive environment in which people can take
pride. The Decent Homes Standard 2000 set out four key conditions a) be above the statutory minimum standard (i.e. the fitness standard), b) be in a reasonable state of repair, c) provide reasonably modern facilities and services and d) provide a reasonable degree of thermal comfort.

5.2.6 This will mean that a) plans to improve social housing will be required to form part of a wider strategy for neighbourhood renewal and sustainable communities. Housing providers will work closely with Local Strategic Partnerships and New Deal for Communities/Neighbourhood Management Partnerships and b) tenants must be at the heart of plans at all stages in the process, starting with drawing up options for investment.

*Strong and Prosperous Communities - The Local Government White Paper (2006)*

5.2.7 The aim of this White Paper is to give local people and local communities more influence and power to improve their lives. It is about creating strong, prosperous communities and delivering better public services through a rebalancing of the relationship between central government, local government and local people. The key themes of the White Paper are Community Safety; Health and Wellbeing; Vulnerable People; Children, Young People and Families; Economic Development, Housing and Planning; Climate Change; and the Third Sector.

5.2.8 In relation to Health and Wellbeing the aim of the White paper is to improve the health and well-being of every local community and ensure that health and social care services reflect the needs and priorities of patients and their families. This White Paper will enhance local leadership on health and well-being, and will make it easier for local authorities and NHS bodies to work together to tackle health inequalities and to deliver better services for their local area.

5.2.9 In relation to Vulnerable People and equalities issues the aim is to tackle social exclusion and deprivation, promoting equality for all citizens and addressing the needs of vulnerable people.

*Choosing Health: Making Healthy Choices Easier, Department of Health (2004)*

5.2.10 This White Paper sets out how the Government and the NHS will help people to make healthier choices for themselves; protect people’s health from the actions of
others; and recognise the particular needs and the importance of emotional and physical development of children and young people whilst achieving a balance between healthy outcomes and people’s freedom to choose their own way of life.

Planning Policy Statement 1: Delivering Sustainable Development (2006)\textsuperscript{15}

5.2.11 There are several key objectives of this PPS:

- Making suitable land available for development in line with economic, social and environmental objectives to improve people’s quality of life;
- contributing to sustainable economic development;
- protecting and enhancing the natural and historic environment, the quality and character of the countryside, and existing communities;
- ensuring high quality development through good and inclusive design, and the efficient use of resources; and
- ensuring that development supports existing communities and contributes to the creation of safe, sustainable, liveable and mixed communities with good access to jobs and key services for all members of the community.

5.2.12 It also refers to a number of key sources of design and masterplanning guidance:

- Secured by Design, see www.securedbydesign.com
- Building for Life Standards, see www.buildingforlife.org
- Design Quality Indicator toolkit, see www.dqi.org.uk/DQI
- Manual for Streets Guidance (DfT/Communities and Local Government).

\textsuperscript{15} Planning Policy Statements (PPSs) set out the Government’s national policies on different aspects of land use planning in England. The policies set out in PPSs need to be taken into account by regional planning bodies in the preparation of regional spatial strategies and by local planning authorities in the preparation of local development documents. They can be a material (important) consideration in individual planning applications.

5.2.13 PPS 3 argues that Local Planning Authorities should encourage applicants to bring forward sustainable and environmentally friendly new housing developments, including affordable housing developments, and in doing so should reflect the approach set out in the forthcoming PPS on climate change, including on the Code for Sustainable Homes. Matters to consider when assessing design quality include the extent to which the proposed development:

- Is easily accessible and well-connected to public transport and community facilities and services, and is well laid out so that all the space is used efficiently, is safe, accessible and user-friendly.
- Provides, or enables good access to, community and green and open amenity and recreational space (including play space) as well as private outdoor space such as residential gardens, patios and balconies.
- Is well integrated with, and complements, the neighbouring buildings and the local area more generally in terms of scale, density, layout and access.
- Facilitates the efficient use of resources, during construction and in use, and seeks to adapt to and reduce the impact of, and on, climate change.
- Takes a design-led approach to the provision of car-parking space that is well-integrated with a high quality public realm and streets that are pedestrian, cycle and vehicle friendly. – Creates, or enhances, a distinctive character that relates well to the surroundings and supports a sense of local pride and civic identity. – Provides for the retention or re-establishment of the biodiversity within residential environments.

Public Service Agreement (PSA) Floor Targets for Marsh Farm, Department of Health

5.2.14 Life expectancy: to substantially reduce mortality rates by 2010 (PSA 1)

5.2.15 From heart disease, stroke and related diseases: by at least 40% in people under 75 years of age, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

5.2.16 From cancer by at least 20% in people under 75 years of age, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.
5.2.17 Health inequalities: reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth (PSA 2)

5.2.18 Tackling the determinants of ill health and health inequalities by:

5.2.19 Reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

5.2.20 Reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health.

5.2.21 Increasing the rate of physical activity (of at least 20 minutes a time) by 10% by 2010.

5.2.22 A reduction in prescribing rates for mental health conditions to the Luton average by 2010.

5.3 Regional policy

*Sustainable Futures: the integrated regional strategy for the East of England (Draft, 2007)*

5.3.1 The Integrated Regional Strategy (IRS) is a statement of the regional priorities and challenges for the sustainable development of the East of England. It acts as the high-level sustainable development strategy for the Region, bringing the previous IRS published in 2005, together with the Regional Sustainable Development Framework (RSDF) of 2001, into a single strategic document.

5.3.2 Its vision is: To improve the quality of life for everyone who lives or works in the East of England.

5.3.3 The Strategy is constructed around 18 Sustainable Development Objectives. Though these objectives vary in scope and some are overlapping, they are an expression of the sustainable development priorities required to achieve the IRS vision. To accompany the Objectives there are a number of selected Indicators, which together can help to build an overarching picture of progress against Sustainable Development Objectives in the East of England. The Objectives are:

- Separate economic growth from increases in resource use, especially in terms of energy and water
- Reduce greenhouse gas emissions
• Adapt to the impacts of climate change
• Protect and enhance the Region’s natural and historic environmental assets
• Create, conserve and enhance distinctive local environments
• Use resources more efficiently, minimising waste and increasing rates of reuse and recycling
• Reduce levels of poverty and exclusion
• Provide decent and affordable homes for all
• Achieve health and income equality
• Provide effective social infrastructure and services
• Promote sustainable lifestyles
• Meet the needs of the changing regional demographic
• To promote wellbeing through community cohesion and social capital
• Deliver low carbon building to support continued economic growth
• Harness the region’s economic strengths specifically in science and R&D
• Improve the skills base through increased learning opportunities for all
• Minimise transport growth whilst capturing the economic benefits of international gateways
• Move towards sustainable consumption and production

5.4  Local policy

*Luton Forum; Luton Sustainable Community Strategy: our Luton in 2026 (2008)*

5.4.1 To be sustainable this strategy must ensure Luton’s community is one where all residents:

5.4.2 Enjoy fair access to goods, services, employment and justice equality

5.4.3 Are able to participate in and feel a part of that community inclusion

5.4.4 Feel respected and able to live in with dignity and in harmony with others and our environment cohesion

5.4.5 In terms of health and wellbeing the key priorities are (emphasis added):

- Promoting healthy living and tackling the key risk factors which affect health
- Focusing on prevention and early intervention
5. Policies Relevant to the Masterplanning Process

• Supporting people to live independently
• Improving housing conditions for existing and new housing
• Improving mental health services
• Improving services for carers
• Improving leisure and cultural opportunities for all, and better access
• Understanding that different service delivery will be necessary to ensure fair health and wellbeing outcomes for all


5.4.6 This assessment identified key issues facing children, older people and the wider health and wellbeing of Luton residents.

5.4.7 The priorities of the strategy in terms of older people are:

• Promote healthy ageing – keeping people active, tackling social isolation…etc.
• Supporting carers to carry on providing care at home
• Offer a better range of housing options
• Helping people to better help themselves
• Mainstream services and independent and voluntary sector will have an increasing role

5.4.8 The priorities of the strategy in terms of children are:

• Childhood obesity
• Perinatal mortality and low birth weight babies
• Children with disabilities
• Teenage pregnancy
• Smoking
• Bullying

Marsh Farm Floor Target Action Plan, Marsh Farm Community Development Trust (2007)

5.4.9 The action plan sets out how the Public Service Agreement (PSA) targets for Marsh Farm will be delivered during 2007-08. A range of activities and initiatives are being designed and delivered in three core themes:

• Life limiting illnesses (including vulnerable people, the elderly and carers)

• Healthy lifestyles
• Mental health and wellbeing (including tackling drug and alcohol misuse)

5.4.10 Local Health Improvement Action Plans (HIAPs) for the health and Wellbeing Theme within the New Deal for Communities programme have also been developed with the aim of identifying current and future service provision and gaps in services.
6 Baseline and Community Profile of Marsh Farm Estate

“*We’re not from Marsh Farm we’re from Mars Farm, we’re [seen as] aliens.*”

*Quote of a resident during the community focus group workshops*

6.1 Introduction

6.1.1 This chapter describes the key baseline conditions as they relate to the direct and indirect determinants of health for the Marsh Farm area.

6.1.2 This profile provides a summary of the current social, economic and environmental conditions as they relate to health and wellbeing. It is from this baseline understanding that the predictions on the potential health and wellbeing impacts of the proposed redevelopment and regeneration of the Central Area on local residents are developed.

6.1.3 The Office for National Statistics (ONS) provides specific census data in relation New Deal for Communities areas in their Neighbourhood Statistics website and the core community profile has been developed from this.\(^\text{17}\) Marsh Farm is compared to Luton, the East of England region and England as a whole to identify the similarities and differences in the respective populations.

6.1.4 Other key documents used to develop this profile are the Marsh Farm Floor Target Action Plan 2007 Framework; the Marsh Farm Community Development Trust Delivery Plan Year 7 2007-08; the three Marsh farm masterplan and delivery plan Stage A reports: socio-economic, education and economy analysis, health analysis and property market analysis; and the Marsh Farm Masterplan HIA Stage B report 2004-05.\(^\text{18}\)

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\(^{18}\) This community profile has used data for the Marsh New Deal for Communities area and therefore there are small differences in the data between those found in earlier reports where a slightly different dataset was used. However these differences are small and have made no difference to the overall findings which are similar.
6.1.5 Figure 7.1 shows the boundaries of the Marsh Farm NDC Area (in red) and the Lower Super Output Areas (LSOAs) that make it up (in blue).

Figure 7.1 Names of the Lower Super Output Areas (LSOAs) that make up Marsh Farm [Source: Marsh Farm Floor Target Action Plan 2007 Framework and Office for National Statistics (ONS)]

Red boundary is the Marsh Farm New Deal for Communities Area
Blue boundaries are for the LSOAs

6.2 Luton health profile

6.2.1 Luton is an urban area of 185,000 people between Bedfordshire and Hertfordshire. Modest population growth is expected between now and 2021.

6.2.2 The area is ethnically diverse with 3 in 10 people from minority ethnic groups, the largest of which is Asian.

6.2.3 In terms of the ‘Our communities’ domain, GCSE achievement is lower than the England average and levels of deprivation, child poverty, statutorily homeless households and reported violent crime are higher. Compared to 2007 deprivation GCSE achievements have improved while homelessness and children in poverty seems to have worsened.

6.2.4 In terms of the ‘Children’s and young people’s health’ domain, smoking in pregnancy is higher, the initiation of breast feeding is lower, more children are obese, and children at age 5 have more tooth decay. However, the number of children who are physically active and the teenage pregnancy rate are in line with the England average. There was no data in 2007 for this domain except for teenage pregnancy which was in line with the England average and tooth decay which was at a similar level.

6.2.5 In terms of the ‘Adult’s health and lifestyle’ domain, healthy eating patterns and, physical activity rates are lower and obesity rates higher than the England average. Binge drinking and smoking are however in line with the England average. Compared to the 2007 health profiles there seems to have been a worsening in adult obesity, healthy eating, and binge drinking.

6.2.6 In terms of the ‘Disease and poor health’ domain, a high proportion of under 15s consider their health to be ‘not good’, drug misuse is higher, the proportion of people with recorded diabetes is higher than the England average and the rate of new cases of tuberculosis (TB) are higher. In contrast, incapacity benefits for mental health is lower, hospital stays for alcohol related illness is lower and the treatment of older people (hip fractures) is better than the England average. This is similar to the 2007 profile.

6.2.7 In terms of the ‘Life expectancy and causes of death’ domain, male and female life expectancy is lower. On average, men and women in Luton live shorter lives than in England as a whole. The rate of early deaths from smoking, heart disease and stroke is higher than average. Infant deaths and deaths from cancer are in line with the England average and road injuries and deaths are lower. This is similar to the 2007 profile.

6.2.8 Cardiovascular disease, diabetes, mental health, sexual health, smoking, and obesity are priorities in the PCT’s health strategy.
6.3 Population characteristics\footnote{Except where explicitly stated, for the sake of consistency 2001 ONS Census figures are quoted even though in some cases more up to date estimates are available. This is because though population in all these areas is likely to have increased the relative differences between the areas is likely to have remained the same and this is the important element of this profile.}{\footnote{Luton Borough Council have raise concerns and presented a strong case that the Office for National Statistics has underestimated the population growth in the Luton Area from migrants from Eastern European countries, with a small proportion from African countries. This changes the current size and profile of the Luton population but is unlikely to change the profile in relation to certain ethnic groups and categories as the proportion of people is likely to be relatively constant being determined by family and friendship ties, housing types and the economy of the area.}}

6.3.1 The resident population of Marsh Farm is approximately 8,000 compared to 184,000 in Luton; 5,400,000 in the East of England and 49,000,000 in England as a whole.

6.3.2 As described in previous reports a high proportion of the population, 28%, is under 16 compared to 24% of Luton and 20% of the East of England and England. In contrast, the proportion of residents over 75 years is low 3% compared to 5% of Luton and 8% of the East of England and England.

6.3.3 However, as shown in Figure 7.2 there are a higher proportion of young children and adults up to the age of 29 years on Marsh Farm compared to Luton, the East of England and England. The highest proportions are in the age group 0-4 years, 10-14 years and 20-24 year age groups. In contrast there are a smaller proportion of residents aged 45 years and over with the lowest proportions in age groups 45-59 years, 65-75 years and 75-84 years.

6.3.4 There is some anecdotal evidence that Marsh Farm has a substantial transient population made up of new migrants and lone parents who are given temporary accommodation on the estate.
Figure 7.2 Proportion of Marsh Farm residents by age compared to Luton and England as a whole [Source: ONS]

Arrows highlight the age groups where Marsh Farm has proportionally higher numbers compared to Luton, the East of England and England.

6.4 Ethnic profile

6.4.1 Approximately 65% of the residents of Marsh Farm are from a White British background.

6.4.2 Over 7% from a Black/Black British Caribbean background compared to 4% of Luton, 0.5% of the East of England and 1% of England.

6.4.3 5% come from an Asian/Asian British Bangladeshi background compared to 4% of Luton, 1% of the East of England and 2% of England.

6.4.4 4% come from an Asian/Asian British Pakistani background compared to 9% of Luton, 0.7% of the East of England and almost 1.5% of England.

6.4.5 4% come from a White Irish background compared to 5% of Luton and 1% of the East of England and England.

6.4.6 3% come from a Mixed White and Black Caribbean background compared to just over 1% of Luton, 0.4% of the East of England and 0.5% of England (See Figure 7.3).
Figure 7.3 Proportion of Marsh Farm residents by ethnicity compared to Luton, the East of England region and England as a whole [Source: ONS]

Arrows highlight the ethnic groups where Marsh Farm has proportionally higher numbers compared to Luton, the East of England and England.

Figure 7.4 Proportion of Marsh residents by religion compared to Luton, the East of England region and England as a whole [Source: ONS]

6.5 Religion

6.5.1 Just over 56% of Marsh Farm residents are Christian compared to 60% of Luton and 72% of the East of England and England as a whole. Over 10% are Muslim compared to 15% of Luton, 1.5% of the East of England and 3% of England and 3% are Hindu compared to 3% of Luton, 0.6% of the East of England and 1% of England. Just under 22% are of no religion compared to 14% of Luton, 17% of the East of England and 15% of England. There are very small proportions of people from Buddhist, Sikh, Jewish and other religious backgrounds (See Figure 7.4).
6.6 Family structure

6.6.1 Marital status and household composition provide a good indication of the family structure and the likely personal and social care networks that residents of an area have (See Figures 7.5 and 7.6).

Figure 7.5 Proportion of Marsh residents by marital status compared to Luton, the East of England region and England as a whole [Source: ONS]

Arrows highlight the marital status where Marsh Farm has proportionally higher numbers compared to Luton, the East of England and England.

6.6.2 Just under 42% of residents over the age of 16 are single and have never married compared to 33% of Luton, 27% of the East of England and 30% of England; 33% are married compared to 44% of Luton, 46% of the East of England and 44% of England; 11% are divorced compared to 8% of Luton, the East of England and England; 5% are re-married compared to 6% of Luton, 8% of the East of England and 7% of England; 4% are separated but still legally married compared to 3% of Luton, and 2% of the East of England and England; and 6% are widowed compared to 7% of Luton and 8% of the East of England and England.

6.6.3 The proportion of one person households is 23% compared to 18% of Luton, 14% of the East of England and 16% of England.
Figure 7.6 Household composition in Marsh Farm compared to Luton, the East of England and England as a whole [Source: ONS]

Arrows highlight the types of household composition where Marsh Farm has proportionally higher numbers compared to Luton, the East of England and England.
6.6.4 The proportion of lone parent households with dependent children is 15% compared to 7% of Luton, 5% of the East of England and 6% of England. The proportion of lone parent households with non-dependent children is 4% compared to 3% of Luton, the East of England and England.

6.6.5 The proportion of pensioner and all pensioner households is 10% compared to 18% of Luton, 24% of the East of England and 23% of England. Of these 8% are one person pensioner households compared to 11% of Luton and 14% of the East of England and England.

6.6.6 The proportion of married couple households is 28% compared to 37% of Luton, 39% of the East of England and 37% of England. Of these the proportion of married couples with dependent children is 15% compared to 20% of Luton, 19% of the East of England and 18% of England. While 8% are married couple households with no children which compares to 11% of Luton, 14% of the East of England and 13% of England.

6.6.7 The proportion of cohabiting couples is 8% which is similar to Luton, the East of England and England though there are proportionately more cohabiting couples with dependent children.

6.7 Health and wellbeing status

6.7.1 Of 2001, 90% of Marsh Farm residents perceived their health to be good or fairly good compared to 92% of Luton and the East of England and 91% of England. 10% of residents stated that their health was not good compared with 8% of Luton and the East of England and 9% of England (See Figure 7.7). In 2006, 80% of residents perceived their health to be good or fairly good compared to 87% of England.

6.7.2 17% have a limiting long term illness compared to 15% of Luton, 16% of the East of England and 18% of England.

6.7.3 The life expectancy of men living in Marsh Farm is 8 years less than the East of England average and for women it is 5 years.
6.7.4 5% (367) of Marsh Farm residents provide between 1 to 19 hours care a week, 1% provide between 20 to 49 hours and 2% provide 50 hours or more care a week. This is in line with, or slightly below for the 1 to 19 hours group, that for Luton, the East of England and England.

6.7.5 The Standard Illness ratio in Marsh Farm is 1.57 compared to 1.02 for Luton and 0.81 for the East of England (1.0 = England average).

6.7.6 The Standardised Drug Misuse Ratio for Marsh Farm is 173.2 which is well above average (100 = England average).

6.7.7 Prescribing data from the local pharmacist shows that antidepressants, antipsychotics, anxiolytics and hypnotics use is above the Luton average.

6.7.8 36% of Marsh Farm residents report that they smoke compared to a national rate of 25%.

6.7.9 Although overall life expectancy in Marsh Farm is similar to the Luton average, the death rate for females aged under 75yrs is the highest in Luton (out of 20 areas), and is particularly high for heart and circulatory diseases.

6.7.10 Marsh Farm's death rate for males aged less than 75yrs is the sixth highest in Luton (out of 20 areas).
6.7.11 Marsh Farm has a high fertility rate (fourth highest out of 20 areas in Luton) and has a high rate of low birth weight babies (fifth highest out of 20 areas in Luton). There is also a higher incidence of stillbirths compared to England (7.47 per 1,000 in Luton, 2003, England 5.4) and high rates of women with post natal depression.

6.7.12 The rate at which people from Marsh Farm go to hospital for acute conditions is double the East of England average. The rate for females under 75 in Marsh Farm is ranked 1 in Luton though the male rate is at least 50% higher than the female rate in most wards, and the Marsh Farm all ages male rate is 85% above the female rate.

6.7.13 Men and women in Marsh Farm are also the highest users of Luton & Dunstable hospital for elective treatment. Males under 15 years of age are the highest users of elective services at hospital, and girls of the same age are the 4th highest users (out of 20 areas).

6.7.14 In terms of health inequalities, though life expectancy is increasing and death rate for heart disease, strokes and cancers are declining for men and women in Luton they are higher than the England average which shows that the health inequalities experienced by men and women in Luton compared to England as a whole have not narrowed. Similarly, in terms of health inequalities by ethnicity all groups (including White British) are over-represented in routine and manual occupations, which is an indicator of poorer health and wellbeing.

6.8 Deprivation, social capital and community cohesion

6.8.1 The Index of Multiple Deprivation Measure 2004 and 2007 (IMD) is a measure of multiple deprivation experienced by individuals living in an area at the ward and small area level.

6.8.2 Deprivation refers to problems caused by a general lack of resources and opportunities and not just a lack of money. It is a wider concept than poverty and includes health status, level of education, access to services, living conditions and the state of the local environment.

6.8.3 People may be counted in one or more of the domains, depending on the number of types of deprivation that they experience.
6.8.4 The overall IMD is conceptualised as a weighted area level aggregation of these specific dimensions of deprivation. The IMD contains seven domains of deprivation: Employment; Income; Health and Disability; Education, Training and Skills; Crime; Barriers to Housing and Services; and the Living Environment.

6.8.5 While there are small differences between how the IMD 2004 and 2007 have been worked out they can be comparable.

6.8.6 Using information from the five core LSOAs that cover Marsh Farm an analysis of deprivation between 2004 and 2007 can be undertaken. The five LSOA are Luton 003A, 003B, 003C, 003D and 003E (LSOA codes E01015769, E01015771, E01015772, E01015773 and E01015774, See Figures 7.1, 7.9, 7.10 and 7.11).

6.8.7 Marsh Farm as a whole is in the top 20% of most deprived areas in England with the central area being in the top 10% of most deprived by Lower Super Output Area (Lower SOA or LSOA, See Figure 7.8).

6.8.8 In terms of the domains of deprivation Marsh Farm shows high levels of deprivation in education, employment, income, crime and health compared to housing and the living environment.

6.8.9 Fig. 7.8 – 7.12 show that over the last few years some aspects of deprivation have improved on parts of the estate while others have worsened.

6.8.10 Overall there has been little change in terms of income, a worsening in employment particularly in one part of the estate and a slight worsening in health which may be related to wider national trends, some improvement in education and barriers to housing and services on some parts of the estate, and a general improvement in safety and the living environment (apart from one area where there has been a worsening in the living environment).
Figure 7.8 GIS mapped view of the areas of overall deprivation [Source: Luton Community Information Observatory, IMD 2004]
Figure 7.9 Rank of Index of Deprivation 2004 for the five Marsh Farm LSOAs [Source for all three tables: Department of Communities and Local Government (DCLG), IMD 2004 and 2007]
A rank of 1 = most deprived out of 32,482 LSOAs i.e. the lower the point and line the more deprived the area

Figure 7.10 Rank of Index of Deprivation 2007 for the five Marsh Farm LSOAs

Figure 7.11 DIFFERENCE in rankings between the 2007 and 2004 Index of Deprivation
Positive number = reduction in deprivation and improvement in domain
Negative number = worsening in deprivation
6.8.11 A comparison of 2004 and 2007 shows that overall, deprivation has either reduced slightly (Luton 003A-D) or stayed the same (Luton 003E). However in terms of the individual domains the picture is more mixed. The Luton 003B LSOA has shown the greatest improvement with positive change in four domains – the living environment; crime; barriers to housing and services; education, skills and training; and health deprivation and disability. The three LSOAs which have improvement in three domains are: Luton 003D - the living environment; crime; and barriers to housing and services; Luton 003E - the living environment; crime; and income; and Luton 003A - education, skills and training; barriers to housing and services and crime. The LSOA with improvement in just two domains is Luton 003C - the living environment and crime.

Figure 7.12 DIFFERENCE in rankings between the 2007 and 2004 Index of Deprivation mapped on to the LSOAs that make up Marsh Farm

- = reduction in deprivation and improvement in domain
= increase in deprivation in domain
= No change in deprivation domain

http://neighbourhood.statistics.gov.uk/dissemination/LeadDownNav.do?a=7&b=5949626&c=marsh+farm&d=201&g=4049721&i=1001x1003&m=0&r=1&s=1218117292484&enc=1&sampleAreaid=300139
6.8.13 There is a Capacity Building Thematic Group working within the New Deal for Communities Programme. Its core areas of work are on:

6.8.14 Developing the collective capacity of residents to respond to the challenge of devolution of responsibility to the neighbourhood.

6.8.15 Development of skills and resource capacity.

6.8.16 Addressing exclusion, equalities and community cohesion.

6.8.17 A range of capacity building activities are being undertaken with local community groups and organisations.

6.8.18 The turnout at NDC elections is 17% and turnout at masterplanning and other neighbourhood initiatives is between 30-40%.

6.8.19 A Residents’ Assembly is being developed to take over responsibility of Marsh Farm after the NDC programme ends.

6.8.20 A range of community cohesion activities including a Marsh Farm Festival; Black History Month events; the development of a Youth Forum; Carnival Connections involving school and community based art, music and dancing; the ongoing maintenance of the Community Enterprise and Resource Centre and a Community Chest for funding small scale community-led projects.

6.9 Housing

6.9.1 There are approximately 3138 dwellings on Marsh Farm. Of these 66% are houses or bungalows (terraced 43%, semi-detached 15% and detached 8%); 34% are flats or maisonettes (33% in a purpose-built block and 1% part of a converted or shared house; and less than 0.5% are shared communal dwellings (where two or more households are sharing the same house or flat).

6.9.2 Approximately, 47% of Marsh Farm residents are owner-occupiers compared to 71% of Luton and 69% of England as a whole. Only 9% of these own their homes outright and 36% have a mortgage or other loan on it.
6.9.3 Approximately, 43% of Marsh Farm residents rent from social landlords compared to 16% of Luton and 19% of England as a whole. Almost 40% rent from Luton Borough Council and 3% from other social housing providers.

6.9.4 Over 8% of residents rent from private landlords compared to 12% of Luton and 10% of England.

**Figure 7.13 Mix of housing on Marsh Farm [Source: ONS]**

![Bar Chart showing the mix of housing types on Marsh Farm compared to Luton, East of England, and England.](chart)

6.9.5 In terms of number of rooms (excluding bathrooms and toilets but including kitchens), 33% of homes have 5 rooms, 24% have four rooms, 16% have 6 rooms, 14% have 3 rooms, 7% have seven or more rooms and 5% have 2 rooms or less.

6.9.6 In terms of numbers of people living in households, 31% are one person, 36% are two people, 17% are three people, 14% are four people, 8% are 5 people and 4% are 6 person or more (see Figure 7.14).

6.9.7 The current housing market is cooling and there are national concerns that a housing and wider economic recession is underway. This is leading to a reverse in house prices rise and a fall in house prices in some/many areas nationally and this should be borne in mind when considering the following figures. The average house price in
Luton is £171,522 with detached houses selling for £266,794; semi-detached for £182,066; terraced for £155,863 and flats for £120,703.\(^{23}\)

6.9.8 Housing quality is perceived to be good by the majority of Marsh Farm residents except for the Purley Centre.

Figure 7.14 Numbers of people in households in Marsh Farm [Source: ONS]

Arrows highlight the numbers of people in households on Marsh Farm that are proportionally greater when compared to Luton, the East of England and England.

6.9.9 There are major housing growth proposals for Milton Keynes and the London-Cambridge corridors which is likely to influence the housing market in Luton. Alongside this the Luton Dunstable Houghton Regis strategy identifies the potential for building up to 21,600 dwellings within the area and the proposed growth area north of Luton, including land immediately adjacent to Marsh Farm, by 2021.

6.10 Education

6.10.1 Marsh Farm has two secondary schools – Woodlands (special needs) and Lea Manor Secondary Schools; two primary schools – Wauluds Primary School (nursery, primary and juniors) Whitefields Infant School (nursery and primary); one separate junior school - Whitefields Junior School; and one separate nursery - Gill Blowers Nursery.

\(^{23}\) Land Registry of England and Wales, Luton figures for the period Jan to Mar 2008, BBC website
6.10.2 Approximately, 39% of Marsh Farm residents have no qualifications, 20% have only Level 1 qualifications, 19% have Level 2 qualifications and only 7% and 10% have Level 3 and Level 4/5 qualifications\(^{24}\). This compares to 31%, 28% and 29% of residents of Luton, the East of England and England having no qualifications; 19%, 18% and 17% having Level 1 qualifications; 20%, 21% and 19% having Level 2 qualifications; 8% in all three having Level 3 qualifications; and 15%, 18% and 20% having Level 4/5 qualifications (See Figure 7.15).

6.10.3 In 2006, the proportion of residents having no qualifications had dropped from 39% to 22% due to the interventions of the New Deal for Communities Programme.

6.10.4 Only 47% of Marsh Farm children continue their education after 16 compared to 55% of Luton children and 51% of children in England as a whole.

6.10.5 More significantly the proportion of children making successful applications to College and University, between 1991 and 2001, was 12% compared with 26% of Luton and 30% of England as a whole. In 2006, the proportion of Marsh Farm secondary school pupils going on to university was 17% compared to 35% of England secondary school pupils.

6.10.6 Though there are still issues in relation to children’s education the local schools have improved over the last five years.

6.10.7 As of 2005, though improving significantly school children’s attainment at Key Stage 1 is below the Luton, East of England and England averages.

6.10.8 Again, though improving significantly school children’s attainment at Key Stage 2 is the same as the Luton average but below the East of England and England averages.

6.10.9 Similarly, though improving significantly school children’s attainment at Key Stage 3 is below the Luton, East of England and England averages.

\(^{24}\) No Qualifications: No academic, vocational or professional qualifications.
Level 1: 1+’O’ level passes, 1+CSE/GCSE any grades, NVQ level 1, Foundation GNVQ
Level 2: 5+’O’ level passes, 5+CSEs (grade 1), 5+GCSEs (grades A- C), School Certificate, 1+’A’ levels/AS levels, NVQ level 2, Intermediate GNVQ
Level 3: 2+’A’ levels, 4+AS levels, Higher School certificate, NVQ level 3, Advanced GNVQ
Level 4/5: First degree, Higher degree, NVQ levels 4 and 5, HNC, HND, Qualified Teacher status, Qualified Medical Doctor, Qualified Dentist, Qualified Nurse, Midwife, Health Visitor
Other qualifications/level unknown: Other qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel), Other Professional Qualifications.
6.10.10 At Key Stage 4, 48% of Marsh Farm children achieve 5+ GCSEs grades A*-C which is very close to the Luton average but below the East of England and England averages.

6.10.11 There is an Education Thematic Group working within the New Deal for Communities Programme. Its core areas of work are to:

6.10.12 Improve educational attainment levels at all Key Stages and improve progression into further and higher education.

6.10.13 Improve parental involvement in their Children’s Education.

6.10.14 There are a range of educational activities including an after school clubs, Marsh Farm Children’s Centre providing full day care for children aged 0-5 years; Achievement Centre Transmissions involving home tuition and Saturday workshops; an education welfare officer; GCSE achievement awards; teacher recruitment, retention and career development programme; breakfast club and a bursary fund.

Figure 7.15 Proportion of residents in Marsh who have qualifications [Source: ONS]

6.11 Employment and unemployment

6.11.1 There are only a few jobs in Marsh Farm mainly linked to the local shops, schools and service providers e.g. Marsh Farm Community Development Trust, Public and voluntary sector health, social care and welfare agencies.
Figure 7.16 rates of employment and unemployment in Marsh Farm [Source: ONS]

<table>
<thead>
<tr>
<th>Category</th>
<th>Marsh Farm</th>
<th>Luton</th>
<th>East of England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee: Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee: Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed with employees: Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed with employees: Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed without employees: Part-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed without employees: Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed without employees: Full-time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically inactive: Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking after home / family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanently sick / disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically inactive: Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.11.2 65% of the residents of Marsh Farm are economically active compared to 67% of Luton, 69% of the East of England and 67% of England (see Figure 7.16).

6.11.3 Unemployed people make up 6% of all residents on Marsh Farm compared to 4% of Luton, 3% of the East of England and 3% of England.\(^2\) As of 2006, unemployment has reduced from 6% to 5%.

6.11.4 It has the highest proportion of economically inactive residents 35% compared to 33% in Luton and England as a whole. This is made up of:

6.11.5 11% of residents who look after a home/family compared to only 8% of Luton, 7% of the East of England and 7% of England;

6.11.6 7% who are permanently sick or disabled compared to 5% of Luton, 4% of the East of England and 5% of England;

6.11.7 7% who are retired compared to 11% of Luton, 14% of the East of England and England; and

6.11.8 5% who are students compared to 6% of Luton, 4% of the East of England and 5% of England.\(^2\)

6.11.9 The proportion of economically active students is also higher in both Marsh Farm and Luton compared to the East of England and England.

6.11.10 In terms of occupational groups, 18% of Marsh Farm residents work in elementary occupations; 16% in process, plant and machine operation; 13% in administrative and secretarial work; another 13% in skilled trades; 9% as managers and senior officials, 9% as associate professionals; 8% in personal service work; and 5% in professional occupations. There are proportionally fewer residents in managerial, professional and associate professional jobs than Luton, the East of England and England.

6.11.11 The top six sectors that Marsh Farm residents work in are manufacturing (21%); wholesale and retail trade, repair of motor vehicles (20%); transport, storage and

\(\text{This means that almost 10% of residents who are economically active (those who are able to work as opposed to all residents) are unemployed compared to 6% of Luton and 5% of England as a whole.}\)

\(\text{Just focusing on those that are economically inactive this means that 31% are looking after a home or family compared to only 23% in Luton, 22% of the East of England and 20% in England; and 19% are permanently sick or disabled compared to 14% for Luton, 13% for the East of England and 16% England.}\)
communication (11%); real estate, renting and business activities (10%); health and social work (9%); and construction (8%).

6.11.12 There is a Business and Employment Thematic Group working within the New Deal for Communities Programme. Its core areas of work are to:

6.11.13 Improve the skills and qualifications of the working age population.

6.11.14 Improve access to employment and income.

6.11.15 There are a range of initiatives being undertaken including the Turning Corners project getting people back into work; the Prince’s Trust Outreach project for young people; Business and Community Enterprise development/Business Start and Go; Business Mentoring, a Business Forum and the Trial Trading Grant a small business grants programme.

6.11.16 There are also other business-focused educational opportunities such as the Prince’s Trust Construction Programme for young people to gain key skills related to house-building.

6.12 Transport and connectivity

6.12.1 There are good rail, road and air links around Marsh Farm with the M1 motorway, Leagrave station (with links to Bedford and London) and Luton Airport nearby.

6.12.2 Public transport is very good with five bus routes – No. 10, 24, 25, 27 and 29 - going to/through Marsh Farm. Table 7.1 provides further details on these buses and their routes. The general cost of bus journeys is £3.50 for a day ticket for adults and £2.50 for children and those eligible for concessions. Older people and those with certain disabilities qualify for free off peak travel using a smartcard.

6.12.3 Almost 38% of Marsh residents have no access to a car or van compared to 26% of Luton, 20% of the East of England and 27% of England. 45% of residents have access to one car, 14% have access to two cars and just under 3% have access to three or more cars.
### Table 7.1 Local bus services to and from Marsh Farm [Source: Luton Borough Council]

<table>
<thead>
<tr>
<th>Route No.</th>
<th>Frequency</th>
<th>Days of Operation</th>
<th>Operator</th>
<th>Accessible vehicle</th>
<th>Route Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>12 mins</td>
<td>Mon – Sat Sun</td>
<td>Arriva the Shires</td>
<td>Yes</td>
<td>Silver Street – Biscot Road – Limbury Mead – Marsh Farm</td>
</tr>
<tr>
<td>24</td>
<td>30 mins</td>
<td>Mon – Sat</td>
<td>Arriva the Shires</td>
<td></td>
<td>Silver Street – Old Bedford Road – Bushmead – Bramingham – Marsh Farm – Sundon Park – Hockwell Ring – Lewsey Farm – Dunstable (Weatherby)</td>
</tr>
<tr>
<td>25</td>
<td>30 mins</td>
<td>Mon – Sat</td>
<td>Arriva the Shires</td>
<td></td>
<td>Silver Street – Old Bedford Road – Bushmead – Bramingham – Marsh Farm</td>
</tr>
<tr>
<td>27</td>
<td>10 mins</td>
<td>Mon – Sat Sun</td>
<td>Arriva the Shires</td>
<td>Yes</td>
<td>Church Street – Silver Street – Leagrave Road – Marsh Road – Marsh Farm</td>
</tr>
<tr>
<td>29</td>
<td>60 mins</td>
<td>Mon – Sat Eves</td>
<td>Arriva the Shires</td>
<td>Yes</td>
<td>Rail Station – New Bedford Road – Biscot Road – Runfold – Marsh Farm</td>
</tr>
</tbody>
</table>

6.12.4 The majority of Marsh residents, 51%, travel to work by car or van compared to 56% of Luton, 59% of the East of England and 55% of England. 14% travel to work by bus or coach (considerably more than Luton, East of England and England); 10% on foot, 10% as passengers in another person's car or van; 6% work from home; 4% travel by train and 2% travel by bicycle.

6.12.5 27% of Marsh Farm residents travel between 2-4km to work, 25% travel 5-9km, 17% travel less than 2km, 6% work from home, 6% travel 10-19km, 6% travel 20-29km and 8% travel more than 30km to work.

#### 6.13 Crime and safety

6.13.1 The key crime issues on Marsh Farm are violence, burglaries, theft of motor vehicles and criminal damage.27

6.13.2 In 2002, the rates of burglary, theft of motor vehicle and criminal damage in Marsh Farm were higher than the Luton average while violence and theft from motor vehicles were lower. Latest figures for 2006 show that violence and theft from motor vehicles remain below the Luton average though the actual numbers have risen with

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27 Marsh Farm Community Development Trust Delivery Plan 2007-08
the greatest increase in theft from motor vehicles. Burglary and theft of motor vehicles have seen significant reductions in both actual numbers and the rate so that they are now both below the Luton average. The number of incidents of criminal damage has also been reduced though this is still slightly above the Luton average (See Figure 7.17).

6.13.3 The proportion of residents who feel unsafe has also been reduced from 60% in 2002 to 51% in 2006. 49% of residents consider the fear of crime to be a negative impact on their quality of life with 24% of those who walk alone after dark feeling unsafe. 33% of residents are also worried about being a victim of anti-social behaviour.

6.13.4 The proportion of residents who consider vandalism graffiti and other deliberate damage is a problem on Marsh Farm has reduced from 73% in 2002 to 57% in 2006.

6.13.5 The proportion of residents who consider teenagers hanging around on streets is a problem in Marsh farm has also reduced from 72% in 2002 to 59% in 2006.

6.13.6 The proportion of residents who consider disturbance from crowds, gangs or hooligans is a problem on Marsh Farm has also reduced from 44% to 35%.

6.13.7 There is a Crime and Community Safety Thematic Group working within the New Deal for Communities Programme. Its core areas of work are to:

6.13.8 Reduce crime and anti-social behaviour.

6.13.9 Reduce the fear of crime and anti-social behaviour.

6.13.10 They have undertaken a range of initiatives including community wardens, a Cop Shop in the Purley Centre, a Service Level Agreement between Marsh Farm and Bedfordshire Police, a Neighbourhood Management project, a domestic abuse project, Police Community Support Officers, Victim Support volunteering and anti-social behaviour analysis project.
6.14 Health and social care

6.14.1 There is one health centre on Marsh Farm delivering a range of primary care services. However, not all residents are registered here and a significant proportion is registered to GPs based outside of Marsh Farm. There are plans to add another GP service on Marsh and to create a new health and wellbeing centre to house both the new and existing primary care services.

6.14.2 There is a Health and Wellbeing Thematic Group working within the New Deal for Communities Programme. Its aim is to reduce the risk factors to the health of local people and its core areas of work are on:

6.14.3 Reducing life limiting illness

6.14.4 Supporting health lifestyles

6.14.5 Improving mental health and wellbeing

6.14.6 There are strong working relationships between agencies and Marsh Farm has become the focus for developing innovative and community-focused service provision.

6.14.7 Four action groups around mental health, healthy lifestyles, older and vulnerable people and drug and alcohol are being formed to develop local action plans in these
areas. Other initiatives include a mental health initiative, healthy food and eating initiative, a health and fitness centre, a sports co-ordinator, a smoking cessation service, a teen learning centre, the Links lunch club, PUKE (youth outreach support service), shared care drug service, and the development of a wellbeing centre.

6.15 Shops and retail amenities

6.15.1 The ground floor of the Purley Centre has a number of shops and retail amenities. These include:

- Newsagent and sub post-office
- Dental surgery
- Curl Up & Dye hairdressers
- Flava restaurant (serving Afro-Caribbean food)
- Ocean Fish Bar
- Newman Hardware (hardware store and funeral services and property supermarket
- Cob the Butcher
- Baker’s Dozen bakers
- Nisa mini supermarket
- Lloyds Pharmacy
- Opticians
- Ladbrokes betting shop
- Luton North Safer Neighbourhoods Team Office
- Local Housing Centre
- Marsh Farm Library

6.15.2 There is also an open air market in at the front and back of the Purley Centre on Thursdays and Saturdays with traders selling fresh fruit and vegetables, clothes, household goods and electronic goods.

6.16 Culture and leisure

6.16.1 The majority of cultural amenities are located within Luton town centre.
6.16.2 A local library is based on the ground floor of the Purley Centre.

6.16.3 Lea Manor Recreation Centre is very close to Marsh Farm. It provides facilities for a range of activities including a conditioning suite, 60+ aerobics, circuit training, swimming, sauna, sunbed, Astro Pitch, Shotokan Karate, Tang So Do, 5-a-side football, badminton, trampolining, yoga, basketball, Kyu Shin Ryu, roller skating, ballet/tap dancing and space for children’s parties. They also have a crèche four days a week.

6.16.4 The nearest cinema and bowling centre are 3 miles away with the nearest disco and DVD/video store 1 mile away. There are also at least three restaurants – an Indian, Chinese and pizza place - within a 1 mile radius.

6.16.5 There are a range of activities undertaken within Marsh Farm and they include health awareness events, Midsummer Circle Dancing, the Chatter Box Reading Group, Summer Reading Challenge Team Read, Street Athletics and the Marsh Farm Festival.

6.16.6 There is also a Youth Forum and a number of youth groups on Marsh Farm.

6.16.7 There are also a diverse range of active community organisations that have been formed by local residents.

6.17 Land and spatial

6.17.1 Almost 40% of land and highways in Luton is assessed as having unacceptable levels of litter and detritus.

6.17.2 Only 11% of household waste in Luton is recycled and 81% of household waste is landfilled.

6.17.3 74% of land designated as a Site of Special Scientific Interest (SSSI) is considered to be in a favourable condition.

6.17.4 Marsh Farm has a large amount of greenspace the majority of which is grass with some shrubs and trees.

6.17.5 Great Bramingham Wood borders the north eastern side of the estate.
6.17.6 The estate is generally clean with little litter and paths in good repair. However, there are some areas where there are litter problems and problems with the dumping of rubbish by people from outside the estate. The bus stops and an area of burnt out garages are in need of attention.

6.17.7 As an estate based on a Radburn design there is a separation between pedestrians and cars with a number of underpasses to enable people to access other parts of the estate on foot.

6.17.8 There is a reasonable amount of footpaths however in some areas pavements peter out and there is a need to cross a road to continue journeys on foot. There are no designated cycle paths.

6.17.9 Lighting around the estate has been a key concern alongside litter, facilities and the general appearance of the area.

6.17.10 There is an Environment and Housing Thematic Group working within the New Deal for Communities Programme. Its core areas of work are:

6.17.11 To create safer environments.

6.17.12 To maximise heritage opportunities.

6.17.13 To improve community facilities.

6.17.14 To create a vibrant new centre.

6.17.15 They have developed fourteen Neighbourhood Improvement Design Teams, a leading on the redevelopment of the Central Area which is where the Purley Centre is situated, are implementing a lighting improvement programme across the estate and are safeguarding and enhancing the local heritage of Marsh House and Wauluds Bank in partnership with Wauluds Bank Trust.
6.18 Summary of community profile

6.18.1 Marsh Farm has a **very young population** with a greater proportion of residents between the ages of 0-29 years and fewer people aged 45 years and over. The majority of issues on Marsh Farm seem to stem from this demographic profile.

6.18.2 The **ethnic profile of Marsh Farm is as varied** as Luton but there are some important differences. The main ethnic groups are Caribbean; Bangladeshi, Pakistani and Irish.

6.18.3 The **majority of residents are Christian** with a significant proportion of residents having no religion or being Muslim or Hindu.

6.18.4 **Single people make up the biggest group of residents** followed by those who are married. Similarly one person household are high as are single parent households with dependent children.

6.18.5 The **perceived health of residents is good** however there seems to have been a decline in perceived good health though this seems to be part of a wider national trend.

6.18.6 A **greater proportion of residents have a limiting long term illness** but the number of carers is in line with the local, regional and national averages this is likely to mean that some residents with long term illnesses don’t have family support and are reliant on themselves and support from social services.

6.18.7 **Physical and mental ill health** is higher with more smoking, more hospital visits, emergency and elective, and a greater use of prescription drugs.

6.18.8 **Health inequalities continue to persist** and have not narrowed noticeably.

6.18.9 The **overall level of deprivation has remained constant** with some improvement in individual domains of deprivation and an increase in life expectancy.

6.18.10 The **majority of accommodation on Marsh Farm terraced houses** followed by flats. **Almost 50% of residents are owner-occupiers** with the remainder renting from Luton Borough Council or other social landlords. The majority of homes have four or more rooms (80%) and the majority of households are made up of 1-2 people (67%).
6.18.11 The majority of residents consider the quality of housing to be reasonable.

6.18.12 The educational attainment of children on Marsh Farm has improved dramatically however it is still below the local, regional and national averages.

6.18.13 Unemployment has been reduced however it is still higher than the local, regional and national averages.

6.18.14 Residents are generally employed in less skilled/non-professional jobs and work in manufacturing, trade and transport industries.

6.18.15 Public transport is reasonably good though expensive for some residents. Marsh Farm has good links to the road, rail and air networks.

6.18.16 The number and rate of violence and theft from motor vehicles has continued to rise though they are below the Luton average. The number and rate of burglary, theft of motor vehicles and criminal damage have declined.

6.18.17 There are a range of health, social care and other services being delivered on Marsh Farm which is having a positive influence on the health and wellbeing of residents.

6.18.18 There are a range of shops and other retail amenities around the Purley Centre which are well used.

6.18.19 The variety and accessibility of culture and leisure facilities is limited though there is a leisure centre nearby and a range of community activities and events are undertaken on the estate.

6.18.20 Marsh Farm has a large amount of greenspace and is generally clean with very little litter and roads and paths in good repair. However, there are some areas where there are litter problems and problems with the dumping of rubbish by people from outside the estate.
7 Healthy Urban Planning and Regeneration

“Healthy urban planning means planning that promotes health and well being and has much in common with the principles of sustainable development. It means putting people back ‘at the heart’ of planning.”

Belfast Health Cities

7.1 Introduction

7.1.1 This chapter provides a summary of the key evidence on the health impacts of masterplanning and regeneration. The aim is to give a flavour of how the health and wellbeing of existing and new residents can be affected by a range of direct and indirect effects that are generated by regeneration. This evidence has been taken from some key reviews.

7.1.2 It is based on key reviews of the research policy literature on planning, regeneration and health.28 29 30 31 32

7.1.3 Overall, it shows that masterplanning and regeneration of housing and other key community assets has a significant influence on the health and wellbeing of the people who live, work and use those assets. However, the relationship can be complex and there is a potential for there to be unintended side effects that lead to adverse effects on health and wellbeing.

7.2 Social determinants of health

7.2.1 Figure 7.1 from Luton’s Joint Strategic Needs Survey identifies the key risk and protective factors for health and wellbeing. It shows that alongside lifestyle and personal factors social aspects such as housing, employment, family and friends and access to key public services are important for maintaining and individual’s and a community’s health and wellbeing.

Fig 7.1 Risk and protective factors that influence health and wellbeing [Source: Luton Joint Strategic Needs Assessment Survey Presentation]

Housing and accommodation

7.2.2 Figure 7.2 shows the links between housing and health.

7.2.3 Homelessness and poor housing that is damp and cold; poorly maintained water, electric and gas appliances; and overcrowding can have an effect on the physical growth and development of children, increases the risk of respiratory infections and can lead to depression, anxiety and general distress.

7.2.4 Housing affects all age groups but the greatest effects are on older people, those with disabilities and children.

7.2.5 The pathways by which housing can be affected by developments include vibration and subsidence in existing homes during construction of other developments;

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overcrowding due to housing demand, lack of housing and lack of affordability; poor property maintenance and repair; and poor quality design and construction.

7.2.6 Mitigation involves developing measures to ensure housing meets ‘decent homes’ standards especially social housing, building more affordable homes and improving the access to housing maintenance services.

7.2.7 In turn poor health and wellbeing can limit the choices and opportunities that people have to good quality housing that meets their needs.

7.2.8 Housing improvements therefore generally lead to improvements in self-reported physical and mental health, and fewer symptoms of poor health and less frequent use of health services.

7.2 Links between housing and health [Source: Chartered Institute of Environmental Health]
**Employment and economy**

7.2.9 Unemployment over the long term tends to lead to poverty, financial worries, low self-esteem, social exclusion, and a sense of hopelessness about the future.

7.2.10 Poverty excludes people from being able to afford quality and variety of foods, engaging in opportunities for leisure and physical recreation, enhancing their education and learning, having warm and comfortable homes. It also increases their difficulties in travelling and therefore accessing other services and amenities and levels of stress.

7.2.11 All of these lead to poorer childhood physical growth and development, reduced general immunity to disease and reduced physical and mental health wellbeing.

7.2.12 It affects all age groups but has the greatest effects on those already on low incomes, those with disabilities and children.

7.2.13 The pathways by which employment can be affected by developments is by enhancing or reducing employment opportunities, local people’s social and welfare entitlements, the profitability of the organisations they work for, their opportunities for education and training, their ability to travel and access and access to employment and services and their perception of their local environment.

7.2.14 Mitigation involves developing measures to ensure that existing employment, education, training, amenities and public transport are not reduced but maintained or enhanced. Enhancement involves developing measures to increase and promote the range of employment opportunities, education, training, amenities, public transport and welfare.
7.3 Links between employment and health [Source: Institute of Occupational Medicine]

Education and learning

7.2.15 Access to education improves the life chances and opportunities of people in terms of access to employment, uptake of health promotion and disease prevention information and being able to articulate need and hence access services more effectively. Education can also enhance wellbeing by improving people’s feeling of self worth and reducing poverty as a result of increased skills levels and employability.

7.2.16 It affects all age groups but the greatest effects are on children and young people.
7.2.17 The pathways by which education can be affected by developments is through direct changes to an education or training programme e.g. closure of a school and move to a new one, disruption to access to an education or training facility or disruption of their ability to deliver e.g. construction or investment in local schools and colleges to enable them to provide an appropriately trained workforce and/or improve community relations.

7.2.18 Mitigation involves developing measures to ensure that existing education and training opportunities are not reduced or affected. Enhancement involves developing measures to increase educational opportunities.

**Transport and connectivity**

7.2.19 Transport can lead to increased traffic which leads to poorer outdoor air quality which in turn leads to respiratory and cardiovascular problems. Increased traffic levels may be associated with increased risk of traffic-related injury and decreased levels of physical activity if walking and cycling are perceived to have become more hazardous.

7.2.20 Improved connectivity arising from transport improvements can lead to improved access to employment, services and amenities e.g. health and social care, parks, leisure centres, etc. and generate local business expansion and employment opportunities, all of which lead to increased health and wellbeing.

7.2.21 It affects all age groups but has the greatest effects on older people, children, those with disabilities and carers of young children.

7.2.22 The pathway by which transport can be affected by developments is through the building of roads, greater flows of traffic because of new or denser housing developments, or greater flows of heavy traffic because of new or expanded business/industrial facilities.

7.2.23 Mitigation involves developing measures to reduce the outdoor air pollution caused by motor vehicles and factories, ensuring that residential and outdoor play areas are not built near roads with heavy motor traffic.

7.2.24 Enhancement involves developing measures to increase walking, cycling and public transport provision wherever possible.
Crime and safety

7.2.25 Fear of crime causes stress which reduces immunity to disease and mental wellbeing. Actual experience of crime causes stress and physical injury which reduces physical and mental health and wellbeing.

7.2.26 It affects all age groups but fear of crime is greatest among women.

7.2.27 The pathways by which crime and safety can be affected by developments is through change that they make to neighbourhoods that bring in new people and new routines in a community making crime easier to commit and less easy to notice.

7.2.28 Mitigation involves developing measures where buildings have natural surveillance from neighbours and using ‘designing out crime’ building design principles.

7.2.29 Enhancement involves developing measures to improve local people’s relationships with the Police, building neighbourhood community networks e.g. neighbourhood watch, ensuring that schools, youth facilities and others are brought together to develop a collaborative strategy to engage young people.

Health and social care

7.2.30 Reduced access to health services leads to ill-health becoming worse, less amenable to treatment and more likely to lead to a permanent physical or mental impairment. Reduced access to social care services leads to stable chronic conditions becoming worse and the loss of independent living skills which in turn lead to greater physical and mental impairment.

7.2.31 It affects all age groups but the greatest effects are on children and older people.

7.2.32 The pathways by which health and social care can be affected by developments is through disruption to or reduction of public transport, locating facilities in remote locations and not making people aware of the services available to them, closure of local facilities or disruption during a move to a new facility or increasing demand for services.

7.2.33 Mitigation involves appropriate planning and communication about disruption to access and ensuring alternatives are developed.
Social capital and community cohesion

7.2.34 Disruption and reduction in the quality of the social relationships and social networks that local people and communities have can lead to feeling isolated and excluded which in turn can lead to depression and poor mental wellbeing. It can also make individuals more vulnerable to crime and to reduce their access to health and social care services.

7.2.35 It affects all age groups and both existing and new residents.

7.2.36 The pathways by which social capital and cohesion can be affected by developments are through raising strong concerns where a development is not wanted by local people or it benefits some people at the expense of others.

7.2.37 Mitigation involves developing measures to ensure that there is acceptance of an initiative by local people and affected groups and ensuring that everyone benefits and those that do not are compensated in some way.

Land and spatial

7.2.38 Dirty and poor quality built environments as well as little or poor quality green spaces have a negative effect on mental wellbeing. Similarly the design of built environments has a significant influence on health and wellbeing. See Figure 7.4.

7.2.39 It affects all age groups.

7.2.40 The pathways by which environment can be affected by developments are where there is a change in street cleaning amenities and park officers, provision of litter bins, maintenance of streets and street furniture, maintenance of public and private buildings and availability and quality of greenspace.

7.2.41 Mitigation involves developing measures to ensure that there is an appropriate plan to manage and maintain greenspace and other public spaces.
7.3 Health and masterplanning

7.3.1 Over the last two years there has been growing recognition of the importance of the natural and physical environment in urban areas and its impact on the health and wellbeing of local communities.

7.3.2 The recent Foresight report ‘Tackling Obesities: Future Choices’, the Royal Commission on Environmental Pollution report ‘The Urban Environment’ and the National Heart Forum, Living Streets and Commission for Architecture and the Built Environment’s report ‘Building Health: creating and enhancing places for healthy, active lives: what needs to be done?’ show the importance of good urban design and urban planning in creating physically active, healthier and sustainable communities that will be resilient to the potential effects of social, economic and environmental change.\(^{34}\)\(^{35}\)\(^{36}\)

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\(^{34}\) Foresight Programme and Horizon Scanning Centre, Department for Innovation, Universities and Skills; Tackling obesity: future choices; 2007.
7.3.3 Health inequalities are the unjust differences in health and wellbeing because of a person's socio-economic status, availability of and access to services and opportunities open to them. Generally the poorer and more deprived you are the more likely you are to have: poorer health and quality of life; have long terms health problems and disabilities; and die younger. Narrowing the health inequality gap between the worst off and the better off is a key priority for all parts of Local and National Government.37

Physical activity and obesity
7.3.4 There is increasing evidence of the link between urban neighbourhoods, reduced physical activity and an increase in obesity especially in young children. This trend is linked to neighbourhoods that are poorly designed for, or actively discourage, walking and cycling e.g. lack of footpaths or pavements, pedestrian routes that are longer than car routes, lack of dedicated cycle ways, high flowing and fast moving traffic, and poor public transport.

7.3.5 Designing neighbourhoods that prioritise walking and cycling through the use of Home Zone principles, wider pavements and dedicated cycle ways increase the likelihood of physical activity in both adults and children.

Greenspace
7.3.6 There is increasing evidence of the positive mental health and wellbeing effects of greenspace such as parks, trees, ornamental shrubs and waterways. Access to good quality and well maintained greenspace enhances relaxation, reduces stress, re-energises people, provides space for recreation and sports as well as a place to socialise and meet people. Greenspace can also help in the long term mitigation of some of the key potential health impacts of climate change e.g. reduce flooding, reducing ambient temperatures, providing shade and enhancing biodiversity.

35 Royal Commission on Environmental Pollution, 26th Report: the urban environment; 2007
Urban form and building design

7.3.7 There is increasing recognition that the visual aesthetics and beauty of a neighbourhood through good design and the use of high quality and sustainable building materials like greenspace.

7.3.8 Buildings and paths that are accessible for older people, those with push chairs or in wheelchairs is likely to be create a more inclusive and cohesive neighbourhood.

7.4 Sustainability, health and masterplanning

7.4.1 The Egan Review identified the components of sustainable communities as being: Governance; Transport and Connectivity; Services; Environmental; Economy; Housing and the Built Environment; and Social and Cultural (See Fig 7.5). It emphasises the importance of good quality housing and well designed built environments as an important building block of a sustainable community.

Figure 7.5 Components of sustainable communities (source: Egan Review)

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7.5 Gender equality and planning

7.5.1 In 2003, the Royal Town Planning Institute (RTPI) published ‘Gender Equality and Plan Making’: the gender mainstreaming toolkit to emphasise the importance of spatial planning and urban design to achieving gender equality.  

7.5.2 In 2007, the RTPI published ‘Gender and spatial planning good practice note’ and Oxfam published ‘A place for everyone? Gender equality and urban planning’.

7.5.3 Both these documents identify that men and women use spaces and places different. Hence masterplanning needs to take account of the differences in the way women respond to and use neighbourhoods.

Gendered patterns in the use of space

7.5.4 Poorly considered land-use zoning policy separates residential areas from employment locations, with a greater negative impact on women’s mobility.

7.5.5 Women make more complex journeys than men, often travelling to childcare, school, work, and shops. More than twice as many women as men are responsible for escorting children to school.

7.5.6 75%-80% of bus journeys are undertaken by women. Only 30% of women have access to a car during the daytime.

7.5.7 60% of office workers are women. Poor public transport and lack of caring facilities and shopping outlets near employment locations restrict women’s access to the labour market.

7.5.8 Women feel less safe than men being out alone after dark, especially in the inner city or social housing estates.

Women’s engagement with planning

7.5.9 The ability of women and men to engage with the planning process differs.

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40 A place for everyone?- gender equality and urban planning - a ReGender Briefing Paper, Oxfam, 2007
7.5.10 Women can find it more difficult to engage in planning processes since they are more likely to provide unpaid care and the timing and places of consultation may not recognise caring responsibilities.

7.5.11 Women from some minority ethnic groups may not wish to attend mixed gender consultation meetings.

7.5.12 Studies by the Women’s Design Service show an under-representation of disabled women in consultation processes.

7.5.13 Women are less likely than men to access Information Communication Technology (ICT) and the World Wide Web (www) and an over-emphasis on ICT could exclude women.

7.6 Culture equality and planning

7.6.1 Masterplanning needs to take into account some of the different ways of life and different facilities and amenities needed by different cultural, faith and ethnic groups. For example:

7.6.2 In relation food, Muslim communities need access to a halal butcher; Jewish communities need access to a kosher butcher; and some communities need ethnic grocers who can source specific kinds of fruits and vegetables which are more difficult to source than mainstream produce.

7.6.3 Faith communities need a place to come together for worship and social activities e.g. church, synagogue, mosque, temple or gurdwara.

7.6.4 Important times of the day and significant times of the year, for cultural and religious observances, can mean that ethnic minority groups do not engage in consultation or other activities during those times.

7.6.5 There are few publications in this area dealing directly with diversity and masterplanning.

7.6.6 The previous Commission for Racial Equality (Now Equality and Human Rights Commission) in its report on ‘Regeneration and the race equality duty’, 2007, found evidence that the way physical regeneration is planned and delivered, through
various partnerships, makes it extremely difficult for racial equality and good race relations to remain at the heart of the process. Even where there is an evidence based strategic plan for the project, which has been shaped by racial equality considerations, the priorities for racial equality tend to get lost among the partners.

7.6.7 The Academy for Sustainable Communities in its report on ‘Planning and engaging with intercultural communities, 2006, identified cultural competence as a core skill for planners, designers and neighbourhood renewal professionals among others.

7.6.8 The Joseph Rowntree Foundation in its report ‘Faith in urban regeneration’, 2005, identified that there are inequalities in the ability of different faith groups to engage in urban regeneration. They identified three key issues:

7.6.9 A lack of 'religious literacy' on the part of regeneration professionals. The diversity among, and complexity within, different faiths often goes unrecognised. This applies to both traditions and beliefs and to the way in which different faiths organise and structure themselves. The knowledge and experience of the many people of faith employed in secular roles need to be recognised and used.

7.6.10 Most of religious groups, including Christian (both black and white), Hindu, Muslim and Sikh, have the perception that they are discriminated against in the allocation of funding.

7.6.11 Difficulties in engaging women and young people in regeneration processes have to be addressed. In addition, the existence of incompatibility between secular and some faiths' definitions of appropriate gender roles and equal opportunities has to be faced.

7.7 Disability equality and planning

7.7.1 The Commission for Architecture and the Built Environment identify five key principles of good inclusive design:

- Places people at the heart of the design process.
- Acknowledges diversity and difference.

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42 Commission for Architecture and the Built Environment, The principles of inclusive design (They include you), 2006.
• Offers choice where a single design solution cannot accommodate all users.

• Provides for flexibility in use.

• Provides buildings and environments that are convenient and enjoyable to use by everyone.

7.7.2 Design and development should create spaces and buildings that people can use to form strong, vibrant and sustainable communities. To achieve this, you should ensure that you involve as many people as possible on the design. This will help to promote personal well-being, social cohesion and enjoyment for all.

7.7.3 Wheelchair access should be the base level, not an optional extra. The same goes for pushchair access.

7.7.4 Good design can be achieved only if the environment created meets as many people’s needs as possible. Everyone at some point will probably experience limited mobility – as a tourist laden with bulky luggage, a parent with young children, an older person or an individual with injuries. It is important to identify barriers to inclusion as early as possible within the design process so that good design can overcome them.

7.7.5 Inclusive design celebrates the diversity of people and should not impose disabling barriers. While the needs of wheelchair users and mobility impaired people are important it is also necessary to understand the barriers experienced by people with learning difficulties, mental ill health, visual impairments and hearing impairments.

7.7.6 An inclusive environment does not attempt to meet every need. By considering people’s diversity, however, it can break down barriers and exclusion and will often achieve superior solutions that benefit everyone. Disabled people are not homogenous, of course, but considering their needs within the design process will secure benefits for everyone.

7.7.7 By applying the same high design standards to meet the access requirements of all users, a design embraces everyone on equal terms. An environment should exceed minimum technical specifications and inspire users.

7.7.8 Meeting the principles of inclusive design requires an understanding of how the building or space will be used and who will use it. Places need to be designed so that they can adapt to changing uses and demands.
7.7.9 Making environments easy for everyone to use means considering signage, lighting, visual contrast and materials. Access to buildings isn’t simply a question of their physical layout. It also requires people having sufficient information, often before they leave their house, which makes them feel confident enough to access a building or space.

7.7.10 At the beginning of the design process it is important to analyse the transport patterns to and within a development. Roads, parking, walkways, building entrances and other routes should be considered. People’s opportunity to use all elements within the site, including the inside of buildings, is crucial.

7.7.11 The adoption of these inclusive design principles will help people use developments safely, with dignity, comfort, convenience and confidence. People will be able to make effective, independent choices about how they use a development without experiencing undue effort or separation. They will be able to participate equally in the activities that the development offers.

7.7.12 These five principles are likely to ensure that a development is:

- Inclusive so everyone can use them safely, easily and with dignity.
- Responsive taking account of what people say they need and want. Flexible so different people can use them in different ways.
- Convenient so everyone can use them without too much effort or separation.
- Accommodating for all people, regardless of their age, gender, mobility, ethnicity or circumstances and welcoming with no disabling barriers that might exclude some people.
- Realistic offering more than one solution to help balance everyone’s needs and recognising that one solution may not work for all.

7.8 Equality and regeneration and development

7.8.1 An equalities-focused understanding of spatial planning highlights issues of:

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43 KnowFife Fife Partnership, KnowFife literature review, 2004
• Safety and security, and ensures that the quality of places and spaces reflects everyone’s needs;

• How people use space and places improves our ability to achieve economic, social and environmental goals;

• How people see their environment is important in developing policies to combat climate change;

• Building design that's ensures that places and spaces work well for everyone;

• What local facilities people need ensures that we create places that are useable by everyone; and

• How people want to live their lives ensures that places and spaces incorporate the facilities everyone needs.

7.8.2 Urban regeneration can improve health and wellbeing through physical improvements in housing stock as well as through tackling deprivation. Though there is a need to appreciate the wider context that can determine health, including social and economic factors by:

• Combining physical regeneration with people-related (skills) regeneration.

• Forging transport improvements between deprived neighbourhoods and other areas where transport is available.

• Providing premises and on-site training for residents most disadvantaged in the labour market.

• Providing premises and support to encourage local small businesses and self-employment.

• Strengthening the capacity of the community to manage the physical neighbourhood effectively

• Bringing about changes in housing tenure, particularly in private sector house building.

7.8.3 Community-driven participatory strategies offer an innovative and potentially successful way to engage stakeholders in regeneration and conduct effective
evaluation of health and wellbeing in the context of regeneration. A community-led project should gain public co-operation to a much greater extent than one driven by external ‘experts’. Participatory strategies are currently being promoted at the highest levels of government in the UK. Community involvement in the programme of urban renewal is essential, not just in terms of consultation, but in community control over how the evaluation and monitoring process works. The degree of positive health outcomes in regeneration processes therefore may depend as much on the amount of control residents have during the process as on any physical improvements that are made.
8 Community Views and Perspectives on the Potential Health Impacts

“Because the programme is intended to make a significant impact in areas which have often experienced decades of housing market problems and wider economic change, it inevitably involves some difficult decisions about the future of those areas and their communities. This makes the task of engaging with those communities both particularly important and – if it is to reach as many as possible of those concerned – an enormous challenge.”

Community Engagement in Housing Market Renewal: A Good Practice Guide
Chartered Institute of Housing & TPAS

8.1 Introduction

8.1.1 The HIA consultants attended a number of events and open days during the nine months of the HIA. This provided insight into the background context as well as the concerns that residents who participated in these events had.

8.1.2 This chapter summarises the key issues raised by local people through the five equalities themed focus group workshops that were undertaken. These were facilitated by MFCDT staff as well as the HIA consultants.

- Children and young people
- Older people and those with disabilities
- Unemployed people
- Tenants

8.1.3 Attempts were made to set up specific workshops with residents from Black and Minority Ethnic (BME) backgrounds as well as those with Mental Health Conditions however these were difficult to set up within the timeframe of the HIA and we used a more informal strategy to talk to residents informally at other consultation activities that were taking place at the Community Enterprise and Resource Centre.

8.1.4 Table 8.1 provides some background statistics on the participants. Appendix B provides the detailed feedback from the workshops and the consultation materials used.
Table 8.1: HIA community consultation statistics

<table>
<thead>
<tr>
<th>Consultation Group</th>
<th>Total</th>
<th>Boys/Men</th>
<th>Girls/Women</th>
<th>White</th>
<th>Black &amp; Minority Ethnic</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>12 – 18 yrs</td>
</tr>
<tr>
<td>Older People</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td></td>
<td>55-100 yrs</td>
</tr>
<tr>
<td>Unemployed people</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>20-40 yrs</td>
</tr>
<tr>
<td>Tenants</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>40-70 yrs</td>
</tr>
<tr>
<td>People with /interested in mental health issues</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>30-40 yrs</td>
</tr>
<tr>
<td>Other informal engagement in other consultation activities</td>
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<td>2</td>
<td>1</td>
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<td>25-35 yrs</td>
</tr>
<tr>
<td>Overall</td>
<td>39</td>
<td>23</td>
<td>16</td>
<td>29</td>
<td>10</td>
<td>12-100 yrs</td>
</tr>
</tbody>
</table>

8.1.5 The workshops were centred on eleven themes which the participants were asked to think about in terms of the positive and negative health impacts and what they thought could be done to improve their perceived negatives and enhance the positives.

8.1.6 The key themes were:

- Jobs – business
- Education – learning
- Housing
- Socialising – meeting friends/neighbours – sense of community
- Safety – crime
- Services – health, social care, other
- Environment
- Transport – getting around
- Facilities – shops, leisure, other
8.1.7 Additional less formal one to one chats and discussions were also carried out with local residents to get their views on the proposed redevelopment.

8.2 What participants liked about Marsh Farm

8.2.1 Participants, young and old, women and men had a range of views on what they liked about Marsh Farm.

8.2.2 There were a set of recurring themes that:

- The people of Marsh Farm were nice;
- They liked the neighbourhood;
- Large amount of greenspace;
- Good footpaths (for walking and disabled scooters); and
- Easy access to local shops and other amenities e.g. the CERC providing opportunities for local people, schools.

8.2.3 Children and young people also liked the leisure centre (football and basketball courts) and the ‘chicken and chip’ shop, the Flava restaurant.

8.3 What participants did not like about Marsh Farm

8.3.1 Again participants had a range of views but there were some recurring themes. There were more differences between the different workshop/equalities groups.

8.3.2 There was a general sense among the majority of participants, young and old, women and men and those from minority ethnic groups that they had been let down by Luton Borough Council and the Luton PCT (now NHS Luton).
8.3.3 For participants in the children and young people’s workshop the key dislikes were:

- Concerns about going to the Purley Centre after dark and people hanging about there.
- Litter on the estate.
- Broken parts of the estate e.g. garages, park.
- Some people with negative attitudes who vandalise, have arguments in the street and engage in criminal/anti-social behaviour.
- Unlit areas of the estate e.g. Whitefields Park.
- No drinking water facilities in the outdoor sporting facilities.
- Don’t see visible presence of police or community wardens.

8.3.4 For participants in the older people's workshop the key dislikes were:

- Children and adults hanging about the Purley Centre (no where for young people to go/nothing for them to do)
- Dumping of rubbish
- Blocking of alleyways
- Past renovation projects left incomplete e.g. cycle track signage not complete
- Lifts not working in Purley Centre
- No recycling in the flats
- Concerns about the Purley Tavern pub
- CERC not a community centre (no canteen, can’t walk in and feel welcome)
8.3.5 For participants in the unemployed residents' workshop the key dislikes were:

- Stereotyping of Marsh farm residents by those living outside the estate.
- Lack of welcome for new arrivals.
- Unclean communal areas of the flats/blocks.
- Purley Centre not clean.
- Violence and drunk people in the park.

8.3.6 For participants in the tenants workshop the key dislikes were:

- People's apathy to the estate.
- Lack of social responsibility.
- Idle youngsters, intimidating gangs and threatening young people.
- Purley Centre not clean.
- Problem with barking and violent dogs.

8.4 Awareness of the proposed redevelopment

8.4.1 All the adults had heard about the proposed redevelopment and most of the children and young people.

8.5 Aspects of the Central Area that participants used

8.5.1 Most of the participants used various shops, library, health and related services and the outdoor market in the Purley Centre though some avoided the area completely.
8.6  Positive aspects of the redevelopment

8.6.1 Participants, young and old, women and men and those from ethnic minority backgrounds all felt that the redevelopment, if it happened, and depending on the detailed design plans and how the designs were implemented would:

• Show visible sign of change.

• Provide a fresh start for the Central Area.

• Provide better shops and services.

• Create cleaner, nicer and more attractive environment.

• Enable people to go to the Central Area where previously they might have been reluctant to go.

• Improve housing.

• Make people want to live there

• Create employment opportunities for local people

• Change outside people’s attitudes about the estate

8.7  Design concerns of participants

8.7.1 Library further away for some/many older people and those with young children.

8.7.2 More flats will lead to similar situation in the future as currently.

8.7.3 Do not want a pub so near houses and flats.

8.7.4 Ensure accessible links to other parts of the estate by older people with scooters.

8.8  Main masterplanning process concerns of participants

8.8.1 Better and more regular communication of what is happening was a recurring theme among all the workshop groups.
8.9 Demolition/construction phase concerns of participants

8.9.1 Impact of Lea Manor High School Building Schools for Future Construction programme.

8.9.2 Criminal and anti-social behaviour could move to other parts of the estate.

8.9.3 Residents who were relocated would lose contact with friends and neighbours.

8.9.4 Disruption to health, social and other services.

8.9.5 Disruption/loss of local shops and difficulty in getting to alternative shops and amenities.

8.9.6 Noise and other disturbance.

8.9.7 Children playing on or around the demolition/construction site.

8.9.8 More crime and anti-social behaviour including drug use.

8.10 Operation phase (when redevelopment is complete) concerns of participants

8.10.1 Sustainability of social and leisure facilities (lack of staff/finances).

8.11 Participants suggestions for minimising negatives and maximising positives

8.11.1 Better communication about the masterplanning process and what is likely to happen.

8.11.2 Making people aware of the alternative shops, amenities, facilities and services.

8.11.3 Need to make better use of volunteers to help out with youth club and other recreational facilities.

8.11.4 Need to use new CERC and Leisure Centre to full potential.

8.11.5 Need to reassure local residents.

8.11.6 Lea Manor High School pupils would likely go to the nearby Sainsbury's.

8.11.7 Visible police and community warden presence.
8.11.8 Multi-faith facility or building.

8.11.9 Review housing allocations policy to get a better mix of residents on estate – more permanent residents.

8.11.10 Create a ‘family orientated’ pub if there has to be one.

8.11.11 Allow local control for street parties and other neighbourhood social activities.

8.11.12 More facilities/outdoor play areas for children and young people that are not so near the houses/flats.

8.11.13 Free bus service to shops/amenities during the demolition/construction phase.

8.11.14 Improve roundabout and junctions to enhance road safety.

8.11.15 Ensure adequate and adequately maintained lifts in any flat development.

8.11.16 Ensure redevelopment creates jobs for local residents.

8.11.17 More buses after 7.00pm, more bus stops on the No 25 bus route and better/more frequent bus links to town centre.

8.11.18 Ensure cleanliness of the new shopping area is maintained.

8.11.19 Enforce rules e.g. no dogs in the shopping area, no bikes, etc.

8.11.20 Ensure good management of communal areas, shopping area and public spaces.

8.11.21 Ensure that design enhances safety and reduces crime e.g. design out crime.
8 Community Views and Perspectives on the Potential Health Impacts

Photo 8.1 Start of the workshop with unemployed residents

Photo 8.2 Start of the workshop with unemployed residents
Photo 8.3 Resident writing down their concerns on the wall posters

Photo 8.4 Workshop with tenants
Photo 8.5 A informal interview with a local resident

Photo 8.6 Workshop with older people
9 Health Impacts of the Central Area Masterplanning and Redevelopment

9.1 Introduction

9.1.1 The health impact analysis examined impacts on three main groups of residents as well as the equalities/vulnerable groups identified earlier (see Figure 9.1 which uses orange squares to spatially map the two groups of residents likely to be affected the most during the demolition/construction phase). These are:

- Residents who live in the Purley Centre and Purway Close and who will be relocated.
- Residents living around the Central Area who are likely to face the greatest disruption during the demolition/construction phase.
- Other residents of the estate.

9.1.2 The analysis of health impacts considered the four key phases of development – demolition, construction, operation and future refurbishment/redevelopment.

9.1.3 The analysis considered the demolition and construction phases separately however the findings are that they are likely to generate very similar health impacts and are therefore considered together in this report.

9.1.4 Two summary health impact tables are provided at the end of this chapter (See Tables 9.1 and 9.2).

9.1.5 Appendix C provides two detailed health impact tables.
7.2 The two areas and resident likely to be affected the most during the demolition/construction phase [Source: Google maps]
9.2 Overview of issues influencing the demolition/construction phase

9.2.1 It is currently proposed that the CERC building will be developed first, after which the key health related services will move into the CERC and then the housing redeveloped on the Purway Close and Purley Centre part of the Central Area.

9.2.2 A similar phased developed is proposed for Purway Close and Purley Centre where shops will continue to operate until on side of the development is completed and the new shop sites are developed.

9.2.3 It is also currently proposed that Purley Centre and Purway Close residents will be relocated to other flats/houses either elsewhere on the estate or in other parts of Luton. Residents will therefore not have the choice of moving back to the Central Area.

9.2.4 The positive health impacts for these residents comes from there being no temporary move of residents which means there is less uncertainty for residents and that they can get on with their lives and not feel in limbo as well as face two sets of disruption. The negative health impacts come from residents not having the opportunity to live in the new redevelopment after having lived there in some cases for a long time and got used to the proximity of the flats/houses to local shops and services.

9.2.5 The new Wauluds House development will have 24 flats is reasonably near to the Central Area and would be one place where some Purley Centre and Purway Close residents could be moved to.

9.2.6 The current intention is that residents have comparable housing i.e. if they have a two bedroom flat/house they would get a two bedroom flat/house.

9.2.7 However, some Purley Centre and Purway Close residents are looking to move from two bedroom apartments to three bedroom flats or houses because of the size of their families and the overcrowding in their current home.

9.2.8 Any approach to phasing the demolition and construction of the proposed redevelopment is likely to be difficult and complex and hence it is advisable to plan for both a scenario where i) there is continuity in access to local shops in the Purley Centre but with some disruption and difficulty in access and ii) the loss of shops as
existing shop owners relocate or it is not possible to maintain continuity, for health and safety reasons, during the demolition and construction phases.

9.2.9 A clear amenities access plan needs to be developed within the overall demolition and construction programme which will need regular review and communication to residents.

9.2.10 The major issues are likely to be a) the decanting of the Purway Close and Purley Centre and the relocation of these residents; b) the potential significant nuisance level impacts on residents living around the Central Area e.g. noise, dust and disruption to daily routines; c) lesser disruption impacts to other residents on the estate e.g. from demolition/construction lorry traffic in and out of the estate; difficulties in accessing the shops, children going to school, etc. d) the demolition of the Purley Centre may need the use of explosives and given the proximity of existing residents may need the temporary evacuation of nearby residents in case debris falls on their homes.

9.2.11 The majority of residents in the Purley Centre and Purway Close are aware that they may need to relocate at some point in the near future however some do not believe it is going to happen.

9.2.12 For all residents in the Purley Centre and Purway Close a relocation management plan will need to be developed to analyse issue of how and where people are moved so that social relationships and networks i.e. that family and neighbours are living as close to as or closer than they currently are. There will also be a need to support people to move their belongings and change their contact details with key services e.g. health and social care, utilities, etc.

9.3 Overview of issues influencing the operation phase (when redevelopment complete)

9.3.1 The redevelopment will help to change the attitude of many residents that things don’t change on the estate and make them more likely to use the amenities in the Central Area.

9.3.2 There will be an increase in the number of good quality homes – houses and flats – plus a range of retail premises including potentially a small supermarket.
9.3.3 Existing residents of the Central Area will get new homes some of which may be new build and therefore be more energy efficient and better insulated than their old ones. However, there is no indication currently whether those needing larger homes would get them.

9.3.4 Existing residents of the Central Area would not have the choice of moving back into the newly developed flats/houses.

9.3.5 New residents moving into the Central area will have good quality new homes that are built to the latest standards.

9.3.6 The refurbished CERC is likely to provide a focal point for community activities, socialising, access to health, social and other services and the potential to become a local employment hub with a range of social enterprises and training and learning activities. This will also help new and existing residents to socialise and help new residents become a part of the existing community.

9.3.7 There are likely to be more people living in this area which may mean more cars on the estate and some pressure on existing education and health and social care services.

9.3.8 Over the long term, the buildings in the Central Area are likely to need good quality maintenance and after 10 years some refurbishment and renovation. If this is not done then the buildings and homes are likely to fall into disrepair particularly if there is a high turnover of tenants. There is a potential for history to repeat itself and for the development to go back to what it was.

9.3.9 Over the long term there is also likely to be a change in the type and number of shops, this could mean that there are fewer shops and facilities as they become less economically viable.

9.3.10 There is still a negative perception of the estate (stigma) which may make new residents less keen to come even with the new housing and redevelopment. There is a potential for any new pub to be magnet for actual/perceived anti-social behaviour, drug-taking and drug selling and theft particularly in the evenings.

9.3.11 Existing residents on the estate may also feel envy, anger and hostility to new people outside of the estate moving into these nice new homes while they live in old and poorly maintained ones.
9.3.12 This may lead to a sense of ‘us’ and ‘them’ between exiting residents on the estate and new residents moving from elsewhere into the new Central Area. The mix of people who come onto the estate and their likely length of tenure will need to be considered carefully to ensure that community cohesion is developed and social capital maintained across the estate.

9.4 Health impacts – masterplanning and design process

9.4.1 Overall, observing the process over the last seven months, the health and wellbeing impacts during the outline masterplanning and early design stage have been mixed. There have been some positive and some negative health and wellbeing impacts.

9.4.2 The one key positive health impact on mental health and wellbeing for those residents who have participated has been the level of consultation and engagement with local residents on the preferred masterplan and the masterplanning process as a whole. This has enabled many residents to take an active part in what the redevelopment will look like particularly in relation to the Community Enterprise and Resource Centre (CERC). There has also been communication through a variety of media most notably the Marsh Matter Community Magazine as well as community meetings held on weekdays and weekends.

9.4.3 However, despite this there has also been a negative health impact on mental health and wellbeing in some residents, particularly the Purley Centre and Purway Close residents, due to the worry, anxiety and uncertainty caused by:

9.4.3.1 Lack of information sharing/ communication for residents on what was happening in relation to the masterplanning e.g. what the final preferred options was, how would people be relocated, the timeline for things happening, where the CERC might be located, what services might go into the CERC, location of the health centre, etc. This was compounded by some lack of information sharing/communication between professionals working on the estate from different agencies and sometimes within agencies and those leading on the masterplanning and redevelopment process.

9.4.3.2 Changes to what was likely to happen e.g. Purley Centre and Purway Close residents thought that they would have the choice of coming back to live there six months ago but the Council were now suggesting that there
would be only one move to either accommodation somewhere else on the estate or outside the estate.

9.4.4 For some residents there has been no positive or negative health impact as they have simply not believed that the redevelopment is going to take place give how much discussion there has been on redeveloping this area of the years.

9.5 Health impacts – demolition/construction phase

9.5.1 Overall, for most residents the demolition/construction phase is likely to have **minor to moderate negative health and wellbeing impacts** depending on how they might be affected by the demolition/construction lorry traffic and their access to key locally based services, shops, the local leisure centre and other amenities. For existing Central Area residents who are moved the impacts are uncertain in that they could be a moderate to major positive if the new homes that they are allocated meet their needs and aspiration or it could be a moderate to major negative if they do not. Residents living immediately adjacent to the Central Area, children, older people and those with disabilities could have the greatest negative health and wellbeing impacts.

9.5.2 There are two potential positive health and wellbeing impacts of the demolition/construction phase.

9.5.2.1 In terms of **employment and economy**, these would be linked to the job opportunities for local people, particularly men, on the development site and the stimulation of the wider economy that the demolition and construction is likely to bring. This is dependent on a) how many residents of Marsh Farm get jobs on the development; b) how many people living in the wider Luton area get jobs on the development; and c) how much of the building materials and equipment are sourced from the Luton area. For most residents, this is likely to be a no effect, a minor positive or a moderate positive health and wellbeing impact. For those looking for work and those with demolition/construction skills (and their families, male residents in particular) who get jobs on the development site it could be a **major positive health impact** given the wider economic slowdown especially in the building industry. For **private landlords on and outside the estate** the influx of at least some demolition
and construction workers is likely to be a minor to moderate positive health and wellbeing impact.

9.5.2.2 In terms of education and learning, the on-the-job demolition training opportunities and experience that the development will provide will for most residents, be likely to have no effect or minor positive health and wellbeing impact. For those looking for work and those with demolition/construction skills (and their families, male residents in particular) who get jobs on the development site it could be a major positive health impact.

9.5.3 There are nine potential negative health and wellbeing impacts of the demolition/construction phase.

9.5.3.1 In terms of lifestyles and daily routines, there will be disruption to routine activities and events occurring on the estate. For most residents, this is likely to be a minor to moderate negative health and wellbeing impact. For Central Area residents still living in their existing homes while there is demolition/construction work in the area; residents living around the Central Area; children going to Lea Manor, older people and those with disabilities (particularly those who used local shops) it is likely to be a moderate to major negative health impact.

9.5.3.2 In terms of mental health and wellbeing, there will be nuisance and annoyance associated with the construction activities on the site and the associated construction traffic (chiefly noise and dust). For most residents this is likely to be a minor to moderate negative health and wellbeing impact. For residents living around the Central Area (including babies and pre-school children), older people and those with disabilities and their carers this is likely to be a moderate to major negative health and wellbeing impact.

9.5.3.3 In terms of shops and retail amenities, though it is envisaged that the new shops will open before the old ones close down in a phased approach to demolition and construction, it is not guaranteed that the new shops will get tenants quickly or that the owners of the existing shops will not start identifying new premises outside the estate. Additionally no temporary site has yet been identified for the outdoor market. For most residents, this is
likely to be a minor to moderate negative health and wellbeing impact.
For older people, those with disabilities and residents (generally women) with young children this is likely to be a moderate to major negative health and wellbeing impact.

9.5.3.4 In terms of health and social care services, it is envisaged that CERC will be redeveloped/refurbished before the health centre, pharmacist and dentist are relocated within it. This will mean that the outreach service currently based in the CERC will have to be relocated elsewhere and then potentially relocated back. There is also still likely to be some disruption during the transfer phase and as staff get used to the new building e.g. building snagging issues, computer and equipment problems, re-allocating space, etc. During the transfer phase, for most residents this is likely to be no effect (those who don’t use these services) or a minor or moderate to major negative health and wellbeing impact. For older people, those with disabilities and those using the health centre or CERC outreach services on a regular basis this is likely to be a moderate to major negative health and wellbeing impact.

9.5.3.5 In terms of spirituality, culture and leisure, there will be some disruption with the relocation of the library and some potential barriers to accessing the Lea Manor Leisure Centre because of demolition/construction lorries and fencing off of the demolition/construction areas making journeys on foot, cycle and potentially by bus more difficult. For most residents this is likely to be no effect or a minor negative health and wellbeing impact. For children and adults regularly using the leisure centre and those going to Holy Cross Church there is likely to be a moderate to major negative health and wellbeing impact.

9.5.3.6 In terms of transport and connectivity, the movement of the demolition/construction traffic is likely to generate more congestion of roads within the estate near the Central Area and increase the perceived of road traffic injuries. This is likely to make people cautious in using and crossing the main roads on the estate and to go through the Central Area. This would be exacerbated if the Building Schools for Future Programme for Lea Manor High School also started up during this time. For most residents this is likely to be no effect or a minor negative health and
wellbeing impact. For those residents living around the Central Area (particularly those who are living close to the main roads on the estate), children going to Lea Manor School, older people and or using the roads that the demolition traffic will use, this is likely to be a moderate to major negative health and wellbeing impact.

9.5.3.7 In terms of *land and spatial effects*, the development site and the wider neighbourhood visually unattractive compared to what it currently is. For most residents, this is likely to be a minor to moderate negative health and wellbeing impact.

9.5.3.8 In terms of *chronic disease and pollution effects*, there is likely to be some dust generated during the demolition work and an increase in air pollution due to the demolition/construction lorry traffic. For most residents this is likely to be either no effect or a minor negative health and wellbeing impact. For residents living around the Central Area and those with existing respiratory illness it could be a minor to moderate negative health and wellbeing impact.

9.5.3.9 In terms of *crime and safety*, there is a risk of for trespass, theft, vandalism and graffiti in and around the demolition/construction site. The Purley Centre is also perceived to be a crime and anti-social behaviour hot spot especially in the evening/at night. It is possible that such activity may migrate to the area surrounding the Central Area. For most residents, this is likely to be no effect or a minor negative health and wellbeing impact. For Central Area residents still living in their existing homes while there is demolition/construction work in the area and residents living around the Central Area this could be a minor to moderate negative health and wellbeing impact.

9.5.3.10 In terms of *physical injury*, there is a risk of physical injury in and around the demolition/construction site because of load slippage from cranes, lorries and transfers and from the demolition of the site. There is also the risk of traffic related injuries because of the higher numbers of vehicles moving in and out of the estate. For most residents this is likely to be no effect or a minor negative health impact. For residents living around the Central Area and for children going to and from Lea Manor High School
and the Leisure Centre it could be a minor to moderate health and wellbeing impact.

9.5.4 There are three main uncertain health and wellbeing impacts of the demolition/construction phase.\textsuperscript{44}

9.5.4.1 In terms of housing and shelter, for most residents there is likely to be no effect. However, for those residents being relocated (decanted) from the Purley Centre and Purway Close their new homes will need to meet the needs of the residents in terms of number of rooms or enough rooms to meet their needs, location, accessibility, and the maintenance of existing social relations (similar physical proximity to family and friends that exists currently) this could be a moderate to major positive or a minor to major negative health and wellbeing impact. For Central Area residents still living in their existing homes while there is demolition/construction work in the area this could be a minor to major negative health and wellbeing impact. For residents living around the Central Area who may be affected by vibrations due to the demolition/construction this is could be a minor to moderate negative health and wellbeing impact.

9.5.4.2 In terms of social capital and community cohesion, this is likely to depend on the level of disruption and concerns generated by the demolition and construction. Residents are likely to be inspired and brought together by the fact that change and redevelopment of the Purley Centre and the CERC. For those being relocated there could be a loss of existing social ties (on the other hand they may move to an area where they have family and friends). However, there is likely to be disruption and difficulties in accessing shops, Holy Cross Church, the health centre, services in the CERC. For most residents this is likely to be a minor positive, no effect or a minor to moderate negative health and wellbeing impact. For Central Area residents still living in their existing homes while there is demolition/construction work in the area, older people, children and those (generally women) caring for young children it could be a moderate to major negative health and wellbeing impact.

\textsuperscript{44} Uncertain in that they could be either positive or negative depending on local contextual factors and how the project is developed in detail.
9.5.4.3 In terms of energy and waste, for most residents there will be no effect (except in relation to lorry traffic movements). However, from a sustainable development and future generations health and wellbeing perspective this could be a minor to moderate positive or minor to moderate negative health and wellbeing impact.

9.6 Health impacts – operation phase (when redevelopment complete)

9.6.1 Overall, for most residents, existing residents of the Central Area, residents living around the Central Area, children, older people and those with disabilities as well as new residents of the Central Area who move into the new flats/houses in the Central Area there is likely to be a moderate to major positive health and wellbeing impact. However, for existing Central Area residents there is the continuing potential for there to be minor to moderate negative health and wellbeing impacts if they have been moved to accommodation that they do not find suitable for their and/or their family’s needs.

9.6.2 There are four main potential positive health impacts of the redevelopment during its operation phase.

9.6.2.1 In terms of land and spatial, the design, layout and use of the Central Area is likely to enhance the estate. For most residents this is likely to be a moderate to major positive health and wellbeing impact.

9.6.2.2 In terms of mental health and wellbeing, the redevelopment is likely to raise the self esteem of local people, show them that things can change and give them a new landscape, shops and CERC facilities. For most residents, living in the Central Area, those with young children, school age children, older people and those with disabilities this is likely to be a moderate to major positive health and wellbeing impact. However, if the area is not maintained through repair and renovation then this positive impact will be lost over time. There may however be some envy among other residents of the estate if new residents from outside the estate benefit from nice new homes while they have problems with their flats and houses. For existing residents living in problem housing this could have a minor to moderate negative health and wellbeing impact.
9.6.2.3 In terms of **housing and accommodation**, the new good quality housing in the redevelopment which is likely to be a mixture of social, shared ownership and key worker housing on the site and likely to meet the Decent Homes Plus, Code for Sustainable Homes and Lifetime Homes standards. For **most residents** there is likely to be **no effect**. For **new residents moving into the Central Area** this is likely to be a **moderate to major positive health and wellbeing impact**.

9.6.2.4 In terms of **health and social care services**, the new integrated wellbeing centre with more primary care staff and better integration between health and social services is likely to provide better and more local care for the residents of Marsh Farm. For most residents this is likely to be a **minor to moderate positive health and wellbeing impact**. For **residents registered with those services and for people with young children, older people and those with disabilities** this is likely to be a **moderate to major positive health and wellbeing impact**.

9.6.2.5 In terms of **transport and connectivity**, the Central Area is likely to have a better network of footpaths, ways of crossing The Moakes road and potentially some cycle ways as well as continue to be accessible by older people, those with young children, those in wheelchairs or on scooters which is likely to promote and increase physical activity as well as socialisation. For most residents this is likely to be a **minor to moderate positive health and wellbeing impact**. For residents living around the Central Area, children going to Lea Manor, older people and those with young children this is likely to be a **moderate positive health and wellbeing impact**.

9.6.2.6 In terms of **education and learning**, the new CERC will provide a range of social enterprise employment and training and learning activities. For most residents this is likely to be no effect or a minor positive health and wellbeing impact. For **young people and adults looking for work and training** this is likely to be a **moderate to major positive health and wellbeing impact**. Over the long term the financial viability of the CERC and these services will be key as loss of these services for **young people**
and adults looking for work and training is likely to have a moderate to major negative health and wellbeing impact.

9.6.2.7 In terms of employment and economy, there will be a small increase in the number of residents and potentially a wider range of shops and retail amenities. There will also be new social enterprise activities in the new CERC. For most residents this is likely to have no effect. For those residents looking for work, women, men and young people, this is likely to be a minor to moderate positive health and wellbeing impact.

9.6.3 The main potential negative health impacts of the redevelopment during its operation phase are linked to the long term investment in the maintenance of the Central Area if outline plans for future investment are not developed at this stage. If over the long term the buildings, services, facilities and amenities are not maintained, renovated and invested in over time then the positive impacts identified above will be lost and negative health and wellbeing impacts will emerge especially affecting older people, those with young children, those with disabilities, children and young people and those looking for work.

9.6.4 There are five main uncertain health and wellbeing impacts of the operation phase on the residents of the Central Area and on existing residents living around the Central Area.

9.6.4.1 In terms of the shops and retail amenities, the value and usefulness of these will be dependent on what kinds of shops are developed in the new retail facilities. It may include a new supermarket and may have a wider range of retailers, however if existing business are pushed out and new ones which don’t fit the local social and cultural context then there could be negative health and wellbeing impacts. This may be a major negative, a moderate negative, a minor negative, a minor positive, a moderate positive or a major positive health and wellbeing impact.

9.6.4.2 In terms of social capital and community cohesion, the relocation plan and the mix of new residents in the Central Area and how the new development fosters social interaction and the coming together of residents of the estate will have a an important influence. Other activities on the state in terms of improving existing residents homes, continuing the environmental improvements and social events that bring local residents
form across the estate together is likely to mitigate any negative effects. The redevelopment may have a moderate positive, a minor positive, a minor negative or moderate negative health and wellbeing impact.

9.6.4.3 In terms of energy and waste, this will depend on the energy efficiency and the recycling plans for the housing, shops and new CERC as well as the street lighting plan and the provision of communal recycling facilities as their currently are in the car park in the Central Area. This may be a moderate positive, a minor positive, a minor negative or moderate negative health and wellbeing impact.

9.6.4.4 In terms of crime and safety, it is unclear whether the crime and anti-social behaviour in the Central will disappear, move to other parts of the estate or come back to the Central Area. For most residents, it is likely to have no effect. For new Central Area residents it is likely to be a minor to moderate positive health and wellbeing impact and for those residents where the crime and anti-social behaviour moves to it could be a minor to moderate negative health and wellbeing impact.

9.6.4.5 In terms of spirituality, culture and leisure, there library will be further away for some residents if it moves to Lea Manor High School, there are likely to be new facilities in the CERC and some new greenspace with play facilities though what these might be is as yet uncertain. For most residents this is likely to be a minor to moderate positive health and wellbeing impact. For some older people, those with disabilities and those with young children it may be more difficult to access the library and there may potentially be an issues about whether older people will feel comfortable about accessing a library on a school site with lots of young people around. This may have a minor to moderate negative health and wellbeing impact as well as a moderate to minor to moderate positive health and wellbeing impact from the other facilities/amenities.

9.7 Cumulative impacts

9.7.1 There are a range of closely connected and complex elements to this redevelopment that involves two sets of relocations for many residents and services, the risk of
closure of local shops and markets, demolition of existing housing and amenities and the construction of new housing and amenities.

9.7.2 The **Building Schools for Future Programme for Lea Manor High School** is also likely to start in the next few years.

9.7.3 Hence, there are important uncertainties that could lead to minor and moderate cumulative negative impacts that could become major negative impacts on the health and wellbeing of local residents living in the Central Area if not planned and managed appropriately.

9.8 **Health impacts on existing residents of the Purley Centre and Purway Close**

9.8.1 It is currently envisaged that there will be a phased demolition/construction phase and hence a phased relocation of residents from the Purley Centre and Purway Close. Purway residents are likely to be moved first. It is also currently envisaged that the residents will have one move i.e. that they will not have the choice to come back and live in the new houses/flats in the redeveloped Central Area.

9.8.2 The health impacts on existing Purley Centre and Purway Close residents are therefore from a) living in the Central Area while demolition/construction takes place in other parts of the Central Area and b) the relocation of residents to accommodation either inside or outside of Marsh Farm Estate.

9.8.3 **Over the short term,** during the demolition/construction phase, the health and wellbeing impacts are from:

- **Mental health and wellbeing:** Worry and anxiety about the relocation and uncertainty about where they will be moved to, what kind of accommodation they will get and whether it will meet their needs and disruption caused by the actual move. It is envisaged that some longstanding residents will get financial assistance to support their move and this support is likely to have a positive health and wellbeing impact particularly if it is coupled to support in how best to use those additional finances to cover utility bills, hire home removal companies, etc.

- **Lifestyle and daily routines:** disruption to their daily routine as they wait to move, move and then get settled in their new accommodation.
• **Social capital and community cohesion**: loss of existing social networks of family, friends and neighbours.

• **Retail shops and amenities**: loss of easy access to the local shops of the Purley Centre particularly for those older residents of the Purley Centre who have been living there a long time.

• **Health, social care and related services**: though it is envisaged that there will be a continuity of service there is likely to be some disruption to their access to some or all of these services.

• **Transport and connectivity**: disruption to their access to buses and walking to and from and around the Central Area.

9.8.4 **Over the short to medium term**, during the demolition/construction and early operation phases, the health and wellbeing impacts are from:

• **Housing and shelter**: whether they will get new homes that are better than their current homes, in a location that they like and of a size and quality that meets their needs. It is currently envisaged that residents would get similar accommodation to what they already have i.e. if they have a two bedroom flat they will be offered a two bedroom flat elsewhere and will not have the opportunity to have a larger flat even if they or their families needs require more space.

9.8.5 **Over the long term**, during the operation phase, the health and wellbeing impacts are uncertain but are likely to be positive if they move into accommodation that broadly meets their needs and is in a location that they these residents are happy with. If the accommodation does not meet their needs then this is likely to have a long term negative impact on their health and wellbeing.

9.9 **Health impacts on new residents of the Purley Centre and Purway Close**

9.9.1 The health impacts on new Purley Centre and Purway Close residents will occur during the operation phase though there may still be some construction work taking place when some people move in.

9.9.2 **Over the short to medium term**, during the early operation phases, the main health and wellbeing impacts are from:
• **Housing and shelter**: new residents will get brand new houses that are built to good quality housing standards.

• **Retail shops and amenities**: new residents will have easy access to the new shops and amenities in the area and this will be particularly beneficial for older residents, those with disabilities and families.

• **Health, social care and related services**: new residents will have easy access to integrated health centre.

• **CERC and recreational facilities**: new residents will also have access to the new services and community facilities in the new CERC as well as the local leisure centre.

• **Mental health and wellbeing**: though moving can be stressful, as new residents are moving into new houses and a redeveloped central area overall there are likely to be beneficial effects on their mental health and wellbeing.

**9.9.3 Over the long term**, during the main operation phase, the main health and wellbeing impacts are likely to continue to be positive.

**9.10 Health impacts on children and young people**

9.10.1 Over the short term, during the demolition/construction phase, the health and wellbeing impacts are from:

• **Transport and connectivity**: disruption to access across the Central Area, on foot and by bus, especially for those children attending Lea Manor High School and regularly going to the Leisure Centre and Teen Learning Centre.

• **Physical injury**: higher risk of physical injury because of the demolition and construction site activities and the demolition/construction lorry traffic in and around the Central Area.

• **Social capital and community cohesion**: disruption to family and friendship networks as it will be more difficult or perceived to be more difficult to use the roads though the underpasses do provide a safe means across some main roads.
on the estate. There will also be a loss of the Purley Centre (shops and library) and one focal point for meeting up with friends.

- **Education and learning:** the disruption could affect their learning particularly if they go to Lea Manor High School or living around the Central Area where there is likely to be noise from the demolition/construction activity.

- **Mental health and wellbeing:** the disruption may through the above effects also affect their mental health and wellbeing.

**1.1.2 Over the long term, during the operation phase, the health and wellbeing impacts are from:**

- **Shops and retail amenities:** whether the new shops and retail amenities will have something to offer children and young people e.g. café similar to the Flava restaurant currently.

**9.10.2 Over the long term, during the operation phase, the health and wellbeing impacts are from:**

- **Land and spatial:** the creation of a regenerated Central Area that is attractive for them to visit and has new things for them to explore with some potential new play areas and greenspace.

- **Mental health and wellbeing:** a change in attitude i.e. that things can change on the estate for the better.

- **Spirituality, culture and leisure:** new amenities/facilities in the renovated CERC and new improved library linked to Lea Manor High School.

**9.11 Health impacts on women**

**9.11.1 Over the short term, during the demolition/construction phase, the health and wellbeing impacts are from:**

- **Lifestyle and daily routines:** disruption to their daily routine particularly those women with childcare responsibilities. There will be disruption to taking children to
school, local shopping, and accessing health, social care and other related services on the estate.

• **Transport and connectivity:** disruption to their access to buses and walking to and from and around the Central Area.

• **Health, social care and related services:** though it is envisaged that there will be a continuity of service there is likely to be some disruption to their access to some or all of these services.

• **Mental health and wellbeing:** the noise from the demolition and construction activity if they live around the Central Area and the perceived unsafeness of the Central Area especially in the evening and at night and the disruption to access identified above.

• **Social capital and community cohesion:** the greater time taken to do carry out daily activities may reduce the time taken to visit family and friends or to make the effort to go particularly if it involves going through/around the Central Area.

1.1.2 Over the short to medium term, during the demolition/construction and early operation phases, the health and wellbeing impacts are from:

• **Retail shops and amenities:** disruption and potential loss of existing local shops before the new ones are built and let and potential loss of outdoor market.

1.1.3 Over the long term, during the operation phase, the health and wellbeing impacts are likely to be positive though dependent on the detailed design of the new Central Area e.g. good accessibility for those with pushchairs, location of any new pub, good range of shops and amenities, clean and litter free environment.

9.12 **Health impacts on older people**

9.12.1 Older people would have a similar set of health and wellbeing impacts to women though the significance of the negative impacts in particular are likely to be greater for this group of residents particularly if they live in and around the Central Area.

9.12.2 They are also more likely to reduce going outdoors, find it more difficult to shop for themselves and lose contact with friends and family during the demolition/
construction phase because of the general disruption and difficulties in terms of going by bus and walking/going by scooter across or around the Central Area.

9.13 Health impacts on people with disabilities

9.13.1 People with disabilities would also have a similar set of health and wellbeing impacts to women and older people and again depending on their disability the significance of the negative impacts in particular is likely to be greater in this group of residents particularly if they live in and around the Central Area.

9.14 Health impacts on black and minority ethnic groups

9.14.1 Residents from black and ethnic minority backgrounds are likely to have a similar set of health and wellbeing impacts to women.

9.14.2 One difference may be the loss of local access to cultural specific food e.g. ritually slaughtered meat, e.g. halal, and certain fruit and vegetables.

9.15 Health impacts on unemployed people

9.15.1 There are no specific health impacts on unemployed people however the new jobs created during both the demolition/construction (building jobs) and operation phases (working in the CERC, new shops and amenities) would have a positive impact on health and wellbeing. It is likely that more men would taken on the building jobs during the demolition/construction phase and more women the operation phase jobs if there is a policy in place that local residents will be targeted first and supported with training to enable them to take on these locally generated jobs.

9.16 Conclusion

The proposed new development has overall positive health impacts for most residents of Marsh Farm estate.

However, those living around the Central Area; existing residents of the Central Area; older people, children and young people especially those going to Lea Manor High
School, those with disabilities and those with young children are likely to be most adversely affected during the demolition and construction phase.

Over the long term if there is no maintenance, investment and renovation then the **positive health and wellbeing benefits of the redevelopment will be lost** and replaced by potentially significant negative health and wellbeing impacts.

The next chapter recommends some key mitigation and enhancement measures to minimise the negative impacts and maximise the positive ones.
Table 9.1 Demolition/Construction phase (the majority of these health and wellbeing impacts are temporary and reversible)

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<th>People affected</th>
<th>Overall</th>
<th>Pollution (dust, noise, vehicles)</th>
<th>Physical injury</th>
<th>Mental health &amp; wellbeing</th>
<th>Jobs and economy</th>
<th>Housing &amp; shelter</th>
<th>Transport &amp; connectivity</th>
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(This table summarises the detailed health impact tables and identifies the possible impacts and those groups that could be worst affected or could benefit the most)
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<th>People affected</th>
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*Note: The table indicates the potential impacts on various areas of life for different categories of people.*
Table 9.2 Operation phase (when redevelopment of Central Area is complete and first 10 years, the impacts will be strongly influenced by the final design developed)

<table>
<thead>
<tr>
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10 Recommendations

10.1 Introduction

10.1.1 The recommendations for mitigation and enhancement described below if properly applied and reviewed will ensure that the majority of the negative health effects of the Central Area redevelopment are much reduced and the positive health benefits enhanced.

10.1.2 The measures are likely to ensure that health inequalities are not widened on the estate and could potentially also help to reduce some of these inequalities over the longer term.

10.1.3 This set of mitigation and enhancement measures should inform, be read alongside and implemented in conjunction with measures suggested by any other assessments carried out at a later date. Key evidence in relation to the recommendations is shown in the accompanying boxes.

10.1.4 The redevelopment of the Central Area has a very strong potential to increase connectivity and in turn physical activity through walking and cycling right across the whole estate.

10.1.5 It also has the potential to increase the range of retail and other amenities that are available to local residents within 200-1000 metres of their homes.

10.1.6 Lastly it has the strong potential to improve the built environment in the Central Area and make it a safer, greener and more attractive area that brings residents together and increases social capital and community cohesion.

10.1.7 The work being undertaken in developing the detailed designs for the Central Area is likely to achieve this. This report provides additional suggestions and reinforcement for ideas and approaches currently being developed.

10.1.8 Additionally, Luton Borough Council alongside Marsh Farm Community Development Trust and NHS Luton have made continuous and sustained efforts over the last twenty-four months to listen to and engage with local people in developing the masterplan designs for the redevelopment of the Central Area.
10.2 Recommendations for the masterplanning process

10.2.1 Continued, open, enhanced and transparent communication and engagement with local residents on the detailed masterplan from Luton Borough Council, NHS Luton and Marsh Farm Community Development Trust (MFCDT). This is currently happening.

10.2.1.1 Good two-way communication between the Luton Borough Council, NHS Luton and MFCDT has been seen to be lacking by residents. This may be because of the difficulty and complexity of engaging on a continuous basis with local people for a long period of time on large development projects such as the redevelopment of the Central Area.

10.2.1.2 Though resident’s perceptions are that there is a lack of involvement there has been and continues to be consultation and engagement of local residents on the detailed design of the renovation of the CERC. For example the Saturday 8th November Open Day at the CERC with the architects Baily Garner as well as other key organisational stakeholders such as MFCDT (Legacy Planning and HIA), Aldwych Housing (Wauluds House development); Luton Borough Council (Street Lighting) and Groundwork (Greenspace).

10.2.1.3 A similar consultation and involvement process will be undertaken by Luton Borough Council when the detailed masterplanning and design of the Central Area housing and shopping redevelopment takes place.

10.2.2 Resident-led design, oversight and communications group

10.2.2.1 It is likely to be worthwhile to set up a Resident’s Health Forum and/or Resident’s Design and Oversight Group that will be actively involved in the detailed design and masterplanning for the housing and shopping areas. However, it can be difficult to sustain such a group over time because people are inevitably busy and family and other commitments can make it difficult for the same group to continue meeting over the twelve to twenty-four months.

10.2.2.2 The aim of such a group will be to ensure that the design incorporates local needs, designs out past housing and amenity issues and ensures that complaints, issues and problems during the construction and early
operation phases (e.g. snagging issues) are dealt with by the main contractor and subcontractors appointed to redevelop the Central Area.

10.2.2.3 This group would need administrative support and a defined budget and to lead on the communication and awareness raising activities in relation to the demolition/construction phases and act as an important point of contact form resident’s complaints and concerns and advocate with the main and sub contractors undertaking the redevelopment work.

10.2.2.4 Local schools and shops, the Jubilee and Health Centres, the local church, the Marsh Farm Matters community magazine, Marsh Farm Outreach Community Newsletter as well as door to door leaflets and public meetings would be important ways of ensuring that residents receive key information and news during the refurbishment, demolition and construction process.

Community consultation/engagement and health: the evidence

Community engagement approaches that inform or consult with communities may have a marginal impact on health though these activities can have an impact on the uptake of services and people’s general health literacy. Engagement approaches that help communities to work as equal partners (co-production) or which delegate some power to them may lead to more positive health outcomes, can enhance social capital, empower them and increase their general sense of wellbeing.


10.2.3 Relocation of residents of the Purley Centre and Purway Close

10.2.4 Consultation work is already being undertaken by Luton Borough Council who has commissioned the Tenants Participatory Advisory Service (TPAS). This work could be continued and could form the basis for a resident-led design, oversight and communications group

10.2.4.1 Develop a detailed Purley Centre and Purway Close Relocation and Communication Plan in consultation with local residents to ensure that:
10.2.4.2 Existing residents move to where they want to and are happy to move to.

10.2.4.3 Existing residents have equal, or ideally, better accommodation in terms of both quality and/or size than what they currently have particularly where there is a potential for future overcrowding e.g. as children grow up and need separate rooms, etc.;

10.2.4.4 Are as close to family and friends as they were at their current home (unless they are happy to live further away);

10.2.4.5 Have support to move their belongings and ensure that utilities and services are disconnected at their existing homes, utilities are connected or reconnected to their new homes and that letters and communications are forwarded to their new homes. Current plans envisage the payment of some compensation however the development of a checklist would help to ensure that residents spend that money wisely in hiring appropriate removal firms, contacting utilities companies, their bank and other services as well as notify friends and relatives inside and outside the estate that they are moving and their new contact details e.g. it can take a week or more to have your existing phone number re-connected at a new home if you are not with BT. This applies to residents moving to both new build homes and older homes.

10.2.4.6 Targeted information for and communication to these residents including new residents thereby encouraging them to integrate into the community.

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**Relocation and health: the evidence**

Although moving to an improved house may be a positive experience in the long term, the stress of the moving process should not be underestimated. Moving house is considered to be a stressful, health damaging life-event. In the field of social housing this has been attributed to lack of opportunity to negotiate with the housing authority regarding control around the move. Housing relocation has also been associated with loss of community, uprooting of social networks and unsatisfied social aspiration that may counteract satisfaction with improved housing. The meaning and context of housing varies between individuals and it may not be possible to detect tangible or consistent health effects of moving and relocation. In addition to issues of control over individual housing, the negative impacts of delay,
protracted disruption and uncertainty over wider area changes were raised in a review of regeneration and health.


10.2.5 Relocation of the health centre, pharmacy, dentist and other health and social services

10.2.5.1 It is envisaged that the health centre (including the new extended GP facility), pharmacy and dentists as well as existing health and social outreach services will move into the renovated CERC and that this will happen after the CERC is ready to house the services while in the meantime services will continue from their existing premises (except for those services currently located in the CERC)

10.2.5.2 It is important to develop a detailed Health Centre, Pharmacy, Dentist and Other Health and Social Services Relocation & Communication Plan in consultation with service providers and local residents to ensure that:

10.2.5.3 Consider the logistics of transferring of staff, equipment and records to the new CERC building.

10.2.5.4 Ensure that snagging\textsuperscript{45} issues related to the new CERC building are dealt with before the transfer occurs.

10.2.5.5 Undertake a trial run in the new facilities to ensure that essential utilities and equipment are working as required.

10.2.5.6 Ensure regular, wide and early communication, including large print and audio material, of the new address and any change in phone numbers and contact details (including a location map) and any potential changes to the delivery and scope of services e.g. if existing outreach or other services

\textsuperscript{45} Snagging is the production of a list of quality defects at the end of a build process/phase/stage and the process of remedying these defects and faults.
are relocated either temporarily or permanently targeting all the residents of the estate.

10.2.5.7 Contingency planning should the timeline for the transfer not be adhered to e.g. construction delays, etc.

**Relocation of health, social care and other services: the evidence**

A range of previous HIAs of the reconfiguration and redevelopment of primary care services have identified that disruption of services for local people can be an significant negative health impact that needs to be minimised.

*Towards 2010 investing in a healthy future. Sandwell and Heart of Birmingham PCTs. 2006.*  
*SHIFT health investment project HIA. Salford Royal Hospitals Trust. 2002.*

10.2.6 Relocation of CERC-based services

10.2.6.1 Develop a detailed **CERC-based Services Relocation & Communication Plan** in consultation with service providers and local residents to ensure that:

10.2.6.2 That temporary or permanent location/s for the services is/are identified.

10.2.6.3 Ensure regular, wide and early communication, including large print and audio material, of the new address and any change in phone numbers and contact details (including a location map) and any potential changes to the delivery and scope of services targeting all the residents of the estate.

10.2.6.4 Ensure the temporary/ permanent locations for these services are as accessible on foot, by cycle, by bus and by car as currently.

10.2.6.5 Ensure any potential stopping of services is communicated early.

10.2.7 Relocation of Purley Centre shops, services and outdoor market

10.2.7.1 Develop a **Purley Centre Shops, Services and Market Relocation & Communication Plan** in consultation with existing shop owners/workers,
services staff (library, cop shop and housing office) and the outdoor market traders.

10.2.7.2 The library will move to the new Lea Manor High School as part of the Building Schools for the Future Programme. It would be important to identify how quickly the library can move to Lea Manor High School and to identify temporary provision e.g. through an extension of the existing targeted mobile library/library at home service.

10.2.7.3 Provide large print and audio material of the nearest alternative locations for key retail amenities on a location map targeting all the residents of the estate.

10.2.7.4 Shops should be supported to relocate if they cannot be guaranteed retail space when the redevelopment is complete. Should this is the case then some of the shop workers and shop owners are likely to lose their jobs and livelihoods.

10.2.7.5 Identify an alternative temporary outdoor market facility as this could become an important source of local fresh fruit and vegetables during the demolition and construction phase.

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**Lack of easy access to local food shops and supermarkets:: the evidence**

**Lack of easy access to local food shops and supermarkets can lead to poor nutrition, particular in those on low incomes, single parents and older people because they:**

- **often rely on public transport**
- **may find the cost of public transport prohibitive**
- **are hindered by transporting bulky goods on public transport**
- **cannot always afford to buy a large range of goods during one shopping trip**
- **may have problems with storage (for example having only limited frozen food storage)**
- **may have problems with childcare**

_HIA Evidence Review Series. University of Northumbria. 2004_
10.3 Recommendations for the detailed masterplan design

10.3.1 Design of CERC building

10.3.1.1 There is existing detailed design work and community input through the work of Baily Garner.

10.3.1.2 The design and provision of community spaces is crucial for the development of a vibrant voluntary and charity sector within Marsh Farm estate as well as to maintaining and enhancing social capital and community cohesion. The current designs envisage a range of potential facilities: health centre, business space including social enterprise and community facilities e.g. café.

10.3.1.3 There has been local community interest in highlighting the cultural and historic aspect of Marsh Farm both in terms of Waulud Bank through the development of a local museum possibly in the CERC as well as some local arts space to exhibit local artists. The CERC could also develop closer links with the Marsh Farm Academy of Music and the Performing Arts.

10.3.1.4 Developing a CERC Business, Management and Services Operation Plan. Any design needs to be financially and structurally sustainable in terms of the maintenance of the building and its services for the long term i.e. 25 years.

10.3.2 Designing and investing in high quality housing

10.3.2.1 All the new housing in the Central Area should meet Decent Homes, Code for Sustainable Homes and Lifetime Homes standards. There are some potential differences between these standards in some specific areas e.g. most notably in relation to car parking and the different requirements for flats and homes generally. However, the additional costs attached to meeting these standards are very likely to be offset by the greater desirability, value and comfort provided by these homes to residents who move into these new homes.

10.3.2.2 Aldwych Housing in their development of Wauluds House are already meeting Level 3 of the Code for Sustainable Homes Standards.
10.3.2.3 National Government has expressed a desire to see a more ambitious Decent Homes Plus Standard to supersede the current 2010 standard potentially for 2015-2020. Decent Homes Plus should be better aligned to the wishes and expectations of the occupants and would include:

- An ambitious thermal comfort criterion (insulation).
- Accessibility standards for elderly and disabled people.
- Internal noise insulation within and between dwellings.
- Standards for the external environment (i.e. communal areas) that integrate Decent Homes Plus with Sustainable Communities policy.

10.3.2.4 In relation to this, there needs to be careful consideration and implementation of Decent Homes, Lifetime Homes and the Code for Sustainable Homes standards as their can be some conflict between these standards in some specific areas e.g. most notably in relation to car parking and the different requirements for flats and homes generally.

10.3.2.5 All homes should enable wheelchair (and hence push chair) access without modification. There are some additional costs attached to meeting these standards for these homes however these costs are almost certain to be offset by the greater desirability and value of these homes in terms of meeting the needs of existing and new residents.

10.3.2.6 Ensuring that the new housing caters for single people, couples and families and that there is a range of housing including 1, 2, 3 and ideally four bedroom housing.

10.3.2.7 The development of a New Central Area Housing Allocations & Communication Plan to ensure that there is a mix of new residents coming into the new Central Area. The development of such a plan is also likely to ensure that the correct mix of houses and flats are developed.

**Good housing quality: the evidence**

A range of specific housing-related factors are known to adversely affect physical and mental health and wellbeing. These include:
• **Agents that affect the quality of the indoor environment such as indoor pollutants (e.g. asbestos, carbon monoxide, radon, lead, moulds and volatile organic chemicals)**

• **Cold and damp, housing design or layout (which in turn can affect accessibility and usability of housing), infestation, hazardous internal structures or fixtures, noise**

• **Factors that relate more to the broader social and behavioural environment such as overcrowding, sleep deprivation, neighbourhood quality, infrastructure deprivation (i.e. lack of availability and accessibility of health services, parks, stores selling healthy foods at affordable prices), neighbourhood safety, and social cohesion**

• **Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing (homelessness, whether without a home or housed in temporary accommodation), housing tenure, housing investment, and urban planning.**


### 10.3.3 Design of diverse and flexible retail space

10.3.3.1 A detailed **Existing Shops and Retail Amenities Management & Communication Plan** needs to be developed to assess the type of likely shopping amenities that needs to be provided and what is achievable. This would include:

10.3.3.2 Development of a **New Retail Space Allocations Policy and Communication Plan**. The shopping area should be family friendly and prioritise use by families, older people and those with disabilities.

10.3.3.3 There are community aspirations that the shopping amenities are high quality as well as affordable.

10.3.3.4 What is likely to happen to the existing shops and whether they will have the opportunity and support to come back when the new retail space/shops are built? It is likely that these shops know how to survive and remain profitable and viable in the local market and would have useful input into how and what way retail amenities to be planned.
10.3.3.5 What happens to the outdoor market during the demolition/construction phase and will it be allowed and supported back.

10.3.3.6 An indication of how much the retail space would be rented out for and the likely leasehold obligations should be in place.

10.3.3.7 What kinds of foods shops would be provided e.g. ones that stocked high quality fresh foods as well as processed foods, a general butcher, a halal butcher, ethnic grocers providing Asian, Afro-Caribbean and other culturally specific produce. It will be important to encourage local grocers and butchers to source as locally to Luton as possible and to potentially develop the market to include a farmer’s market. This will need to be balanced with accessibility, needs and affordability of the shops and amenities.

10.3.3.8 Gaining a firm agreement from a convenience store/supermarket retailer that they would seriously consider moving onto the estate before space is allocated for such a development in the final detailed masterplan.

10.3.3.9 The design of the retail spaces needs to ensure that the buildings are suitable for modern retailers and are flexible in terms of their different potential uses over a 25 year period e.g. from grocer, butcher, baker, café, restaurant, hairdresser, bookshop, mini supermarket, etc.

10.3.4 Need for a free ATM cash machine in the redeveloped shopping area.

10.3.4.1 There is currently no free cash machine provision in the Purley Centre shopping area. It will be important to ensure that there is a cash machine that is free to use by all the main high street banks and buildings societies serving Luton e.g. Link, Cirrus, Maestro, Switch, Visa Delta, etc.

**Retailing and neighbourhood regeneration: the evidence**

Local shopping centres, with their community facilities, libraries, surgeries and pubs are at the social and physical heart of neighbourhoods. This is especially true in regeneration areas, which tend to have a strong sense of community but where many residents are among, the almost one-third of British households without a car…
Retail decline is reflected in the dispiriting sight of near-derelict precincts or high streets, with boarded-up shops, which become the focus of anti-social activity. This demoralises communities who value public space. When shops close, poor households have less opportunity to drive to alternative facilities. This can contribute to ill health associated with poor diet. Derelict shopping areas visible to passing traffic contribute to the stigma faced by such neighbourhoods. Their revitalisation, therefore, is crucial to fostering sustainability, social inclusion and area regeneration.


10.3.5 Ensuring safe, diverse and high quality open public and green spaces

10.3.5.1 Provision of bio diverse greenspace, e.g. pond areas, that includes play areas for children and young people wherever possible and sheltered seating for adults and older people. Public opens spaces that are inviting and attractive for people to gather, stand and sit in.

10.3.5.2 The new green and open space should link into the existing greenspace work being undertaken by Groundwork across the estate.

10.3.5.3 Integrate the management and maintenance of the public open and green space into the existing Public Open and Greenspace Management and Maintenance Plan for the estate.

Green, public and openspace: the evidence

The evidence on green, public and openspace shows that they positively influence health and wellbeing through:

1. Providing direct protection from environmental exposures e.g. shade, acting as a water soak for flood prone areas, filtering air pollution and noise.
3. Promoting physical activity.
4. Promoting social interaction and community cohesion.
Public spaces (including high streets, street markets, shopping precincts, community centres, parks, playgrounds, and neighbourhood spaces in residential areas) play a vital role in the social life of communities. They act as a ‘self-organising public service’, a shared resource in which experiences and value are created.

Public spaces offer many benefits: the ‘feel-good’ buzz from being part of a busy street scene; the therapeutic benefits of quiet time spent on a park bench; places where people can display their culture and identities and learn awareness of diversity and difference; opportunities for children and young people to meet, play or simply ‘hang out’. All have important benefits and help to create local attachments, which are at the heart of a sense of community.

The success of a particular public space is not solely in the hands of the architect, urban designer or town planner; it relies also on people adopting, using and managing the space – people make places, more than places make people.


10.3.6 A continuing need for the cop shop.

10.3.6.1 Given the crime and safety issues in the recent past and some continuing issues it will be worthwhile to ensure that there continues to be a cop shop in the proposed redevelopment to ensure that crime and anti-social behaviour in the shopping area is minimised so that the area becomes an attractive local area where people currently concerned about going there especially after dark perceive and find the area to be safe and secure.

10.3.7 Reconsidering the need for and location of the pub and betting shop.

10.3.7.1 There are current concerns about the local pub from some residents both adults and children. Family orientate pubs can act as a focal point for community activities and cohesion however the current pub is not seen to be doing this. Any pub should not be placed below or even close to the any residential housing. Any pub should be located as far away from the
areas of housing. For example the pub could be located at the far end with the shopping facilities in the middle and the housing development at the other end. However, given the central nature of the Central Area any proposed pub would be close to the local secondary school Lea Manor. Overall, it would be better if any pub was located outside of the estate and those other meeting places such as a café and restaurant would make better focal points for local people to meet at.

10.3.7.2 A similar case can be made for the local betting shop.

10.3.8 Ensuring safe, accessible, well lighted and well connected footpaths/pavements, cycle ways and bus stops

10.3.8.1 It will be important to have a large and wide pelican crossing, zebra crossing with the crossing area raised a little to ensure that there is good connectivity across The Moakes.

10.3.8.2 It will also be important to ensure that there are pavements/footpaths on both sides of The Moakes to encourage walking to the new shopping area. It will also be important to develop wide and paved footpaths across any greenspace/shrubs/flowers etc created in the middle of The Moakes.

10.3.8.3 There should be good lighting during the evening and night with the street lighting linking into the existing street lighting programme that is already underway on the estate.

10.3.8.4 There are no formal cycle paths along the Moakes however there is good connectivity in terms footpaths and underpasses which avoid the roads which could be made more attractive for cycling especially of children to and from Lea Manor. It would be important if footpaths within the new shopping and housing area enables cycling and encourages their use to and from children’s homes and Lea Manor, the Teen Learning Centre and leisure centre.

10.3.8.5 Ensuring that the existing bus stops are put back in place during the construction phase with modern high quality sheltered bus stops with seating. This should link into a wider programme to upgrade all the bus stops on the estate.
Physical activity and health: the evidence

Increasing physical activity levels has numerous benefits. It can help to prevent or manage over 20 conditions and diseases, including coronary heart disease, diabetes, some cancers and obesity.

Plan and provide a comprehensive network of routes for walking, cycling and other modes of transport involving physical activity. These routes should offer everyone (including people whose mobility is impaired) convenient, safe and attractive access to workplaces, homes, schools and other public facilities.


10.3.9 Home Zones and Secure by Design approach to neighbourhood design

10.3.9.1 A commitment to developing the majority of the development using Home Zone design principles to create a ‘walkable community and development’, allow local people - especially children, older people and those with disabilities - to be physically active, to use street spaces and reduce the potential for road traffic incidents and injuries. This could be through a range of crossing points e.g. zebra crossings, paved raised areas that help slow down traffic, pedestrianisation, etc.

10.3.9.2 Using Secure by Design principles in the development of the final design.

Homezones and Secured by design and health: the evidence

Homezones can help to develop healthier (more physically active and more outdoor play), safer and more cohesive communities by creating a strong sense of place.

Crime and anti-social behaviour and the perception of crime and anti-social behaviour have a significant adverse effect on health and wellbeing.

Can I play out? Lessons from London Play’s Home Zones project. London Play. 2007
Secured by design new homes. ACPO CPI> 2009.
10.3.10 Sustainable management of waste and recycling

10.3.10.1 Ensure appropriate provision of residential waste bins and bin sheds and recycling provision.

10.3.10.2 Ensure appropriate provision of public litter bins and consider the provision of smaller public recycling bins alongside litter bins.

10.3.10.3 Ensure the provision of recycling bins for paper, glass and aluminium cans similar or better than the current provision in the car park between the Purley Centre and Purway Close.

10.3.10.4 Consider the provision of cigarette smoking and chewing gum poles.

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**Waste management and health: the evidence**

Waste especially when it accumulates and over time is hazardous to physical and mental health effects from bio aerosols released into the air, the attraction of seagulls, rats and flies and the smell. It also affects the wider natural environment. Hence, the management of waste is important both for population health and sustainability reasons.


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10.4 Recommendations for the demolition/construction phase

10.4.1 Health and safety in and around the redevelopment site

10.4.1.1 Appoint a Main Contractor and Sub-Contractors with excellent safety records, low complaints record and a good history of working with residents living nearby.

10.4.1.2 Ensure that the Main Contractor and Sub-Contractors are part of the Considerate Constructors Scheme and the project is registered with the Scheme (www.considerateconstructorsscheme.org.uk).

10.4.1.3 Develop and agree on a site specific Code of Construction Practice (CoCP) to deal with potential nuisance issues resulting from the
construction site and its operation. This should include a clear line of communication, for example a dedicated helpline phone number, to enable local people to report issues and clear responsibilities for how the main construction contractor will respond to these issues.

10.4.1.4 Ensure adherence to the new Construction (Design & Management) Regulations 2007 (CDM 2007) that has come into force and aim to integrate health and safety into project management process. The Health and Safety Executive has produced an accompanying Approved Code of Practice document ‘Managing Health and Safety in Construction’ which sets out the implications of the new legislation for developers, contractors, designers and workers.

10.4.1.5 A Demolition/Construction Phase Health and Safety Management and Communication Plan (see also Demolition/Construction Traffic Route and Timing Management and Communication Plan) should be developed as part of the project management process during demolition and construction. This should cover likely health and safety risks as well as potential risks such as exposure to sewage and contaminated water and soil.

10.4.1.6 This will be especially important if there is a phased demolition and construction phase with services and residents still living in the area while demolition and construction work takes place in other parts.

10.4.1.7 Secure the perimeter of the demolition and construction sites and consider regular patrols after dark either by local police/community wardens or a private security company. This is particularly important given the proximity of the local school and the likelihood of children being in and around the area almost every day.

10.4.1.8 Ensure that best practice is used in dealing with construction related noise, dust and materials. For example, the appropriate removal of asbestos or other hazardous material found on site using approved contractors and equipment.

10.4.1.9 Loss of access to play areas should be marked out in the designs and plans for the refurbishment, demolition and construction phases.
10.4.1.10 Having a named Contractor Community Liaison Lead/s from the main demolition and construction contractor/s who have responsibility for listening to any community issues/complaints and the power/authority to resolve them.

10.4.1.11 Set up monthly meetings between resident's representatives and the Contractor Community Liaison Lead/s.

10.4.2 Dust, noise and odour from the demolition/construction site and lorries

10.4.2.1 It is important to ensure that dust and odour generation is minimised on the site and in the lorry traffic through the use of minimising measures such as constant wetting of demolition rubble and excavated soils and materials.

10.4.2.2 It is also important to reduce noise from site activity and site equipment using noise barriers, switching off machinery and enclosing certain activities to reduce sound travel.

10.4.2.3 It is also important given the proximity of the demolition/construction site to nearby housing that residents living around the site including the school are given adequate warning of work that is particularly dusty and noisy e.g. where explosive or heavy equipment are used in the demolition phase.

10.4.2.4 Pavements and roads in and around the Central Area should be kept clean and dirt, soil and materials should be regularly swept away. Pedestrian routes should enable scooters, push chairs and wheelchairs to be used along them without difficulty.

10.4.3 Use of explosives

10.4.3.1 If the use of explosives is required then this will require stringent security and the cordonning off of parts of the surrounding area and moving nearby residents away temporarily.

10.4.3.2 If this is the case it will be important to ensure that vibrations from the use of explosives does not damage nearby homes. Some guidance and a process will need to be in place to ensure that a) residents know where to
report any potential damage and b) that resources are in place to provide appropriate assessment and repairs.

10.4.4 Asbestos survey of buildings to be demolished

10.4.4.1 An assessment of the need for an asbestos survey of the buildings that will be demolished should be undertaken.

10.4.4.2 If an asbestos survey is needed then this assessment should be undertaken by a suitably qualified firm.

10.4.4.3 Where asbestos is found this should be removed by a specialist contractor under specialist supervision and disposed of appropriately.

10.4.5 Local recruitment of demolition and construction worker

10.4.5.1 Ensure recruitment for the construction jobs starts locally through the CERC and local job centres before being advertised more widely. This will also reduce the potential pressures on local housing and be more sustainable in transport terms.

10.4.5.2 Develop a plan for dealing with the accommodation and healthcare needs of construction workers moving into the area from elsewhere. This will need to be developed once construction recruitment has started and there is a clearer idea of the number of workers likely to move into the area. Housing construction workers in existing permanent dwellings is always preferable to temporary ‘porta cabin’ type accommodation even for a short period.

10.4.6 Linking into local construction skills training and apprenticeship programme

10.4.6.1 Links to the Prince’s Trust Construction Training Programme both before and during the construction phase, and other training and skills programmes locally should be strongly linked into the redevelopment to enable local residents to access the demolition and construction job opportunities as well as provide work experience for local young people on these programmes.

10.4.7 Safe demolition/ construction traffic and access routes to schools, leisure centre, play areas, and other amenities
10.4.7.1 Develop a Demolition/Construction Traffic Route and Timing Management and Communication Plan, in consultation with Marsh Farm residents, so that demolition/construction traffic avoids peak times on the key routes in and around the development site.

10.4.7.2 It should be the responsibility of the Main Contractor to ensure that Marsh Farm residents are aware of the plan so that they can also be proactive in avoiding those routes and those times when possible. The routes taken by demolition/construction vehicles may change over the course of the development so the plan will need to be reviewed and updated regularly. It will be important to ensure that Marsh Farm residents are made aware of all updates.

10.4.7.3 Ensure that routes to local schools, e.g. pedestrian routes used by children to go to Lea Manor High School, play areas and other shops, services child activity/play areas, etc. are protected and alternatives identified in consultation with Marsh Farm residents, schools and representatives of other services/facilities before the demolition/construction begins.

10.4.7.4 The Main Contractor should arrange meetings with local schools and some open meetings with residents to discuss arrangements and communicate how they are going to manage the construction traffic and potential disruption.

10.4.8 Supporting access to alternative shops, services and amenities

10.4.8.1 As stated earlier alternative shops, services and amenities should be identified even though it is envisaged that there will be a continuity it is important to plan for the eventuality that shops may close before the new retail space is built and occupied by new shops.

10.4.8.2 Provide easy access to these alternatives as these shops and services are likely to be further away. This could include subsidised or free public transport to the nearest supermarket or the use of a community transport type service e.g. a dial-a-ride or community transport minibus with disabled access that will ferry local residents (older people, those with disabilities and those with children) for free at least once a week from
various parts of the estate to the nearby Sainsbury’s and back. This could be sponsored by Sainsbury’s in conjunction with Luton Borough Council and NHS Luton. The priority for this kind of service would be older people, those with physical or learning disabilities, those with mental health conditions and people with pre-school children.

10.4.8.3 Provision of a temporary mobile library service while the existing service relocates to Lea Manor School this could be an extension of the existing housebound library service with a slightly wider remit focusing on older people, those with physical and learning disabilities, those with mental health conditions and people with pre-school children.

10.4.9 Protecting access to public transport, pedestrian routes and emergency vehicles.

10.4.9.1 Develop a Demolition/Construction Phase Bus, Pedestrian and Emergency Access Management and Communication Plan in liaison with local bus operators identify alternative safe bus routes and alternative safe sheltered bus stops in, and near to, the Central Area depending on the boundaries of the demolition/ construction activities in the Central Area.

10.4.9.2 This could include a safety campaign targeted at children and young people and residents living in and around the Central Area.

10.4.9.3 Ensure that pedestrian routes (footpaths and pavements) are maintained of an adequate width for scooters, push chairs and wheelchairs and that there is good access through and around the development site.

10.4.9.4 Have discussions with Bedfordshire and Luton Fire and Rescue Service and Luton Ambulance Service and the Main Contractor to ensure that emergency vehicle access is maintained to all parts of the estate.

10.4.9.5 Ensure regular, wide and early communication, including large print and audio material, of any new route and temporary new bus stops (including a location map), any potential changes to the route times and identification/development of alternative walking routes in and around the Central Area targeting all the residents of the estate.

10.4.10 Reducing crime and enhancing safety
10.4.10.1 Ensure that demolition/construction workers have specific contractor ID and branded clothing e.g. high visibility jackets with the name of the contractor.

10.4.10.2 Ensure additional police and community warden patrols in and around the Central Area during the demolition and construction phase both during the day and especially in the evening and at night. This would be additional to the private security arrangements provided by the Main Contractor.

10.4.10.3 Ensure that there is adequate street or temporary lighting around the development site.

10.4.10.4 Regular monthly meetings between Police, Community Wardens, the Main Contractor and resident representatives to ensure that crime and safety issues are deal with promptly.

10.5 Recommendations for the operation (after the Central Area is redeveloped) phase

10.5.1 New residents moving onto the estate

10.5.1.1 It will be important to develop events and activities where new and existing residents are encouraged to take part and for there to be outreach activities across the estate that enables new and established residents to come together. The CERC can be a focal point for such activities and events.

10.5.1.2 New residents, single people and families, may also have existing health and social care issues that they will need support with. This may require detailed first meetings to fully assess these needs.

10.5.1.3 Some children may be joining primary school for the first time while older may consider moving to a school on the estate. These children would benefit from support to integrate into their new schools and information on the Teen Learning Centre and other leisure and recreational amenities and activities that are already going on.

10.5.2 Existing residents
10.5.2.1 As identified earlier there will be considerable change and some existing and new residents, particularly those with health and social care needs, may find the transition and transformation difficult to deal with. Ensuring that there is continuity of support through the demolition/construction phase and through the early part of the operation phase will be worthwhile.

10.5.3 Ongoing maintenance and supervision of the new and improved Central Area

10.5.3.1 Critical to the long term success of the regeneration of the central Area will be a detailed and fully funded programme for the maintenance of the new buildings and amenities including the landscaped areas and the refurbished street furniture and lighting. If possible, local residents should be involved in developing and helping to take ownership for ensuring that the Central Area is well maintained and that issues are reported to those with responsibility for dealing with repairs and maintenance.

10.5.3.2 Having additional community warden and policy patrol in the early stages of the operation phase are likely to ensure that any potential anti-social behaviour is prevented early and where it does occur is dealt with appropriately to prevent recurring incidents.

10.5.4 Ongoing communication and community governance

10.5.4.1 It will be important to ensure that community magazines as well as services information sheets, that provide details of all the services and activities that are occurring on the estate, are distributed across the estate and that the future community governance structures e.g. Residents Assembly and the CERC, are supported over the short to medium terms to become viable and embedded parts of the local community. This is likely to mean that some funding and community development staff will continue to be needed.
11 Health Action Plan based on the General Recommendations

11.1 Introduction

11.1.1 This Chapter places the recommendations identified in Chapter 10: Recommendations on a structured timeline and identifies key agencies that could take responsibility for implementing the recommendations.

11.1.2 The action plan is divided into four parts similar to the way the recommendations are structured.

- Masterplanning process
- Detailed masterplan design
- Demolition/construction phase
- Monitoring and evaluation

11.1.3 In general, it is difficult to identify routine monitoring indicators that are: a) sensitive enough to detect the localised changes due to the implementation and operations phases of the development and b) easy to collect.

11.1.4 This report therefore identifies some possible indirect as well as direct health indicators though some may not be sensitive enough to detect changes while others will require financial, time and staff resources to collect.
### 11.2 Masterplanning process

<table>
<thead>
<tr>
<th>Masterplan Process Recommendations</th>
<th>Issues to consider</th>
<th>Recommended Lead Agencies</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting up a resident-led design, oversight and communications group for the housing and shops/retail aspects of the redevelopment</td>
<td>Identify residents within existing groups and the legacy group being created willing to be involved.</td>
<td>Luton Borough Council (LBC) MFCDT</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Purley Centre and Purway Close Relocation and Communications Plan</td>
<td>Develop in consultation with residents and TPAS.</td>
<td>Luton Borough Council</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Health Centre, Pharmacy, Dentist and Other Health and Social Services Relocation and Communications Plan</td>
<td>Develop in consultation with MFCDT and LBC.</td>
<td>NHS Luton</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>CERC based Services Relocation and Communications Plan</td>
<td>Whether some services will stop and not be relocated and impact on services users.</td>
<td>MFCDT</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Purley Centre Shops, Services and Market Relocation &amp; Communications Plan</td>
<td>Whether it is feasible that continuity to shops as well s the other services can be maintained.</td>
<td>Luton Borough Council</td>
<td>Mar’ 2009</td>
</tr>
</tbody>
</table>
### 11.3 Detailed masterplan design

<table>
<thead>
<tr>
<th>Masterplan Design Recommendations</th>
<th>Issues to consider</th>
<th>Recommended Lead Agencies</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design of CERC building</td>
<td>Engagement with health and other health/social services to ensure that design meets their needs.</td>
<td>MFCDT Luton Borough Council (LBC) NHS Luton</td>
<td>Dec’ 2008</td>
</tr>
<tr>
<td>Design and specification of housing</td>
<td>Mix of housing and flat types. Decent Homes Plus. Code for Sustainable Homes. Lifetime Homes. Mix of tenures.</td>
<td>LBC Appointed Architects for housing and retail part of the redevelopment</td>
<td>Dec’ 2009</td>
</tr>
<tr>
<td>New Central Area Housing Allocations Plan</td>
<td>The mix of residents likely to be allocated homes in the new Central Area.</td>
<td>LBC</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Design and specification of diverse, flexible and high quality retail space</td>
<td>Location and types of retail space e.g. will there be a supermarket What kinds of new shops are</td>
<td>LBC Appointed Architects for housing and retail</td>
<td>Dec’ 2009</td>
</tr>
<tr>
<td>New Shops &amp; Amenities Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masterplan Design Recommendations</td>
<td>Issues to consider</td>
<td>Recommended Lead Agencies</td>
<td>Completed by</td>
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<tr>
<td>Likely need to start advertising now to encourage new businesses to relocate. Location of any new pub.</td>
<td>part of the redevelopment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing Shops &amp; Amenities Closure, Relocation &amp; Communications</td>
<td>What happens to existing shops, how continuity will be managed what if shops decide to relocate.</td>
<td>LBC</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Footpath and cycle network</td>
<td>Good network – footpaths on both sides of the road with regular paved crossing points across The Moakes.</td>
<td>Appointed Architects for housing and retail part of the redevelopment LBC Highways</td>
<td>Dec’ 2009</td>
</tr>
<tr>
<td>Open and greenspace and play areas</td>
<td>Ensure good quality greenspace that is able to be used by all residents without creating a nuisance – noise, anti-social behaviour, etc. Integration with surrounding area.</td>
<td>Appointed Architects for housing and retail part of the redevelopment LBC Parks Groundworks</td>
<td>Dec’ 2009</td>
</tr>
</tbody>
</table>
## 11.4 Demolition/construction phase

<table>
<thead>
<tr>
<th>Demolition/Construction Phase Recommendations</th>
<th>Issues to consider</th>
<th>Recommended Lead Agencies</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demolition/Construction Phase Health and Safety Management &amp; Communications Plan</td>
<td>Security on the development site, maintenance of access on The Moakes.</td>
<td>Main Contractor/s appointed for the CERC and housing/retail development</td>
<td>Apr’ 2009, 1st month after contractor/contractors appointed.</td>
</tr>
<tr>
<td>Monitoring of residents complaints e.g. dust, noise, dirt, cleanliness, etc.</td>
<td>How will complaints be collected, who will act as the focal point for community complaints/concerns during the demolition/construction phase?</td>
<td>Residents Oversight Group MFCDT LBC</td>
<td>During construction/demolition phase</td>
</tr>
<tr>
<td>Review design documents for existing buildings in the Central Area to assess need for Asbestos Survey</td>
<td>Communication with tenants if surveys are needed and need to be undertaken while they are still living there.</td>
<td>Main Contractor</td>
<td>During construction/demolition phase</td>
</tr>
<tr>
<td>Local recruitment of demolition/construction workers</td>
<td>Recruit from Marsh Farm and surrounding area first. Build it into the Contract.</td>
<td>MFCDT LBC</td>
<td>Built within Demolition/Construction Contract</td>
</tr>
<tr>
<td>Demolition/Construction Phase Recommendations</td>
<td>Issues to consider</td>
<td>Recommended Lead Agencies</td>
<td>Completed by</td>
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<tr>
<td>Linking into existing local construction skills training and apprenticeship programmes</td>
<td></td>
<td>MFCDT LBC</td>
<td>Built within Demolition/ Construction Contract</td>
</tr>
<tr>
<td>Demolition/Construction Traffic Route and Timing Management &amp; Communications Plan</td>
<td>In consultation with local residents.</td>
<td>Main Contractor</td>
<td>Apr’ 2009, 1st month after contractor/contractor s appointed.</td>
</tr>
<tr>
<td>Supporting access to alternative shops, services and amenities</td>
<td>In consultation with local residents. Consider minibus service for vulnerable groups. Depends on if continuity and good accessibility is maintained to existing shops during construction process but likely to</td>
<td>LBC</td>
<td>Mar’ 2009</td>
</tr>
<tr>
<td>Demolition/Construction Phase Recommendations</td>
<td>Issues to consider</td>
<td>Recommended Lead Agencies</td>
<td>Completed by</td>
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</tr>
<tr>
<td>Demolition/Construction Phase Bus, Pedestrian and Emergency Access Management and Communication Plan</td>
<td>be some/significant disruption at some time.</td>
<td>LBC</td>
<td>Apr’ 2009, 1st month after contractor/contractors appointed.</td>
</tr>
<tr>
<td>Road and Demolition/Construction Site Safety Campaign Plan</td>
<td>Built into contract.</td>
<td>Luton Fire Brigade</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Luton Ambulance</td>
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<td></td>
<td></td>
<td>Main Contractor</td>
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<tr>
<td>Reducing crime and enhancing safety</td>
<td>Regular meetings with Police, Community Wardens, Contractor and residents.</td>
<td>Police</td>
<td>Apr’ 2009, 1st month after contractor/contractors appointed.</td>
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<td></td>
<td></td>
<td>LBC</td>
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<td></td>
<td></td>
<td>Luton NHS</td>
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</tbody>
</table>
### 11.5 Operation phase

<table>
<thead>
<tr>
<th>Operation Phase Recommendations</th>
<th>Issues to consider</th>
<th>Recommended Lead Agencies</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remediation of issues that arise once the redevelopment is complete.</td>
<td>Snagging and other issues that emerge once the new Central Area is operational. This will be in terms of aspects of the design not working as originally envisaged in the final masterplan.</td>
<td>LBC</td>
<td>After the demolition/construction phase is complete 2010-11</td>
</tr>
<tr>
<td>Central Area Maintenance &amp; Future Renovation Plan</td>
<td>Management of open and greenspace, maintenance of houses/flats, maintenance of retail space, outline plans and investment required for future refurbishment and renovations.</td>
<td>LBC</td>
<td>2011</td>
</tr>
</tbody>
</table>
## 11.6 Monitoring and evaluation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Phase</th>
<th>Data collected</th>
<th>Recommended Lead Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of primary care services</td>
<td>Demolition/Construction</td>
<td>Number of visits by residents with exacerbation of existing conditions.</td>
<td>NHS Luton Health Centre (on and off the estate)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number visits and mental health issues.</td>
<td></td>
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<td></td>
<td></td>
<td>Prescription drug use.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Number of home visits to older people, those with disabilities and those with young children.</td>
<td></td>
</tr>
<tr>
<td>Use of social care services</td>
<td>Demolition/Construction</td>
<td>Number of visits to older people, those with disabilities and those with young children.</td>
<td>LBC (Social Services)</td>
</tr>
<tr>
<td>Crime and anti-social behaviour statistics</td>
<td>Demolition/Construction</td>
<td>Number of crime/anti-social behaviour incidents in the Central Area and around the Central Area in relation Marsh Farm as a whole.</td>
<td>Police LBC (Community Wardens &amp; Environment)</td>
</tr>
<tr>
<td>Indicator</td>
<td>Phase</td>
<td>Data collected</td>
<td>Recommended Lead Agencies</td>
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<td>--------------------------------------------------------------------------</td>
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<td>------------------------------------------------</td>
</tr>
<tr>
<td>Road and road traffic incidents</td>
<td>Demolition/Construction</td>
<td>Number of road and/or traffic incidents. Number of road and/or traffic injuries and fatalities.</td>
<td>LBC Highways Police</td>
</tr>
<tr>
<td>School pupils results and progress reports</td>
<td>Demolition/ construction</td>
<td>Exam results and progress reports.</td>
<td>LBC (Education) Lea Manor High School</td>
</tr>
<tr>
<td>Residents’ complaints about nuisance/annoyance and perceived danger from demolition/construction activities.</td>
<td>Demolition/ Construction</td>
<td>Number, frequency and geographical distribution of complaints across the estate. Number of satisfactory resolutions of complaints.</td>
<td>Main Contractor LBC MFCDT</td>
</tr>
<tr>
<td>Residents’ complaints about disruption to access to health, social care and other related services.</td>
<td>Demolition/ Construction Operation</td>
<td>Number, frequency and geographical distribution of complaints across the estate. Number of satisfactory resolutions of complaints.</td>
<td>NHS Luton MFCDT Main Contractor</td>
</tr>
<tr>
<td>Residents complaints about disruption/loss of CERC based services</td>
<td>Demolition/ Construction</td>
<td>Number, frequency and geographical distribution of complaints across the estate. Number of satisfactory resolutions of complaints.</td>
<td>MFCDT</td>
</tr>
<tr>
<td>Indicator</td>
<td>Phase</td>
<td>Data collected</td>
<td>Recommended Lead Agencies</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Residents’ complaints about disruption to access to bus services.</td>
<td>Demolition/Construction</td>
<td>Number, frequency and geographical distribution of complaints across the estate.</td>
<td>Bus Service Operators LBC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of satisfactory resolutions of complaints.</td>
<td></td>
</tr>
<tr>
<td>Purley Centre and Purway Close residents’ satisfaction with new accommodation.</td>
<td>Demolition/Construction</td>
<td>Phone satisfaction survey of residents.</td>
<td>LBC</td>
</tr>
<tr>
<td></td>
<td>Operation</td>
<td>Percentage of residents satisfied and reasons for any dissatisfaction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of satisfactory resolutions to dissatisfaction.</td>
<td></td>
</tr>
<tr>
<td>Household surveys</td>
<td>Operation</td>
<td>Satisfaction with redeveloped Central Area</td>
<td>LBC</td>
</tr>
<tr>
<td>Indices of multiple deprivation</td>
<td>Operation</td>
<td>Assessment of any new Indices of Deprivation with those of 2007.</td>
<td>NHS Luton</td>
</tr>
<tr>
<td>Health impact assessment</td>
<td>Operation</td>
<td>Follow up HIA in 2012 when the 2011 Census and new deprivation indicators are also likely to be published.</td>
<td>NHS Luton LBC</td>
</tr>
</tbody>
</table>
12 Conclusion

12.1.1 Overall, the redevelopment of the Central Area is likely to have a significant positive health and wellbeing impact on existing and new residents of Marsh Farm. It will be a powerful demonstration that things can and have changed for the better on Marsh Farm.

12.1.2 However, there needs to some detailed planning in some key areas to ensure that the potential negative impacts are minimised and the positive health impacts maximised particularly on poor and vulnerable groups such children and young people, older people, women and those with young children and those with disabilities.

12.1.3 Key issues that still need to be considered are the:

- Standards to which the housing will be built in the Central Area.
- Detailed design of the retail space and open and green space.
- The mix of tenure in the new housing and the criteria for allocating new tenants homes in the Central Area.
- Detailed planning for the relocation of Health and other health/social services in the renovated CERC building.
- Continuity of the existing shops and outdoor market and the criteria used to select shops for the new retail space being developed and the leasehold conditions that should be met.
- Ensuring access to shops, the health and social services located in the Central Area during the demolition and construction phase.
- Ensure the appropriate relocation of existing tenants of the Purway Close and Purley Centre.

12.1.4 It is though important to note that there will need to be continuing investment in 10 years time and ongoing maintenance and further development to ensure that the positive benefits of the redevelopment are carried into the longer term.
Appendix A:
Rapid Screening of the Five Masterplan Options
Rapid Screening of the proposed Masterplan Options 1, 2, 3, 4 and 4a

Introduction
This paper sets out the findings of a rapid screening of the five masterplan options that have already been developed for the redevelopment of the central area of Marsh Farm (in particular the Purley Centre and Purway Close).

This screening paper sets out the key issues from a public health perspective. However, it is not within the scope of this screening to assess the accuracy of the costings of the Options except to point where assumptions made are reasonable.

Existing layout of the Central Area
There are a range of essential amenities and facilities are located within, or close to, the Central Area of Marsh Farm as well as flats. Key questions include:

Q: What are the current number of flats and houses in the area?

Q: What are the current numbers of shops in the Purley Centre and what services do they provide?
Option 1

Figure 1 shows the layout developed in Option 1 for the Central Area. In outline, Option 1 would provide:

- 157 flats (1, 2 and 3 bedroom?)
- 131 houses (2, 3 and 4 or more bedroom?)
- Pub
- Convenience store (is this the supermarket?)
- 8 retail units
- CERC retained
- Church and vicarage retained
- Health centre moved to?

Figure 1: Option 1 for the central area of Marsh Farm estate

Option 1
Retain the existing CERC and redevelopment of Purley and Purway

Decant Site
- a temporary move to Waucluds House to allow re-development.
In Option 1, the decant site during the construction phase would be Wauluds House.

**Good points identified already are:**
- Shopping is based around a street
- The existing CERC building is used
- Work on at least part of the CERC could start sooner
- There would be a larger area to let to business and enterprise

**Bad points/concerns identified already are:**
- Shopping and community facilities would be separated by the Moakes
- The CERC is not the most attractive of buildings
- There would be fewer homes for local people and less housing choice (compared to other Options)
- There would be considerable disruption to CERC occupiers during refurbishment and it may well require some to move out during the works

**Costs identified already are:**
- Initial costings indicate that Option 1 would cost between £11 million and £13 million. The CERC building running costs would be substantially more than a purpose new build option and this could result in the CERC not being financially sustainable if not enough rent paying businesses and enterprises move in.

**HIA screening**

**Design**
The outline design is reasonable however there are a number of issues that need further discussion:
- Move of the health centre and the potential disruption and change in the pattern of use of the local health centre
- Only two crossing points are identified along The Moakes and one on Northwell Drive. The design also includes a central island of greenery along both streets. It would be important for the green island running along the length of The Moakes to not just be grass so that residents (and others) can cross at any point along The Moakes if they wanted to. Potted shrubs and plants as well as small trees should be considered.
- Similarly the greenspace within the residential areas needs to include a good network of paths that follow natural paths to and from key buildings.
- There is no indication of any specific play areas, with play equipment, for younger and older children and recreational areas for older people.
- What kinds of accommodation are being proposed – single, couples and families with three or more children?
**Construction phase**

- The move of residents from the Purley Centre and Purway Close will cause considerable disruption and may generate some/considerable worry and anxiety. This disruption is likely to be greatest for those who are elderly and those with children. The process will necessitate the moving of personal belongings, paying of outstanding bills for utilities, TV license and subscriptions, phones etc and the setting up of new service arrangements at Wauluds House. There will also be a need to inform other service providers of the change in address.
- Disruption to existing activities e.g. bus routes, road access for other residents on the estate, schools on the estate.
- What happens to existing business? Will they have first choice of a new site within the proposed development?
- What about the existing market? Will an alternative location be provided for market traders during the construction phase?
- Where will the new health centre be located?
- Two butchers, a grocery shop, bakery, pharmacy and a hardware store will be lost, what are the other nearest shops in the area?
- Sustainable building materials and practices

**Operation phase**

- The move of residents from the Purley Centre and Purway Close into the new development.
- Viability of the CERC
- Disruption to existing activities e.g. bus routes, road access for other residents on the estate, schools on the estate.
- What new businesses are allowed into the new retail units?

**Redevelopment phase**

- Could there be another redevelopment in 20-30 years time?
Option 2

Figure 2 shows the layout developed in Option 2 for the central area. In outline, Option 2 would provide:

- 267 flats (110 more than Option 1)
- 131 houses (26 more than Option 1)
- Pub
- Convenience store
- 8 retail units
- CERC front part retained and new build at the back
- Church and vicarage retained
- Health centre moved

Figure 2: Option 2 for the central area of Marsh Farm estate
In Option 2, like in Option 1, the decant site during the construction phase would be Wauluds House.

**Good points identified already are:**
- Shopping is based around a street
- Improves the existing CERC site

**Bad points/concerns identified already are:**
- Shopping and community facilities would be separated by the Moakes
- Getting the right mix of new homes will be difficult because there would be less land to develop resulting in fewer homes for local people and less housing choice
- It would not be possible to use at least a part of the CERC while the works are carried out, resulting in considerable disruption to the CERC users

**Costs identified already are:**
- Initial costings indicate that Option 2 would cost between £11 million and £13 million. Same as Option 1.
- The CERC building running costs would be substantially more than a purpose new build option and this could result in the CERC not being financially sustainable if not enough rent paying businesses and enterprises move in.

**HIA screening**

*Design*
The outline design is reasonable and is similar to Option 1. The major differences are in relation to the CERC which is smaller and has residential buildings behind it as well as a re-designed roundabout on Northwell Drive.
The design issues are the same as those described in Option 1.

*Construction phase*
The construction phase issues are the same as those described in Option 1.

*Operation phase*
The operation phase issues are the same as those described in Option 1.

*Redevelopment phase*
The redevelopment phase issues are the same as those described in Option 1.
Option 3
Figure 3 shows the layout developed in Option 3 for the central area. In outline, Option 3 would provide:

- 310 flats (153 more than Option 1, 43 more than Option 2)
- 131 houses (9 more than Option 1, 18 less than Option 2)
- Pub
- Convenience store
- 8 retail units
- CERC front part retained and new build at the back
- Church and vicarage retained
- Health centre moved

Figure 3: Option 3 for the central area of Marsh Farm estate

Option 3
Put shops and facilities on the existing CERC site

Key
- Study Boundary
- Community Facilities
- Supermarket
- Retail on Ground Floor, Apartments Above
- Public House on Ground Floor, Apartments Above
- Town Houses
- Apartments
- Gardens
- Main Pedestrian Links
- Main Vehicular Routes
- Secondary Vehicular Routes
- Existing Pedestrian Subway to be Retained

Decant Site
- a temporary move to Waulcuds House to allow re-development.
In Option 3, like in Options 1 and 2, the decant site during the construction phase would be Wauluds House.

**Good points identified already are:**
- Shopping is based around a street
- Improves the existing CERC site

**Bad points/concerns identified already are:**
- Shopping and community facilities would be separated by the Moakes
- Getting the right mix of new homes will be difficult because there would be less land to develop resulting in fewer homes for local people and less housing choice
- It would not be possible to use at least a part of the CERC while the works are carried out, resulting in considerable disruption to the CERC users

**Costs identified already are:**
- Initial costings indicate that Option 2 would cost between £11 million and £13 million. Same as Option 1.
- The CERC building running costs would be substantially more than a purpose new build option and this could result in the CERC not being financially sustainable if not enough rent paying businesses and enterprises move in.

**HIA screening**

**Design**
The outline design is reasonable and is significantly different from Options 1 and 2. The major differences are in relation to the CERC which is smaller and located on the Northwell Drive roundabout. The layout of the residential buildings is different and the majority is located south of The Moakes while the supermarket and retail amenities with some apartments above them are located on the North side of The Moakes.
The design issues are the same as those described in Option 1 except for:
- No clear pedestrian or cycle access is developed to the CERC from the Marsh Farm

**Construction phase**
The construction phase issues are the same as those described in Option 1.

**Operation phase**
The operation phase issues are the same as those described in Option 1.

**Redevelopment phase**
The redevelopment phase issues are the same as those described in Option 1.
Option 4

Figure 4 shows the layout developed in Option 4 for the central area. In outline, Option 4 would provide:

- 290 flats (133 more than Option 1, 23 more than Option 2, 20 less than Option 3)
- 175 houses (44 more than Option 1, 18 more than Option 2, 36 more than Option 3)
- Pub
- Convenience store
- 8 retail units
- CERC front part retained and new build at the back
- Church and vicarage retained
- Health centre moved

Figure 4: Option 4 for the central area of Marsh Farm estate

Option 4

Redevelopment of the CERC on the existing site

Key

- Study Boundary
- Community Facilities
- Supermarket
- Retail on Ground Floor, Apartments Above
- Public House on Ground Floor, Apartments Above
- Town Houses
- Apartments
- Gardens
- Main Pedestrian links
- Main Vehicular Routes
- Secondary Vehicular Routes
- Existing Pedestrian Subway to be Retained

Decant Site

= a temporary move to Waulud House to allow re-development.
In Option 4, like in Options 1, 2 and 3, the decant site during the construction phase would be Wauluds House.

**Good points identified already are:**
- Shopping is based around a street
- Makes a good link between shopping community facilities and Lea Manor High School
- Provides access to community resource, a range of services and enterprises along the Moakes
- Improves pedestrian links across the area
- Provides a good number of homes for local people and more choice

**Bad points/concerns identified already are:**
- The new CERC could only be built after the old building is demolished. Alternative space would need to be found temporarily and moving out and moving back would cause major disruption and cost to CERC occupiers.

**Costs identified already are:**
- Initial costings indicate that Option 4 would cost between £8 million and £11 million. Same as Option 3 but less than Options 1 and 2.
- Running costs would be affordable given identified occupants.

**HIA screening**

**Design**
The outline design is reasonable and is significantly different from Options 1, 2 and 3. The major differences are in relation to the CERC which is smaller and located on one part of the site to the North of The Moakes with residential accommodation using the remainder of the site including a new community square and extension of the market. The layout of the residential buildings is different but as in Options 1 and 2 the convenience store/supermarket, retail units and pub would be located on the south side of The Moakes in a pattern similar to Options 1 and 2.
- The design issues are the same as those described in Option 1

**Construction phase**
The construction phase issues are the same as those described in Option 1.

**Operation phase**
The operation phase issues are the same as those described in Option 1.

**Redevelopment phase**
The redevelopment phase issues are the same as those described in Option 1.
Appendix A: Rapid Screening of the Five Masterplan Options

Option 4a

Figure 7 shows the layout developed in Option 4a for the central area. In outline, Option 4a would provide:

- 290 flats (133 more than Option 1, 23 more than Option 2, 20 less than Option 3, same as Option 4)
- 175 houses (44 more than Option 1, 18 more than Option 2, 36 more than Option 3, same as Option 4)
- Pub
- Convenience store
- 8 retail units
- CERC front part retained and new build at the back
- Church and vicarage retained
- Health centre moved

Figure 7: Option 4a for the central area of Marsh Farm estate
In Option 4a, like in Options 1, 2, 3 and 4, the decant site during the construction phase would be Wauluds House.

**Good points identified already are:**
- Allows the new CERC to be built before the old one is demolished
- Delivers a high quality, long lasting and low running cost purpose built building
- Shopping is based around a street
- Makes a good link between shopping community facilities and Lea Manor High School/ improves linkages between Lea manor High School and the Central Area
- Provides access to community resource, a range of services and enterprises along the Moakes
- Improves pedestrian links across the area
- Improves pedestrian paths around the area increasing safety and access
- Provides a good number of homes for local people and more choice

**Bad points/concerns identified already are:**
- The new CERC smaller.
- A familiar building would be lost.
- Less scope to expand the CERC if current and future anticipated needs of businesses and enterprises were to increase.

**Costs identified already are:**
- Initial costings indicate that Option 4 would cost between £8 million and £11 million. Same as Options 3 and 4 but less than Options 1 and 2.
- Running costs would be affordable given identified occupants.

**HIA screening**

**Design**
The outline design is reasonable and is an amalgamation of Options 3 and 4 and therefore is significantly different from Options 1 and 2. The major differences are in relation to the CERC which is smaller and located on the Northwell Drive roundabout. The layout of the residential buildings is different with residential housing located north of The Moakes, replacing the CERC, and the supermarket and retail amenities with some apartments and residential buildings located south of The Moakes in a pattern similar to Options 1 and 2.
The design issues are the same as those described in Option 1 except for:
- No clear pedestrian or cycle access is developed to the CERC from the Marsh Farm

**Construction phase**
The construction phase issues are the same as those described in Option 1.
Appendix A: Rapid Screening of the Five Masterplan Options

Operation phase
The operation phase issues are the same as those described in Option 1.

Redevelopment phase
The redevelopment phase issues are the same as those described in Option 1.
HIA screening preliminary findings

Options 1 and 2 are similar to each other and Options 3, 4 and 4a are similar to each other. The professional assessment to date has identified Option 4a as the preferred option while the community consultation has identified Option 1 as the preferred option.

It would be very useful if the good and bad points that have been developed up for the Options were re-worked, made consistent between Options and backed up by evidence.

*Design*

Option 1 retains the existing CERC building and the scope to use the significant amount of floor space for a range of new services and community facilities. It provides new flats and houses and provides a new supermarket.

Option 4a provides many more flats and houses than Option 1 (133 more flats and 44 more houses than Option 1)\(^46\). It provides a new CERC that potentially links Marsh Farm to the neighbouring community and would enable existing CERC users to stay there until the new building is built. The CERC is smaller and therefore potentially less flexible\(^47\). The supermarket would be much bigger and therefore able to provide more food and non-food products. There is also an enhanced market area north of The Moakes.

*Construction, operation and redevelopment phases*

In terms of the construction, operation and redevelopment phases all the Options have a similar set of strengths and weaknesses at this early outline masterplan stage.

*Equalities issues*

Size of housing – ethnic minorities can have larger families
Access to ethnic foods – halal meat, vegetables
Disability friendly and family friendly design of housing – people with disabilities, the elderly and those with young children
Footpaths- people with disabilities, the elderly and those with young children
Amount of housing – those on low incomes/unemployed

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\(^46\) This assumes that the number of storeys for apartment buildings is similar and fixed.
\(^47\) Gain this assumes that the number of storeys is fixed as the new building could be multi-storey and therefore provide as much space as the existing building.
Costings
The indicative costings also estimate that Option 1 could cost up to £2 million more with no guarantee of the viability of the CERC. It would be useful to have a detailed understanding of how the costings were arrived at.

Overall screening assessment
Overall the five Options have strong similarities as well as differences and therefore are difficult to set apart. From a public health perspective, on balance, given the need for new housing particularly family homes Option 4a seems to provide the greatest returns, is less disruptive for some key services and is potentially more cost-effective than Option 1.
Emerging Recommendations

Design
- Access to the CERC, if existing building is retained, from more than one entrance should be considered (an issue emerging from the community planning events)
- Use of Home Zone design, Code for Sustainable Homes, Lifetime Homes principles
- Biodiversity and variety in the greenery and planting
- Development of children’s play areas
- Disability accessible design across the whole development site (including older people, care-givers with pushchairs, etc)
- Pedestrian paths on both sides of streets in the central area
- Creation of a cycle path network alongside the pedestrian paths
- Seating areas with shelter in greenspace

Construction phase
- The best time for decanting is likely to be the summer holidays when children are off school and the weather is dryer.
- Awareness-raising about Royal Mail post forwarding service.
- Developing a diversion route for existing bus services 10, 24, 25 and 27
- Communication and awareness raising of the move of the health centre and ensuring public transport access to temporary or permanent location
- Detailed planning for all the health and social care services depending on which Options becomes the preferred Option.

Operation phase
- Priority housing for the elderly and those with young children so that they are nearer to the retail amenities and community facilities (throughout the life of the development)
- Retail unit auction should give priority to businesses similar to those that were there previously.
Appendix B:
Detailed Findings of the Consultation and Consultation Materials
Children and young people’s focus group 22nd September 2008

Background

The workshop was undertaken at the Teen Learning Centre near Lea Manor High School between 5-6.30pm.

11 children took part aged between 12 and 18 years. There were 3 girls and 8 boys. The majority of the children were from a White background with three boys describing themselves as from a Mixed background and one girl from an Asian background.

Responses

- Initially most had a sceptical attitude to identifying positive aspects of Marsh Farm.

- Most did not generally visit the central Area though they went through it to go to Lea Manor High School or to visit the Chicken and chip Shop (Caribbean café/restaurant)

The children needed some coaxing to come up with something they liked about Marsh Farm. They were very sceptical that there was anything in Marsh Farm that was likeable.

<table>
<thead>
<tr>
<th>Children and young people</th>
<th>Like about Marsh Farm</th>
<th>Dislike about Marsh Farm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing positive</td>
<td></td>
<td>Don’t go near the Purley Centre after 7pm</td>
</tr>
<tr>
<td>New lamp posts</td>
<td></td>
<td>(not safe, hoodies, druggies)</td>
</tr>
<tr>
<td>Chicken and chip shop</td>
<td></td>
<td>Whitefields park not lit inside (paths lit)</td>
</tr>
<tr>
<td>Basketball court</td>
<td></td>
<td>Everything apart from the park</td>
</tr>
<tr>
<td>Astroturf – lots of places to play football</td>
<td></td>
<td>Hate the park – people break it and make it messy</td>
</tr>
<tr>
<td>Recreation Centre (The Rec)</td>
<td></td>
<td>Everything that’s broken – garages, fences</td>
</tr>
<tr>
<td>The people (most of them)</td>
<td></td>
<td>Negative attitude of (some) people – lack of respect, vandalise street furniture</td>
</tr>
<tr>
<td>Adult learning place (should be good for adults)</td>
<td></td>
<td>Area at night</td>
</tr>
<tr>
<td>Like the area</td>
<td></td>
<td>“Violence” – people arguing/ verbally abusing each other in the streets/blocks</td>
</tr>
<tr>
<td>The people</td>
<td></td>
<td>No water drinking facilities in any of the outdoor sporting facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Litter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost of exercise machines (need to advertise the subsidies better)</td>
</tr>
</tbody>
</table>
### Children and young people

#### Socialising – meeting friend/neighbours – Sense of community

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>More facilities</td>
</tr>
<tr>
<td></td>
<td>Fresh start</td>
</tr>
<tr>
<td></td>
<td>Better environment</td>
</tr>
<tr>
<td></td>
<td>Better food</td>
</tr>
<tr>
<td></td>
<td>Clean</td>
</tr>
<tr>
<td></td>
<td>Improved</td>
</tr>
<tr>
<td></td>
<td>(Current Purley Centre is ugly)</td>
</tr>
<tr>
<td>-</td>
<td>Druggies may go elsewhere</td>
</tr>
<tr>
<td></td>
<td>People being moved – spread out, lose contact</td>
</tr>
</tbody>
</table>

**How to improve**

- Better communication
- Make people aware of where the alternative amenities and facilities are
- Advertise better - use radio, MF Matters magazine

### Children and young people

#### Services – health, social care, other

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disrupt going to the doctor – will we have to use Gardenia Road surgery?</td>
</tr>
</tbody>
</table>

**How to improve**

-
### Children and young people

#### Housing

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Feel that things are actually changing (real sense of change)</td>
<td>Explore parts of the area that haven’t been to before because of fears</td>
</tr>
<tr>
<td>People will think differently about area</td>
<td>More people want to live there</td>
</tr>
<tr>
<td></td>
<td>Improved housing</td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Disturbance – babies</td>
<td></td>
</tr>
<tr>
<td>Bad people/druggies move to other parts of the estate (police/Community Wardens scared of them)</td>
<td></td>
</tr>
<tr>
<td>How to improve</td>
<td>Disturbance depends on work times</td>
</tr>
</tbody>
</table>

### Children and young people

#### Jobs – Business

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have a market – good atmosphere</td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Shops/People in Purley Centre</td>
<td></td>
</tr>
<tr>
<td>Where will the market be?</td>
<td></td>
</tr>
<tr>
<td>Inconvenience for fruit and veg</td>
<td></td>
</tr>
<tr>
<td>How to improve</td>
<td>Disturbance depends on work times</td>
</tr>
<tr>
<td></td>
<td>Relocate market (stall holders generally not local)</td>
</tr>
<tr>
<td></td>
<td>Reassure people</td>
</tr>
</tbody>
</table>
### Children and young people

#### Education – learning

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Not Purley Centre redevelopment but Lea Manor BSF programme will affect us (road through playing field, youth club moved into school)</td>
</tr>
<tr>
<td></td>
<td>School and ‘Rec’ linked by underground link (Rec – Lea Manor Leisure &amp; Recreation Centre - open 8am – 6pm)</td>
</tr>
<tr>
<td>-</td>
<td>Shops/People in Purley Centre</td>
</tr>
<tr>
<td></td>
<td>Where will the market be?</td>
</tr>
<tr>
<td></td>
<td>Inconvenience for fruit and veg</td>
</tr>
<tr>
<td>How to improve</td>
<td>Disturbance depends on work times</td>
</tr>
<tr>
<td></td>
<td>Relocate market (stall holders generally not local)</td>
</tr>
<tr>
<td></td>
<td>Reassure people</td>
</tr>
</tbody>
</table>

### Children and young people

#### Lifestyle – daily activities

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Go to Sainsbury’s instead of local Purley Centre shops</td>
</tr>
<tr>
<td></td>
<td>Lose easy access to shops for old people (GP, pharmacist, etc)</td>
</tr>
<tr>
<td></td>
<td>Lots of construction with BSF programme and PC redevelopment</td>
</tr>
<tr>
<td></td>
<td>Kids playing on construction site – not safe, accidents, will need to go long way around</td>
</tr>
<tr>
<td></td>
<td>Waste of newly refurbished cop shop</td>
</tr>
<tr>
<td>How to improve</td>
<td>Basketball open every day (have enough staff and resources to do this)</td>
</tr>
<tr>
<td>Children and young people</td>
<td>Safety - Crime</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Construction</strong></td>
<td><strong>After it’s built</strong></td>
</tr>
<tr>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>
| -                         | More crime/druggies  
                          | Don’t see police or community officers (‘bruvs’) now |
| **How to improve**        | Visible police presence |


Older and disabled people’s focus group  29th September 2008

Background
The workshop happened after the lunch club in the Jubilee Centre.

8 older people took part with 4 women and 4 men aged between 55 – 100 years.

Responses
• Every participant had heard about the redevelopment but none of them believed that it would happen.
  They’ll believe it when they see it
  “Not in the foreseeable future”
  Ever since I’ve been here they’ve said they are going to do something about the Purley....

• The services they currently used were:
  Library
  Shops
  Doctors (many not registered here)
  Markets
  Church (inc. snack bar)
  Jubilee centre – meet friends
  Carribean Café
  Chemist
  Dentist (but not NHS)

• They remembered the car boot sale which was shut down by the Council even though it was attracted people. The Church also used to do cheap food but that also shut down.

• Key concerns about the proposed development
  Permanent building site
  “not going to happen”
  Couldn’t access Sainsbury’s etc.
  Transport provision required
  Volunteer services
  Sylam Hall used to be social services provision – could it be brought back into use during redevelopment
  Could end up looking like a ghetto if too many high rise buildings
## Older and disabled people

<table>
<thead>
<tr>
<th>Likes</th>
<th>Dislikes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Greenery</td>
<td>• Blocking alley ways</td>
</tr>
<tr>
<td>• Openness</td>
<td>• Access</td>
</tr>
<tr>
<td>• Got everything</td>
<td>• Rubbish everywhere</td>
</tr>
<tr>
<td>• Friendly area</td>
<td>• (Council) orange bags</td>
</tr>
<tr>
<td>• Good for disables people</td>
<td>• Trees are not cuttrimmed</td>
</tr>
<tr>
<td>• Close at handy</td>
<td>• Projects are not finished</td>
</tr>
<tr>
<td>• Its lovely and people</td>
<td>• Cycle track signage not complete</td>
</tr>
<tr>
<td>• Good community centre</td>
<td>• Split up the estate into different council wards… can’t influence L.A policy</td>
</tr>
<tr>
<td>• Get to know about everything</td>
<td>• Rubbish being dumped by people from outside the estate/fly tipping</td>
</tr>
<tr>
<td>• Easy access for disabled scooters</td>
<td>• Lifts not working – no recycling in flats</td>
</tr>
<tr>
<td></td>
<td>• Local papers dumped at bottom of stairs</td>
</tr>
<tr>
<td></td>
<td>• People hanging about Purley centre – all age drinkers – scary. Always 3 or 4</td>
</tr>
<tr>
<td></td>
<td>• Nowhere for teenagers to go (Problems worsened following changes in staffing at youth clubs)</td>
</tr>
<tr>
<td></td>
<td>• Won’t come over after dark</td>
</tr>
<tr>
<td></td>
<td>• Need club not pub – not under flats</td>
</tr>
<tr>
<td></td>
<td>• CERC not a community centre (no canteen, can’t walk in and feel welcome)</td>
</tr>
</tbody>
</table>
### Older and disabled people

#### Socialising – meeting friend/neighbours – Sense of community

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>May lose sense of community if broken up – moving people around. Have to wait until people – community builds up again. Need to make new friends etc, etc. Uprooting – will need to start all over again, keep groups together. Hard to make friends when older</td>
</tr>
</tbody>
</table>

#### How to improve

### Older and disabled people

#### Services – health, social care, other

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
</table>
| +            | • Put it in the community centre – on ground floor  
• Would like easy appointments – no waiting |
| -            | • May be hard to get  
• Need guarantee that current services will stay on estate  
• Library at Lea manor  
• Mobility issues – long walk to Lea Manor if disabled |

#### How to improve
## Older and disabled people
### Housing

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>IVY – Flats, used to be all pensioners. As long as in Marsh Farm central</td>
</tr>
<tr>
<td></td>
<td>- Near shops, doctors, library etc.</td>
</tr>
<tr>
<td></td>
<td>- Not worried about young neighbours</td>
</tr>
</tbody>
</table>

| -            | Might end up like ghetto? # not high rise, why pull down + build something similar? Roads narrow – cars park – as less parking areas |
|              | Same problem can recur if not taken onboard in new builds + redevelopment. |

### How to improve
- Decanting / house policy forces ‘unsavoury’ residents/characters

## Older and disabled people
### Jobs – Business

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>• Won’t affect this group</td>
</tr>
<tr>
<td></td>
<td>• Where will be the opportunity?</td>
</tr>
<tr>
<td></td>
<td>• Construction Barnfield – back of estate</td>
</tr>
<tr>
<td></td>
<td>• NO evidence of sustainability</td>
</tr>
<tr>
<td></td>
<td>• Café</td>
</tr>
</tbody>
</table>

| -            | • Jobs available but people don’t want to do them |

### How to improve
- • Hairdressers
### Older and disabled people

#### Safety - Crime

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>• Site Security</td>
</tr>
<tr>
<td></td>
<td>• “change estate all together” crime level unchanged but attitudes will change – worse first then better.</td>
</tr>
<tr>
<td></td>
<td>• No bother in the other areas of MF – just central area and Freeman’s green</td>
</tr>
<tr>
<td>-</td>
<td>• Will go up, lots of equipment to steal, builders huts</td>
</tr>
</tbody>
</table>

#### How to improve

<table>
<thead>
<tr>
<th>How to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create ‘family oriented’ pub or social club type</td>
</tr>
</tbody>
</table>

### Facilities – shops, market, leisure, other

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
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<tr>
<td>-</td>
<td></td>
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</tbody>
</table>

#### How to improve

<table>
<thead>
<tr>
<th>How to improve</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Older and disabled people
#### Transport – getting around

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>
| • Whitefield school roundabout alterations dangerous for kids. Designed to cut down speeding. No car can get around, bad for drivers to | • More difficult to get to shops  
• Would like free bus |
| -            |                 |
| • Nobody knows what is happening | • Bus companies might change route |

**How to improve**

### Older and disabled people
#### Control of life/-neighbourhood

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>
| • Allow local control – street parties. LA – prevent  
• Permanent residents – not temporary housing  
• Areas where kids can express themselves, away from housing | |
| -            |                 |
| • Way of facilitating + developing community cohesion especially with BME groups | |

**How to improve**
Unemployed people’s focus group  22nd September 2008

Background
5 unemployed, 1 in education, 1 working p/t, 3 women had children
Lived on MF – 21 yrs, 10 yrs, 9 yrs, 6yrs, 2yrs/4 mths, 9 mnths, 7 mnths

• Initially most had a sceptical attitude to identifying positive aspects of Marsh Farm.

• The participants identified that there was stigma from non-MF residents when they found out that they lived on MF.

  “We’re not from Marsh Farm, we’re from Mars Farm, we’re seen as aliens.”

Responses
• All had heard about the redevelopment

• Most used the shops in the Purley Centre – some prejudice against some shops, generally use in the day time, could be open later
  Nisa/Pharmacist – 2
  Bakery
  Newsagents
  Housing Office
  Recreation Centre – 2 (one is a volunteer there)

• Key concerns were
  Flats cause conflict, (are and will be) magnet for trouble
  Nice child-friendly/family-friendly pub (not like Purley Tavern)
  Can only get better
  New development/New start
  Positive impact/little negative
  Existing flats have poor build quality (concrete is breaking up, takes an age to get repaired)
  Positive especially if the ‘feel-good factor’ of the redevelopment spreads to other parts of MF

  No shopping centre/market – ½ mile to go to shops, temporary shops?
  Demolish and build homes not flats
  Negative during construction
  Won’t having children hanging around
• Their thoughts on how it might make a difference to them were:
  More employment for MF residents
  Reduce stigma – may change people’s attitudes
  More policing, more people move in
  Better shops
  Better safety – don’t feel safe now (cop shop shut in the afternoon for lunch, armed robbery on Ladbrokes betting shop and cop shop police/wardens were not seen)

<table>
<thead>
<tr>
<th>Unemployed and in education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Likes</strong></td>
</tr>
<tr>
<td>Good people (genuine)</td>
</tr>
<tr>
<td>Grass is green</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>Park (less violence)</td>
</tr>
<tr>
<td>Giving people more opportunities</td>
</tr>
<tr>
<td>Easy access to amenities</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unemployed and in education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socialising – meeting friend/neighbours – Sense of community</strong></td>
</tr>
<tr>
<td>Construction</td>
</tr>
<tr>
<td>+</td>
</tr>
<tr>
<td></td>
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<tr>
<td>-</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
</tr>
</tbody>
</table>

[Table continues below]
<table>
<thead>
<tr>
<th>Unemployed and in education</th>
<th>Services – health, social care, other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construction</strong></td>
<td><strong>After it’s built</strong></td>
</tr>
<tr>
<td>+</td>
<td>Better facilities, hopefully updated services</td>
</tr>
<tr>
<td>-</td>
<td>Get member of the Council in so can ACTUALLY deal with problems</td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide lifts especially for elderly and families with children</td>
</tr>
<tr>
<td></td>
<td>Need transport to get OAP to a different surgery like Gardenia Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unemployed and in education</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construction</strong></td>
<td><strong>After it’s built</strong></td>
</tr>
<tr>
<td>+</td>
<td>See previous questions</td>
</tr>
<tr>
<td>-</td>
<td>Where do people who live there go? People will be moving to flats</td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
<td>Pull down Arrow Close</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unemployed and in education</th>
<th>Jobs – Business</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construction</strong></td>
<td><strong>After it’s built</strong></td>
</tr>
<tr>
<td>+</td>
<td>The construction should generate work for MF workforce</td>
</tr>
<tr>
<td></td>
<td>More job opportunities, skills, training programme</td>
</tr>
<tr>
<td></td>
<td>Jobs for people</td>
</tr>
<tr>
<td></td>
<td>Improve job prospects</td>
</tr>
<tr>
<td></td>
<td>Business incentives for area</td>
</tr>
<tr>
<td>-</td>
<td>Jobs given to people outside MF (e.g. community wardens)</td>
</tr>
<tr>
<td><strong>How to</strong></td>
<td>Give MF residents local jobs</td>
</tr>
</tbody>
</table>
### Unemployed and in education

#### Education – learning

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>Is there any?</td>
</tr>
</tbody>
</table>

#### How to improve

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Unemployed and in education

#### Lifestyle – daily activities

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Getting young/old people off drugs</td>
</tr>
<tr>
<td>-</td>
<td>No access to shops/facilities</td>
</tr>
</tbody>
</table>

#### How to improve

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Unemployed and in education

#### Safety - Crime

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>MF is changing for the better</td>
</tr>
<tr>
<td>-</td>
<td>No CCTV cameras in Purley Centre Lighting Noisy Dusty</td>
</tr>
</tbody>
</table>

#### How to improve

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
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</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
### Unemployed and in education

#### Facilities – shops, market, leisure, other

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
</table>
| +            | See previous questions | Healthy eating, affordable  
|              |                   | More variety |
| -            | Nowhere to shop and got to go long way to shop | |
| **How to improve** | Try and get transport for people to get to shop till its built | Martial Arts, Keep Fit  
|              |                   | We want a Marks & Spencers! |

### Unemployed and in education

#### Transport – getting around

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
</table>
|              | More buses after 7pm | Better bus links to town centre  
|              |                   | No 25 bus needs more stops – a long walk in the dark! |

### Unemployed and in education

#### Control of life/neighbourhood

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Clean up estate</td>
</tr>
<tr>
<td>-</td>
<td>Where do people go to hang around? (move to other parts of estate)</td>
</tr>
<tr>
<td><strong>How to</strong></td>
<td>Informing people about what’s going</td>
</tr>
<tr>
<td>improve</td>
<td>on</td>
</tr>
<tr>
<td>---------</td>
<td>----</td>
</tr>
</tbody>
</table>

### Unemployed and in education

<table>
<thead>
<tr>
<th>Environment</th>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Removal of eyesore which is a blight on the estate</td>
<td>Hopefully a cleaner shopping centre, better shops, No dogs</td>
</tr>
<tr>
<td>-</td>
<td></td>
<td>People won’t follow rules (like in current shopping centre – no dogs)</td>
</tr>
</tbody>
</table>

**How to improve**
Tenants focus group  22nd September 2008

Background
6 residents attended this meeting, 2 women and 4 men, aged between 25 – 60 years with two people having some physical disability.

Responses
• Most of these residents were in favour of the re-development but felt strongly that it needed to be sensitively undertaken.

• They used the facilities in the Central Area to varying degrees depending on their personal circumstances. Among the facilities most used were the Pharmacy, the Post Office and the Supermarket. The Library was also used. One person avoided the area.

• They all felt that there were serious cleanliness issues in the residential buildings and public area. Also there was a need for stronger enforcement of the rules to keep unwanted activities outside the area e.g. bicycling, dogs, drugs, etc.

Key concerns were
• Breakdown in social networks if residents were re-located away from persons with whom they actively engaged or who they had some degree of familiarity with.

• Noise and dust and other negative aspects of construction especially since they perceived that there would be no provisions to protect those remaining in the area against these during the construction phase.

• Re-development was an improvement on the present site and provided a community heart that served the needs of the residents better, not only in terms of basic needs e.g. supermarket, health care facilities, but also in terms of something beautiful that they can be proud of.

• Re-developed site could provide more facilities for the young people. This could decrease the problems with aggressive behaviour and crime in the area.

• There is need for something to connect the people. A beautiful centre that does more than satisfy the most basic needs of people – grocery shops, health services etc. While these are essential, there is also a need to provide a beautiful centre that residents can feel proud of. Something that they can be proud or as a community and that will include elements that will bring the people of different cultures together. Promoting the historical aspect of MF may help realise this.
### Tenants

<table>
<thead>
<tr>
<th>Likes</th>
<th>Dislikes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendly people (8)</td>
<td>Apathy (4)</td>
</tr>
<tr>
<td>Very welcoming (2)</td>
<td>(Lack of) social responsibility, need to cultivate community</td>
</tr>
<tr>
<td>Multi-cultural</td>
<td>Gangs intimidating you</td>
</tr>
<tr>
<td>Nice walks/footpaths</td>
<td>Youngsters idle – potential violence (5)</td>
</tr>
<tr>
<td>Potential to be a wonderful estate</td>
<td>Threatening young people</td>
</tr>
<tr>
<td>Schools</td>
<td>Hygiene (poor standard) in high rise building (2)</td>
</tr>
<tr>
<td>Houses</td>
<td>Problem with dogs barking (in the past also fights)</td>
</tr>
<tr>
<td>Community (sense of community especially in adversity)</td>
<td></td>
</tr>
<tr>
<td>Feels welcomed and safe</td>
<td></td>
</tr>
<tr>
<td>Even strangers friendly</td>
<td></td>
</tr>
<tr>
<td>There are honest genuine youths</td>
<td></td>
</tr>
</tbody>
</table>

### Tenants

<table>
<thead>
<tr>
<th>Socialising – meeting friend/neighbours – Sense of community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construction</strong></td>
</tr>
<tr>
<td>+</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
</tr>
<tr>
<td>There is no real community heart. As it stands, Purley Centre does not really provide a community heart but it is better than nothing.</td>
</tr>
<tr>
<td>The present buildings are functional but have no sense of beauty or connectivity to nature or to the people who use them.</td>
</tr>
</tbody>
</table>
### Tenants Housing

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Meet residents wishes for the future</td>
<td>Access</td>
</tr>
<tr>
<td>Assess access</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Not enough information to residents</td>
<td></td>
</tr>
<tr>
<td>Presently, there is not enough</td>
<td></td>
</tr>
<tr>
<td>sensitivity to individual needs of</td>
<td></td>
</tr>
<tr>
<td>persons with special needs: disabled</td>
<td></td>
</tr>
<tr>
<td>persons needs for special access,</td>
<td></td>
</tr>
<tr>
<td>elderly persons or persons with</td>
<td></td>
</tr>
<tr>
<td>mental problems.</td>
<td></td>
</tr>
<tr>
<td>In allocating housing &amp; services</td>
<td></td>
</tr>
<tr>
<td>equal opportunity needs to be</td>
<td></td>
</tr>
<tr>
<td>maintained. There should be no</td>
<td></td>
</tr>
<tr>
<td>positive or negative discrimination.</td>
<td></td>
</tr>
<tr>
<td>Most of these residents were in</td>
<td></td>
</tr>
<tr>
<td>favour of the re-development but felt</td>
<td></td>
</tr>
<tr>
<td>it needed to be sensitively</td>
<td></td>
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<tr>
<td>undertaken.</td>
<td></td>
</tr>
<tr>
<td>There was nothing in place to protect</td>
<td></td>
</tr>
<tr>
<td>people in the central area from the</td>
<td></td>
</tr>
<tr>
<td>negative aspects of the construction.</td>
<td></td>
</tr>
<tr>
<td>There will be no double glazing to</td>
<td></td>
</tr>
<tr>
<td>protect against the noise of</td>
<td></td>
</tr>
<tr>
<td>construction or traffic etc)</td>
<td></td>
</tr>
</tbody>
</table>

### How to improve

<table>
<thead>
<tr>
<th>How to improve</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a plan – agree between LBC/MFCDT</td>
<td>Build in improved access i.e. lifts etc to</td>
</tr>
<tr>
<td>and developer and stick to it</td>
<td>existing properties</td>
</tr>
<tr>
<td></td>
<td>Only 30% of the tenants are permanent. The</td>
</tr>
<tr>
<td></td>
<td>others are transient and are offered a</td>
</tr>
<tr>
<td></td>
<td>place there for 18 months before being re-</td>
</tr>
<tr>
<td></td>
<td>located out of the central area. Reduce</td>
</tr>
<tr>
<td></td>
<td>turnover.</td>
</tr>
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<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
## Tenants

### Jobs – Business

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>More outlets to encourage others off estate to come into MF</td>
</tr>
<tr>
<td>-</td>
<td>Jobs and facilities should be joined, continuous growth</td>
</tr>
</tbody>
</table>

### Lifestyle – daily activities

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Noise and dust and other negative aspects of construction especially since they perceived that there would be no provisions to protect those remaining in the area against these during the construction phase</td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

### Safety - Crime

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Better design and access will decrease crime</td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**How to improve**

+ More outlets to encourage others off estate to come into MF

- Noise and dust and other negative aspects of construction especially since they perceived that there would be no provisions to protect those remaining in the area against these during the construction phase
### Tenants

#### Facilities – shops, market, leisure, other

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>+</strong></td>
<td></td>
</tr>
<tr>
<td><strong>-</strong></td>
<td>Miss the use of the CERC as a meeting area and the services he used there</td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
<td>More attractive CERC was built with more facilities for young people e.g. sport, music, this may lower the crime rate and the tendency of the youth to destroy the place</td>
</tr>
<tr>
<td></td>
<td>Organise the youth into clubs and gyms</td>
</tr>
<tr>
<td></td>
<td>Design increased shopping facilities and associated parking</td>
</tr>
<tr>
<td></td>
<td>Improve selection of shops</td>
</tr>
</tbody>
</table>

#### Tenants

#### Transport – getting around

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>+</strong></td>
<td></td>
</tr>
<tr>
<td><strong>-</strong></td>
<td></td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
<td>Having a minibus for the elderly/disabled that takes you around estate (from outside of estate into centre)</td>
</tr>
</tbody>
</table>

#### Tenants

#### Control of life/neighbourhood

<table>
<thead>
<tr>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>+</strong></td>
<td></td>
</tr>
<tr>
<td><strong>-</strong></td>
<td>There are not sufficient safe walkways (grass verges) around the Central Area.</td>
</tr>
<tr>
<td><strong>How to improve</strong></td>
<td>Shops/facilities to meet local needs/aspirations</td>
</tr>
<tr>
<td></td>
<td>Good management of communal facilities</td>
</tr>
<tr>
<td></td>
<td>Ensure adequate safe walkways around</td>
</tr>
</tbody>
</table>
### Tenants

<table>
<thead>
<tr>
<th>Environment</th>
<th>Construction</th>
<th>After it’s built</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Noise, dust, disruption, hygiene</td>
<td>Maintain high levels of cleanliness.</td>
<td></td>
</tr>
</tbody>
</table>

Even though there are signs requesting that dogs and bicycles not be brought into the area, there was no enforcement. Residents are frequently disturbed by the barking of these animals during the night.
Focus group facilitators notes for running the sessions

Facilitator Support

- One person will lead on the facilitation and ask the questions and draw people out (there may be an assistant facilitator).
- One person will act as the scribe and take down the points people raise.
- There may also be an observer (general helper) sitting in.

MATERIALS

- Flip Chart and marker pens (3 boxes of assorted colours for each group)
- Prepared Flip chart sheets with the HIA topic questions
- Stickers to put their participants names on (print in large letters)

START

1. Fill out an attendance sheet (so we know how many people attended the session and get a good idea of gender and ethnic mix), if they are willing to be contacted after the session to discuss issues further on the phone

2. Give them a sticker with their first name written on it (in large letters)

3. **HIA Representative**: Once everyone is present, welcome everyone and thank them for coming and start by introducing yourself and your colleagues and say a little about yourselves and what the session is about.

   - The focus of the session is to get your views on one specific topic – the redevelopment of the Central Area and how it will affect your health and wellbeing and possibly friends and family.
   - There are other consultations that will look at other aspects of life on Marsh Farm

4. Get the focus group participants to introduce themselves and say where they live on Marsh Farm and how long they have lived on Marsh Farm. Ask them to say one thing they like about living on Marsh Farm and what one thing they dislike about living on Marsh Farm. The answers to be recorded on flip chart.
Lay down the ground rules for the session. Speak clearly (so the scribe can take notes),
Write up and display on flip chart
  • have respect for people in the group,
  • let people have a chance to speak,
  • confidentiality clearly explain this to the young people
  • No interrupting
  • Get Involved/take part

DISCUSSION

5. Then start the main part of the session by asking the following series of questions:

Which of you had heard about the redevelopment before being invited to this focus group (or seeing the poster – hold up poster)?

Take a note of the number of participants who say yes

Remind the group what you are trying to find out today.
  • The focus of the session is to get your views on one specific topic – the redevelopment of the Central Area and you think it may affect your health and wellbeing or friends and family.

For clarity -Define the central area in terms of health centre, shops pathways jubilee centre, library etc
Do you currently use the Central area?

What do you use? (Shops/ market, visit family and friends who live there, open public areas to meet and socialise with friends? What time of day do you use the central area and what for?

What health services do you and your family use in the central area?

How do you think the redevelopment will affect you or friends, family using the central area?
Appendix B: Detailed Findings of the Consultation and Consultation Materials

Hands up who thinks the changes will have a bad effect on the health of you and your family? Why?

Why? (Note down who? Male/female, BME, and number)

Who thinks it will have a good effect? (Note down who? Male/ Female? BME? and number) Why?

What difference do you think the redevelopment will make to you in terms of being an older person/ younger person/ woman/ unemployed? Depending on group but we need to pick up on the gender and disability across all groups

The redevelopment will take about 3 or so years, there will be some demolition of old homes, construction for 2-3 years, relocation of existing residents and then re-housing in the new development of those existing residents, people, especially young people might find they have to find alternative places to socialise/buy lunch, go shopping/post office:

How might this specifically affect you? Best and worst effects?

How might this specifically affect family and friends on the estate? Best and worst effects?

Will the redevelopment affect employment?
Will the proposal affect education and learning?
Will the proposal affect housing?
Will the proposal affect how the community/people socialise with each other?
Will the proposal affect crime?
Will it affect health/wellbeing/safety?
Will the proposal affect people’s ability to influence their lives and neighbourhood?
Will the proposal affect the local environment?
Will the proposal affect transport – use of cars, getting on buses?
Will it affect health, social care and other services or access to them?
Will it affect people’s lifestyles and day to day activities?
Will it affect local facilities/amenities or access to them?
Finally, if there is time, get them to sit down and discuss what has been written and make final amendments to the sheets.

FINISH

a) Let them know that their feedback will inform a health impact assessment report on the redevelopment to make sure as much as possible that the positives are maximised and any negatives are minimised for people on the estate. This report will be made public sometime near the end of the year/early new year 2009.

b) Thank everyone for attending

c) Hand out the £10 vouchers

d) If people want to know more they can contact Helen Miller based in the CERC.
Information Sheet for People Who Have participated in the Focus Group

What are we doing?
We want to get the views of Marsh Farm residents, especially those living in the Purley Centre and on Purway Close, on the possible health and wellbeing effects of the proposed redevelopment of the Central Area.

We are using 8 focus groups, one with young people; one with older people, one with people with disabilities, one with people with mental health conditions, one with unemployed/low income people, one with people from ethnic minority communities, one with women and one with tenants.

Why are we doing it?
We want to use your feedback to help us to develop recommendations for improving the redevelopment and making sure that the positives health benefits are maximised and any negatives minimised.

Why we need your help?
We need your help because, as residents, you have the best experience and understanding of Marsh Farm and how the redevelopment of the Central Area might affect you, your family, friends and neighbours. By coming and discussing this issue with us you will help to ensure that the redevelopment goes smoothly, makes a positive difference to the lives of people living and working on Marsh Farm and causes the least amount of disruption that is possible.

What will happen to the discussion you have with us?
We use your feedback to write up a Health Impact Assessment Report that will make suggestions and some recommendations to Marsh Farm Community Development Trust, Luton Borough Council and Luton Primary Care Trust.

Who to contact for more information?
For more information and a chat you can contact either Helen Miller or Jackie Jefferson on 01582 512 555. They are based in the Community Resource & Enterprise Centre (CERC).
Thank you very much for your participation!
Appendix C: Detailed Health Impact Tables

Marsh Farm Health Impact Assessment
Focus Group Community Consultation

Regenerating the Purley Centre and the Purway Close

How will it affect you?

Influences of Health & Wellbeing

Biological factors
- Genetic factors
- Sex
- Age
- Personality

Lifestyle
- Sexual behaviour
- Smoking
- Alcohol
- Medication
- Illegal substances
- Diet
- Leisure

Environment
- Smell
- Noise
- Soil quality
- Water quality
- Air quality
- Land use & planning
- Research & technological development

Economic conditions
- Business activity
- Availability and quality of employment
- Availability and quality of training

Personal circumstances
- Housing conditions
- Housing tenure
- Family relationships
- Employment status
- Income
- Personal transport
- Education

Social influences
- Social contact
- Social support
- Community participation
- Peer pressure
- Fear of crime & anti-social behaviour
- Discrimination
- Fear of discrimination
- Crime & anti-social behaviour

Availability & access
- Voluntary & charity groups
- Community facilities
- Childcare
- Healthcare services
- Advice services
- Public transport
- Shops and banking services
- Leisure facilities
- Educational & training facilities
- Housing

Natural hazards
- Public & environmental health services
- Natural hazards
- Waste management
- Green space
- Natural resources

Influences of Health & Wellbeing

- Ethnicity
- Disability
- Personal circumstances
- Social influences
- Economic conditions
- Environment
- Biological factors
- Lifestyle

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Appendix C: Detailed Health Impact Tables
Health impact tables for the demolition/construction and operation phases of the development compared to no development taking place

Definition of the levels of potential impact

<table>
<thead>
<tr>
<th>Significance Level</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major +++/--- (positive or negative)</td>
<td>Health effects are categorised as major if the effects may lead directly to mortality/death or acute or chronic disease/illness. The exposures tend to be of high intensity and/or long duration and/or over a wide geographical area and/or likely to affect a large number of people e.g. over 500 or so and/or sensitive groups e.g. children/older people. They can affect either or both physical and mental health and either directly or through the wider determinants of health and wellbeing. They can be temporary or permanent in nature. These effects can be important local, district, regional and national considerations. Mitigation measures and detailed design work can reduce the level of negative effect though residual effects are likely to remain.</td>
</tr>
<tr>
<td>Moderate ++/-- (positive or negative)</td>
<td>Health effects are categorised as moderate if the effects are long term nuisance impacts from odour and noise, etc or may lead to exacerbations of existing illness. The exposures tend to be of moderate intensity and/or over a relatively localised area and/or of intermittent duration and/or likely to affect a moderate-large number of people e.g. between 100-500 or so and/or sensitive groups. The negative impacts may be nuisance/quality of life impacts which may affect physical and mental health either directly or through the wider determinants of health. The cumulative effect of a set of moderate effects can lead to a major effect. These effects can be important local, district and regional considerations. Mitigation measures and detailed design work can reduce and in some cases remove the negative and enhance the positive effects though residual effects are likely to remain.</td>
</tr>
<tr>
<td>Minor/Mild +/- (positive or negative)</td>
<td>Health effects are categorised as minor/mild if they are generally nuisance level/quality of life impacts e.g. noise, odour, visual amenity, etc. The exposures tend to be of low intensity and/or short/intermittent duration and/or over a small area and/or affect a small number of people e.g. less than 100 or so. They can be permanent or temporary in nature. These effects can be important local considerations. Mitigation measures and detailed design work can reduce the negative and enhance the positive effects such that there are only some residual effects remaining.</td>
</tr>
<tr>
<td>Neutral/No Effect ~</td>
<td>No effect or effects within the bounds of normal/accepted variation.</td>
</tr>
</tbody>
</table>
Demolition and Construction Phase (0-2 years)
As the demolition and construction phase are closely linked this table analyses both aspects.

<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
</table>

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### Appendix C: Detailed Health Impact Tables

#### Demolition and Construction

<table>
<thead>
<tr>
<th>Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>No change from existing trends in health and wellbeing. Though perceived health and wellbeing has been good there has been a decline in self-perceived good health (linked to a wider national decline). There are also a greater proportion of people with limiting long term illness. There are higher levels of heart and circulatory disease.</td>
<td>~</td>
<td>It is currently proposed that the CERC building will be developed first, after which the key health related services will move into the CERC and then the housing redeveloped on the Purway Close and Purley Centre part of the Central Area. A similar phased development is proposed for Purway Close and Purley Centre where shops will continue to operate until on side of the development is completed and the new shop sites are developed. It is also currently proposed that Purley Centre and Purway Close residents will be relocated to other flats/houses either elsewhere on the estate or in other parts of Luton. Residents will therefore not have the choice of moving back to the Central Area. The positive health impacts for these residents comes from there being no temporary move of residents which means there is less uncertainty for residents and that they can get on with their lives and not feel in limbo as well as face two sets of disruption. The negative health impacts come from residents not having the opportunity to live in the new redevelopment after having lived there in some cases for a long time and got used to the proximity of the flats/houses to local shops and services. The new Wauluds House development will have 24 flats is reasonably near to the Central Area and would be one place where some Purley Centre and Purway Close residents could be moved to. The current intention is that residents have comparable housing i.e. if they have a two bedroom flat/house they would get a two bedroom flat/house. However, some Purley Centre and Purway Close residents are looking to move from two bedroom apartments to three bedroom flats or houses because of the size of their families and the overcrowding in their current home. Moving house is also a stressful event in itself.</td>
<td>For most residents +/- Central Area residents (Positive if move into homes that meet their needs and help keep connections they value) ++++/++/--- (relocation and new homes) Residents living around the Central Area, children, older people and those with disabilities +/-/---</td>
</tr>
</tbody>
</table>
Any approach to phasing the demolition and construction of the proposed redevelopment is likely to be difficult and complex and hence it is advisable to plan for both a scenario where i) there is continuity in access to local shops in the Purley Centre but with some disruption and difficulty in access and ii) the loss of shops as existing shop owners relocate or it is not possible to maintain continuity, for health and safety reasons, during the demolition and construction phases.

- A clear amenities access plan needs to be developed within the overall demolition and construction programme which will need regular review and communication to residents.
- The major issues are likely to be a) the decanting of the Purway Close and Purley Centre and the relocation of these residents; b) the potential significant nuisance level impacts on residents living around the Central Area e.g. noise, dust and disruption to daily routines; c) lesser disruption impacts to other residents on the estate e.g. from demolition/construction lorry traffic in and out of the estate; difficulties in accessing the shops, children going to school, etc. d) the demolition of the Purley Centre may need the use of explosives and given the proximity of existing residents may need the temporary evacuation of nearby residents in case debris falls on their homes.
- The majority of residents in the Purley Centre and Purway Close are aware that they may need to relocate at some point in the near future however some do not believe it is going to happen.
- For all residents in the Purley Centre and Purway Close a relocation management plan will need to be developed to analyse issue of how and where people are moved so that social relationships and networks i.e. that family and neighbours are living as close as or closer than they currently are. There will also be a need to support people to move their belongings and change their contact details with key services e.g. health and social care, utilities, etc.
### Appendix C: Detailed Health Impact Tables

<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious diseases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels of infectious disease are low and likely to remain so.</td>
<td>~</td>
<td>The demolition/construction is unlikely to cause or spread infectious diseases to local residents or construction workers. Workers coming into contact with sewage and contaminated water can be affected by micro-organisms e.g. leptospirosis. The extent of the hazard to workers will depend on the management of the construction; strict adherence to health and safety protocols; and availability and use of safety equipment and protective clothing.</td>
<td>For most residents ~</td>
<td></td>
</tr>
<tr>
<td><strong>Non-infectious/chronic diseases (including pollution effects)</strong></td>
<td>Levels of chronic disease are higher than the Luton, regional and national average.</td>
<td>~</td>
<td>The demolition/construction work is unlikely to cause non-infectious/chronic diseases to local residents or construction workers. There is likely to be some dust generated by the demolition but the levels of these are unlikely to lead to respiratory or other health problems though it may be a significant nuisance and annoyance for some nearby residents. There is likely to be little/less dust generation during the construction phase. An asbestos survey may be needed to ensure that there is no asbestos in the Purley Centre and elsewhere which would need special handling and removal procedures. The extent of the hazard to demolition/construction workers will depend on the management of the demolition work; adherence to health and safety protocols; and availability and use of safety equipment and protective clothing.</td>
<td>For most residents ~</td>
</tr>
</tbody>
</table>

For most residents ~

Residents living around the Central Area or residents with existing respiratory illness ~
<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical injury (including poisoning)</strong></td>
<td>Levels of physical injury and accidental poisonings are low. Levels of traffic collisions and traffic injuries are low.</td>
<td>~</td>
<td>Demolition of Purway Close, the Purley Centre, Jubilee Centre and Health Centre and other related elements is unlikely to cause physical injury or poisoning to local residents. If explosives need to be used then this will require stringent security and the cordonning off of parts of the surrounding area and moving people away temporarily particularly those with pre-existing heart conditions. There is a potential for the additional demolition/construction lorry traffic to result in an increase in road traffic collisions which may lead to injury. However, this will depend on the route, the driver and whether a route strategy and timetable for major traffic movements is developed. Local children could potentially gain access to the demolition/construction areas and get injured. Some workers may be injured on the demolition/construction site from falls, falling objects, collisions, etc. The extent of the hazard to demolition/construction workers will depend on the management of the demolition/construction process; the strict adherence to health and safety protocols; safe storage and usage of chemical; and availability and use of safety equipment and protective clothing. The hazard to residents, especially children, older people and those with disabilities, will depend on the securing of the demolition/construction area, ensuring no unauthorised access to the site and good safety practice around the development site where people are likely to be walking to get to other places e.g. shops, health service etc. if there is a phased demolition/construction of the Central Area.</td>
<td>For most residents ~/- Residents living around the Central Area and children particularly those going to and from Lea Manor School, older people and those with disabilities ~/---</td>
</tr>
</tbody>
</table>
### Mental health and wellbeing

- Levels of mental health and wellbeing are poor and deprivation is high.
- However, a majority of residents perceive their health to be good.

**Impact**

<table>
<thead>
<tr>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The demolition/construction period is likely to last 2 years and this is likely to give rise to some nuisance effects for people living close to the site e.g. noise, dust, traffic and visual impacts.</td>
<td>For most residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This could also cause sleep disturbance in those who sleep in the daytime e.g. babies, pre-school children, older people and those doing night work.</td>
<td>/--</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is likely to be some worry and anxiety among those residents who are being relocated from the Central Area either because they are not happy with the homes allocated to them or because of the whole process of packing up their belongings and communicating the move to family, friends and disconnecting/connecting to key utilities. Moving house is also a stressful event in itself.</td>
<td>Residents living around the Central Area, small children, older people, those with disabilities and their carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The current process of managing the relocation process has generated worry and anxiety in some residents of the Purway Close and Purley Centre because of a lack of information and changes to the plans outlined six-twelve months earlier. Though some also have a wait and see attitude.</td>
<td>/--/--</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workers on the site can have psycho-social stress related to their work depending on the quality of the contractors used and the terms and conditions under which they are employed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is also likely to be some positive health impacts from residents seeing that real change is taking place after so many years of discussion and consultation.</td>
<td></td>
</tr>
</tbody>
</table>

### Population profile

- The population of Luton is growing and the population of Marsh Farm continues to be relatively young in line with that for Luton.
- There are some concerns about underestimates of the population of Luton by 6-9%.
- The majority of this population growth is from in-migration from Eastern Europe, Africa and Asia.

**Impact**

- The demolition/construction work will not influence the population profile of the area though it may lead to some increase in the day-time population in the area if demolition/construction workers are recruited from outside the local area and outside commuting distance (within 1-2 hours travel or so). | For most residents |

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*Appendix C: Detailed Health Impact Tables*

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*Population profile*
## Appendix C: Detailed Health Impact Tables

<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marshal Farm Central Area Redevelopment/Regeneration with impact mitigation</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment &amp; economy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment is higher on Marsh Farm though it has decreased over the last few years.</td>
<td>~</td>
<td>It is unclear how many of the demolition/construction related employment will go to people in the locality however it is likely that the majority will come from the Luton area.</td>
<td>For most residents ~/+/++</td>
</tr>
<tr>
<td></td>
<td>Most residents are employed in a range of industries particularly focused around manufacturing, transport and trade. There are more people in less skilled/non-professional jobs.</td>
<td></td>
<td>There is likely to be some increase in passing trade for existing shops and retail amenities on and around the estate from demolition/construction workers going to and from the development site.</td>
<td>Male residents, those looking for work and those with existing construction skills ~/+/+++</td>
</tr>
<tr>
<td></td>
<td>Given the work of the NDC it is likely that unemployment will continue to reduce gradually but is likely to remain higher than the Luton average for many years to come given that the NDC programme will come to an end in 3 years.</td>
<td></td>
<td>The major beneficial impact is likely to be on those in the local area with construction skills and experience and those who are currently unemployed or under-employed.</td>
<td>Private landlords on the estate and outside the estate ++/++</td>
</tr>
</tbody>
</table>
### Appendix C: Detailed Health Impact Tables

<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
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</tr>
</thead>
</table>
| Housing and shelter              | • Housing and accommodation in the Central Area is not of good quality especially in the Purley Centre.  
• Without redevelopment it is likely that the Purley Centre will continue to deteriorate and will require large scale refurbishment. | • Old housing and accommodation will be demolished to make way for new housing.  
• The demolition of the Purley Centre may need the use of explosives and given the proximity of existing residents may need the temporary evacuation of nearby residents in case debris falls on their homes.  
• There may also be vibration effects from any pile driving or preparation of foundations for residents living around the Central Area. There is a small risk of subsidence.  
• Demolition/construction lorry traffic may cause some vibration particularly for those residents living around the Central Area.  
• How residents are relocated, where it is and the quality of that accommodation will determine their overall wellbeing. Moving house is a stressful event in itself.  
• The demolition/construction work could disrupt utility services – water, gas, electricity, waste and sewage disposal for residents living on the site and around the Central Area.  
• Given the specialist nature of some of the demolition/construction work it is likely that some workers will come from outside the local area who may take up accommodation in the local area.  
• This could be a potential economic opportunity for private landlords on the estate and outside the estate but also put pressure on accommodation for local people. | For most residents  
~  
Central Area residents that are relocated  
+++/-/---  
Central Area residents (if they are still living while demolition/ construction takes place in other parts)  
-/-/-/-/-  
Residents living around the Central Area  
~/-/-/--- |
### Appendix C: Detailed Health Impact Tables

<table>
<thead>
<tr>
<th>Demolition and Construction Phase</th>
<th>No development</th>
<th>Impact</th>
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<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transport and connectivity</strong></td>
<td></td>
<td>~</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The road network is relatively good and the public transport network is very good.</td>
<td></td>
<td></td>
<td>There is unlikely to be any direct effects on people’s access to private transport.</td>
<td></td>
</tr>
<tr>
<td>However access to services is a particular issue as a large proportion of residents do not have access to a car or van.</td>
<td></td>
<td></td>
<td>There is likely to be some disruption of local bus services and access to some bus stops in the Central area which may not be usable because of the needs of the demolition and construction process. Temporary stops may be needed or other existing stops will need to be used by bus users living near the Central Area.</td>
<td>For most residents (~) Central Area residents (if they are still living while demolition/construction takes place in other parts)</td>
</tr>
<tr>
<td>No major transport infrastructure is planned in the area.</td>
<td></td>
<td></td>
<td>There will be demolition/construction traffic and this will have some negative impact on the movement of private and public transport vehicles.</td>
<td></td>
</tr>
<tr>
<td>It is likely that there will be no change from existing trends.</td>
<td></td>
<td></td>
<td>This may cause some physical severance and reduce physical activity and time spent outdoors for older people and children as local roads are, or are seen to be, dangerous and difficult to cross. This may be particularly the case for Lea Manor High School and the Lea Manor Recreation Centre.</td>
<td></td>
</tr>
<tr>
<td>Residents, those with young children.</td>
<td></td>
<td></td>
<td>There may be some negative nuisance impacts from the noise and vibration. Continuous noise and vibration effects can also give rise to psycho-social stress among residents living near the main roads.</td>
<td></td>
</tr>
<tr>
<td>There will be a small increase in air pollution from demolition/construction lorries. Peaks in air pollution concentrations can exacerbate the symptoms of those with existing respiratory and cardiovascular difficulties especially in older people and children. However, this increase is unlikely to cause physical health effects in local residents.</td>
<td></td>
<td></td>
<td>It would be important for the detailed masterplan to consider cycle paths and good footpath networks across the central area and how these new networks link back to the existing footpath networks on the estate.</td>
<td></td>
</tr>
<tr>
<td>This will be exacerbated if the Building Schools for Future Programme of construction at Lea Manor High School also starts during this time.</td>
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<tr>
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<td>----------------------------------</td>
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<tr>
<td>Education and learning</td>
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<tr>
<td>• There are a number of schools in the area.</td>
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<tr>
<td>• There are high numbers of young people and the projections for population growth for Luton are high.</td>
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<tr>
<td>• It is likely that there will be no change from existing trends.</td>
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<tr>
<td>• For most residents ~</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Residents gaining a demolition/construction job ++/+++</td>
<td></td>
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<tr>
<td>• Children attending Lea Manor -/-</td>
<td></td>
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<tr>
<td></td>
<td>There is unlikely to be any direct disruption to existing local schools. However there is likely to be some effects on children’s routes to Lea Manor School.</td>
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<tr>
<td></td>
<td>Demolition/construction workers employed on the site, particularly local ones, are likely to gain experience and on-the-job training particularly given the current economic downturn in the building industry.</td>
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<tr>
<td></td>
<td>Linking into the Prince’s Trust Scheme, local colleges and other construction training schemes is likely to increase the chances of local people being recruited for demolition/construction jobs as well as young people gaining work experience on employment-linked apprenticeship-type training schemes. This is particularly true if local recruitment policy is implemented.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>It is also possible that the Building Schools for the Future Programme for Lea Manor High School will start during the demolition/construction phase of the redevelopment of the Central Area.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Setting up an active group of residents overseeing the demolition/construction work or such a group forming because of issues/complaints that they have would increase the advocacy and negotiation skills and general self confidence of those residents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demolition and Construction Phase</td>
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</tbody>
</table>
| Crime and safety                 |               | ~/+    | There is unlikely to be any increases in crime because of the demolition/construction work. There may be a potential risk of trespass, vandalism/criminal damage or theft of demolition/construction vehicles; machinery; equipment or tools. The presence of demolition/construction workers and other strangers linked to the site may increase the fear of crime particular in women, children and older people. There is a potential for existing criminal activity and anti-social behaviour to migrate to other parts of the estate. | For most residents ~/~
|                                 |               |        | Central Area residents (if they are still living while demolition/construction takes place in other parts) and residents living around the Central Area ~/~ Women, older people and those with young children ~/~ |
### Appendix C: Detailed Health Impact Tables

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; social care services</td>
<td>Health and social care services are good but many residents are registered at surgeries outside the estate.</td>
<td>~</td>
<td>Not all residents use services based on the estate some use GPs based elsewhere</td>
<td>For most residents ~/-/-</td>
</tr>
<tr>
<td></td>
<td>Access to services is an issue for some residents.</td>
<td></td>
<td>It is currently envisaged that the CERC will be redeveloped first to allow for a smooth transition from the existing health centre, dentist, optician and chemist sites. There may difficulties in accessing the services because of the demolition/construction work either on the CERC site or on the Purway Close/Purley centre site.</td>
<td>Older people and those with disabilities and those using the health centre and CERC outreach services on a regular basis ~/-/-</td>
</tr>
<tr>
<td></td>
<td>It is likely that there will be no change from existing trends.</td>
<td></td>
<td>There will be disruption to health promotion/outreach services provided from the CERC as it is refurbished.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>It is likely to be worthwhile developing a contingency plan in case the health centre and other allied services e.g. dentist, pharmacists, etc need to be housed in temporary accommodation because of construction overruns, problems with the new building, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>There may be some minor effects on local health and social care services as injured or unwell demolition/construction workers on site will use the local health centre and local hospital.</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Shops and other retail amenities</td>
<td>There are a good range of shops on the ground floor of the Purley Centre alongside an open air market two days of the week. These are likely to continue to operate.</td>
<td>~</td>
<td>It is envisaged that a phased demolition and construction phase will ensure that there is a continuity of shops and amenities. However it may that there is still a period where there is little or no access to the existing shops in the Purley Centre. It is also not clear what new shops there will be and whether they will have the chance to come back in the retail shops proposed in the new redevelopment. It is unclear whether the existing shops and retail amenities and market will be provided with a temporary site and temporary accommodation during the demolition/construction phase or whether they will simply close down until the redevelopment is complete in two years time. However phasing of the redevelopment may ensure that the new shops and retail amenities are built before the demolition of the Purley Centre thus ensuring continuity of provision. There is a Sainsbury’s relatively nearby to Lea Manor School.</td>
<td>For most residents -/-- Older people, those with disabilities and residents with young children -/-/-</td>
</tr>
</tbody>
</table>

**Note:** The table provides a detailed analysis of the potential impacts on health and well-being during the demolition and construction phases of the Marsh Farm Central Area Redevelopment/Regeneration project, including the continuity of shops and retail amenities.
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</thead>
<tbody>
<tr>
<td>Social capital and community cohesion</td>
<td>Social capital and community cohesion are relatively good in the area and better than it has been in the past.</td>
<td>~/+</td>
<td>The demolition/construction work in itself will not have any negative or positive effect on social capital and community cohesion.</td>
<td>For most residents --/<del>/</del>/+</td>
</tr>
<tr>
<td></td>
<td>However there are indications of some negative perceptions of renting residents by some owner-occupier residents.</td>
<td></td>
<td>The fact that change is occurring in the Central Area – Purley Centre and CERC in particular - and that it is finally being regenerated could inspire and bring people together.</td>
<td>Central Area residents (those relocated and if they are still living while demolition / construction takes place in other parts), older people, children and those with young children --/+---</td>
</tr>
<tr>
<td></td>
<td>There are a range of community activities on the estate particularly for children and young people.</td>
<td></td>
<td>Those being relocated could lose their existing social ties however they may also relocate to an area where they are closer to family and friends or where they make new friends.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There has tended to be a high turnover of renting residents on the estate.</td>
<td></td>
<td>There will though disruption and the loss of some shops and amenities and difficulties in accessing others including the services in the CERC, the health centre and Holy Cross Church is likely to reduce the number of places that people can informally meet up and chat.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Problems related to the demolition and construction may also bring people together to complain and advocate on behalf of adversely affected residents.</td>
<td></td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td><strong>Spirituality, culture and leisure</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| - There are some cultural and leisure amenities in the area. There is a library on the ground floor of the Purley Centre. | | | Again the plans are for their to be a continuity of service when the existing library space will be demolished along with the Purley Centre however there is a potential for their to be disruption to this service until the new facility in Lea Manor School is developed. | For most residents  
~/-
| - There is also a leisure centre very close by. | | | Lea Manor Leisure Centre will not be directly affected though access may be disrupted because of the demolition/construction vehicles because of demolition/construction lorries and fencing off of the demolition/construction areas making journeys on foot, cycle and potentially by bus more difficult. | Residents (children and adults) using the Leisure Centre and library and those going Holy Cross Church  
~/-~  
| - The majority of cultural and leisure activities are located in Luton. | | |  | |
| - It is likely that there will be no change from existing trends. | | |  | |
| | | | The existing Holy Cross Church and Vicarage will be retained and will continue to be used. There is likely to be disruption particularly when the road layout is realigned to fit with the new set of buildings e.g. Buckle Close may be extended. | |
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</thead>
<tbody>
<tr>
<td><strong>Lifestyle and daily routines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- It is likely that there will be no change from existing trends.</td>
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</tr>
<tr>
<td>- No other major developments are being proposed in the area at the moment.</td>
<td></td>
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<tr>
<td>- There is likely to be some disruption of movement due to the demolition/construction traffic to local schools, shops, amenities, general pedestrian and cycle travel and bus movements through the estate.</td>
<td></td>
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<tr>
<td>- This will be dependent on the amount of demolition/construction traffic and the days and hours of demolition.</td>
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<tr>
<td>- It will also be dependent on how the demolition/construction area and associated traffic are managed and the adherence to the constructor’s code of conduct by the contractors and sub-contractors working on the site.</td>
<td></td>
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<tr>
<td>- Children, older people, those with physical and learning disabilities and mental health conditions are likely to be the most affected.</td>
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</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>Energy and waste</td>
<td></td>
<td>~</td>
<td>This will depend on:</td>
<td>For most residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Whether waste from the site is reused and recycled and the amount of demolition/construction waste sent elsewhere and hence lorry movements into and out of the estate.</td>
<td>~</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The types of demolition/construction vehicles used i.e. low emission lorries.</td>
<td>Sustainable development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• What energy sources are used on-site?</td>
<td>--/-/+/+</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• The energy and waste strategy developed for the demolition/construction phase of the redevelopment.</td>
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</tbody>
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</table>
| Land and spatial                 | No other developments are projected at this time. | ~ | The demolition/construction activity is likely to make the site visually unattractive. Demolition/construction work is likely to compact soils and leave building debris which may affect local greenspace, flora and fauna. | For all residents
|                                  | It is likely that there will be no change from existing trends. | | The removal of solid and liquid waste will need to be managed carefully especially if it is contaminated with heavy metals, asbestos or other chemicals. Given that the existing area is largely housing asbestos may be the only major issue in need of further investigation; however this would need a separate assessment to be sure. | Central Area residents
|                                  |                                                              | | The flow of materials entering and exiting the site during the demolition/construction phase can be significant and will depend on how much can be re-used and recycled on the site. The key effects are likely to be the increase in demolition/construction traffic flows on the road and the potential for spillage and throwing up of materials outside the site and thereby creating new hazards for other vehicles and adult and child pedestrians. | (if they are still living while demolition/construction takes place in other parts) and residents living around the Central Area
|                                  |                                                              | | The local utility companies will need to be involved to ensure that there is no accidental disruption to residents living on the site and around the Central Area because cables and pipes are dug through and to ensure that appropriate connections are made to the new housing and retail amenities. The utility pipes and cables are likely to also link residents living around the Central Area and on the estate as a whole. | ~~/~
**Operation Phase** (0-25 years after the construction phase):

<table>
<thead>
<tr>
<th>Operation Phase</th>
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<thead>
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<tbody>
<tr>
<td><strong>Overall</strong></td>
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<tr>
<td></td>
<td>• No change from existing trends in health and wellbeing.</td>
<td>• The redevelopment will help to change the attitude of many residents that things don’t change on the estate and make them more likely to use the amenities in the Central Area.</td>
<td>For most residents <strong>+++</strong></td>
<td></td>
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<tr>
<td></td>
<td>• Though perceived health and wellbeing has been good there has been a decline in self-perceived good health (linked to a wider national decline).</td>
<td>• There will be an increase in the number of good quality homes – houses and flats – plus a range of retail premises including potentially a small supermarket.</td>
<td>Central Area residents (are likely to have adapted and got used to their relocation but may still have issues in the medium term) <strong>++/-/-</strong></td>
<td></td>
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<tr>
<td></td>
<td>• There are also a greater proportion of people with limiting long term illness.</td>
<td>• Existing residents of the Central Area will get new homes some of which may be new build and therefore be more energy efficient and better insulated than their old ones. However, there is no indication currently whether those needing larger homes would get them.</td>
<td>Residents living around the Central Area, children, older people and those with disabilities <strong>+/++/+</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• There are higher levels of heart and circulatory disease.</td>
<td>• Existing residents of the Central Area would not have the choice of moving back into the newly developed flats/houses.</td>
<td>New residents of the estate who move into new Central Area flats/houses <strong>++/+</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• New residents moving into the Central area will have good quality new homes that are built to the latest standards.</td>
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<td></td>
<td></td>
<td>• The refurbished CERC is likely to provide a focal point for community activities, socialising, access to health, social and other services and the potential to become a local employment hub with a range of social enterprises and training and learning activities.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• There are likely to be more people living in this area which may mean more cars on the estate and some pressure on existing education and health and social care services.</td>
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<td></td>
<td></td>
<td>• Over the long term, the buildings in the Central Area are likely to need good quality maintenance and after 10 years some refurbishment and renovation. If this is not done then the buildings and homes are likely to fall into disrepair particularly if there is a high turnover of tenants. There is a potential for history to repeat itself and for the development to go back to what it was.</td>
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<tr>
<td></td>
<td></td>
<td>• Over the long term there is also likely to be a change in the type and number of shops, this could mean that there are fewer shops and facilities as they become less economically viable.</td>
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</tr>
<tr>
<td>Operation Phase</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td><strong>Infectious diseases</strong></td>
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<tr>
<td>Levels of infectious disease are low</td>
<td></td>
<td>There is still a negative perception of the estate (stigma) which may make new residents less</td>
<td>If the Central Area is not maintained through</td>
<td></td>
</tr>
<tr>
<td>and likely to remain so.</td>
<td></td>
<td>keen to come even with the new housing and redevelopment. There is a potential for any new pub</td>
<td>investment and renovation then for most residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>to be magnet for actual/perceived anti-social behaviour, drug-taking and drug selling and theft</td>
<td>the positive impact will be lost</td>
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<td></td>
<td></td>
<td>particularly in the evenings.</td>
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<tr>
<td></td>
<td></td>
<td>Existing residents on the estate may also feel envy, anger and hostility to new people outside</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>of the estate moving into these nice new homes while they live in old and poorly maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ones.</td>
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<tr>
<td></td>
<td></td>
<td>This may lead to a sense of ‘us’ and ‘them’ between exiting residents on the estate and new</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>residents moving from elsewhere into the new Central Area. The mix of people who come onto the</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>estate and their likely length of tenure will need to be considered carefully to ensure that</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>community cohesion is developed and social capital maintained across the estate.</td>
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<tr>
<td><strong>Non-infectious/chronic diseases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including pollution effects)</td>
<td></td>
<td>For most residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels of chronic disease are higher</td>
<td></td>
<td>The operation phase is unlikely to cause or spread infectious diseases to local residents or</td>
<td>For most residents</td>
<td></td>
</tr>
<tr>
<td>than the Luton, regional and national</td>
<td></td>
<td>people working on the estate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>average.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The operation phase is unlikely to cause non-infectious/chronic diseases to local residents or</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>people working on the estate.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Good accessibility to shops, if they sell a diverse range of good quality healthy food, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and other amenities and a safer Central Area is likely to promote physical activity - walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and cycling - and good nutrition and socialising.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The above are transport and connectivity and shop and retail amenity effects.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Air pollution will be similar to previous levels before the redevelopment.</td>
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</tbody>
</table>
### Operation Phase

<table>
<thead>
<tr>
<th>Operation Phase</th>
<th>No development</th>
<th>Impact</th>
<th>Marsh Farm Central Area Redevelopment/Regeneration</th>
<th>Impact without mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical injury and poisoning</strong></td>
<td>- Levels of physical injury and accidental poisonings are low.</td>
<td>~</td>
<td>- The operation phase is unlikely to cause physical injury and poisoning in residents or people working on the estate.</td>
<td>For most residents ~/-</td>
</tr>
<tr>
<td></td>
<td>- Levels of traffic collisions and traffic injuries are low. Data for the three years between 1st January 2002 and 31st December 2004. During this time 22 personal injury crashes occurred. 3 were serious in nature and 19 slight. This resulted in 33 casualties, consisting of 4 serious injuries and 29 slight injuries. There were no fatalities during this period.</td>
<td></td>
<td>- If there are new play facilities there may be some increased risk of injury in children and the small potential increase in cars on the site may also increase the risk of road traffic related injuries however current levels of traffic injuries are low and are likely to continue being so.</td>
<td></td>
</tr>
</tbody>
</table>

Levels of physical injury and accidental poisonings are low.
Levels of traffic collisions and traffic injuries are low. Data for the three years between 1st January 2002 and 31st December 2004. During this time 22 personal injury crashes occurred. 3 were serious in nature and 19 slight. This resulted in 33 casualties, consisting of 4 serious injuries and 29 slight injuries. There were no fatalities during this period.

For most residents ~/-
### Appendix C: Detailed Health Impact Tables

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental health and wellbeing</strong></td>
<td>• Levels of mental health and wellbeing are poor and deprivation is high.</td>
<td>• If all the relocated residents from the Central Area who wish to stay on the estate gain new homes on the estate and those needing larger homes obtain them then this will have a significant positive impact and beneficial effect on them and their families. Some of these will have newly built homes.</td>
<td>For most residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• However, a majority of residents perceive their health to be good.</td>
<td>• The new residents who move into the Central Area will gain newly built homes.</td>
<td>++/+++</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some existing and new residents may not get what they would like and for these people while there will be a positive impact it may be less than it could have been. Moving house is a stressful event in itself.</td>
<td>Residents living in the Central Area, those with children, school age children, older people, those with disabilities and their carers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Having what has been considered an ugly and not nice part of the estate redeveloped likely to enhance the self esteem of residents living in those and other parts of the estate.</td>
<td>+++/+++</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The CERC will be redeveloped and their will be a range of new facilities and services for local residents (adults and children).</td>
<td>Existing residents of the Central Area who are moved</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Existing residents on the estate may also feel envy, anger and hostility to new people outside of the estate moving into these nice new homes while they live in old and poorly maintained ones.</td>
<td>++++/++/---</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If Central Area is not maintained through investment &amp; renovation then the positive impact will be lost</td>
<td></td>
</tr>
</tbody>
</table>

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### Appendix C: Detailed Health Impact Tables

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Population profile</td>
<td>- The population of Luton is growing and the population of Marsh Farm continues to be relatively young in line with that for Luton.</td>
<td>~</td>
<td>- Given the likely increase in houses and flats there is likely to be a small increase in the residential population and the new retail amenities may also increase the day-time working population of the estate.</td>
<td>For most residents -/+</td>
</tr>
<tr>
<td></td>
<td>- There are some concerns about underestimates of the population of Luton by 6-9%.</td>
<td></td>
<td>- This is unlikely to be a positive or negative though this is dependent on the kinds of new residents that come to the estate and the kinds of shops and retail amenities that also come to the estate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- The majority of this population growth is from in-migration from Eastern Europe, Africa and Asia.</td>
<td></td>
<td>- It would be important to reduce the turnover of tenants in the Central Area and the estate as a whole.</td>
<td></td>
</tr>
<tr>
<td>Operation Phase</td>
<td>No development</td>
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</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------</td>
<td>------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| Employment & economy    | - Unemployment is higher on Marsh Farm though it has decreased over the last few years.  
- Most residents are employed in a range of industries particularly focused around manufacturing, transport and trade. There are more people in less skilled/non-professional jobs.  
- Given the work of the NDC it is likely that unemployment will continue to reduce gradually but is likely to remain higher than the Luton average for many years to come given that the NDC programme will come to an end in 3 years. | ~      | - There will be a small increase in the number of residents and potentially a different and wider range of shops and retail amenities which may enhance employment and the local economy of Marsh Farm.  
- The CERC is also likely to have a range of services including a set of social enterprises providing additional local jobs both in the services, social enterprises and in running the CERC.  
- There may also be greater opportunities to volunteer through the newly developed CERC. | For most residents  
~/+  
Residents, those looking for work (women, men and young people)  
+/++  
If the facilities and services are not maintained through investment, renovation, and renewal then for most residents the positive impact will be lost  
~/-/- |
### Appendix C: Detailed Health Impact Tables

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</thead>
<tbody>
<tr>
<td>Housing and accommodation</td>
<td>Housing and accommodation in the Central Area is not of good quality especially in the Purley Centre.</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td></td>
<td>Without redevelopment it is likely that the Purley Centre will continue to deteriorate and will require large scale refurbishment.</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td></td>
<td>For new residents the new housing is likely to be of much better quality with better energy efficiency and insulation.</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td></td>
<td>This depends on following good practice and meeting key design standards.</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td></td>
<td>For existing residents of the Central Area this will depend on whether the new homes they are allocated are at least as good as the ones they are leaving and ideally better given the hassle of having to move. Moving house is a stressful event in itself.</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td></td>
<td>For most residents -</td>
<td>-/+</td>
<td>-/+</td>
<td>-/+</td>
</tr>
<tr>
<td></td>
<td>New residents moving into the Central Area ++/+++</td>
<td>+/+</td>
<td>+/+</td>
<td>+/+</td>
</tr>
<tr>
<td></td>
<td>Existing residents of the Central Area who are moved +++/++/--/---</td>
<td>++/++/--/---</td>
<td>++/++/--/---</td>
<td>++/++/--/---</td>
</tr>
<tr>
<td></td>
<td>If the housing is not maintained through investment, repair and renovation then for those living in the Central Area the positive impact will be lost -/+</td>
<td>-/+</td>
<td>-/+</td>
<td>-/+</td>
</tr>
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<td>-----------------</td>
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<td>-----------------------------------------------</td>
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</tr>
</tbody>
</table>
| Transport and connectivity | • The road network is relatively good and the public transport network is very good.  
• However access to services is a particular issue as a large proportion of residents do not have access to a car or van.  
• No major transport infrastructure is planned in the area.  
• It is likely that there will be no change from existing trends. | ~ | • The layout of the existing roads will remain though there will be some changes to service and side roads around the Central Area development and there is likely to be some more traffic. This redesign is unlikely to worsen existing traffic flows around the estate.  
• There is likely to be better connectivity from the foot and cycle path network. Though it will be important to ensure that this is the case to promote walking and cycling.  
• Promoting cycling and walking within the estate through a safer route to schools approach, walking bus, etc. would be useful. | For most residents  
+/++  
Central Area residents  
+/++  
Residents living around the Central Area, children going to Lea Manor, older people, those with young children  
++ |
### Operation Phase

<table>
<thead>
<tr>
<th>Education and learning</th>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>There are a number of schools in the area.</td>
<td>~</td>
<td>There will be a small increase in residents on the estate given the likely increase in homes/flats. This will need to be planned for.</td>
<td>For most residents ~/+</td>
</tr>
<tr>
<td>There are high numbers of young people and the projections for population growth for Luton are high.</td>
<td></td>
<td>There is likely to be training, learning and volunteering opportunities in the CERC through its learning and social enterprise services.</td>
<td>For young people and adults looking for training and employment ++/+++</td>
</tr>
<tr>
<td>It is likely that there will be no change from existing trends.</td>
<td></td>
<td>This is likely to depend on the financial viability of the CERC.</td>
<td>Over the long term the financial viability of the CERC will be key. If the services are not sustained then the positive impact will be lost --/---</td>
</tr>
</tbody>
</table>
### Appendix C: Detailed Health Impact Tables

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</thead>
<tbody>
<tr>
<td>Crime and safety</td>
<td>Crime in the area has decreased significantly over the last few years however violence and theft from motor vehicles continues to rise though they are both below the Luton average.</td>
<td>~/+</td>
<td>- There is unlikely to be any increase in crime because of the operation of the redevelopment.</td>
<td>For most residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Good design based on Secure by Design principles should reduce the potential for crime.</td>
<td>New Central Area residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- More people may visit the Central Area especially in the evening.</td>
<td><del>/</del>/<del>/</del>/~/+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- There may be concerns that any new pub will lead to issues similar to those faced currently with anti-social behaviour and actual/perceived drug taking, drug selling and theft particularly during the evenings/at night.</td>
<td>Residents in other parts of the estate where the existing criminal activity/anti-social behaviour moves to <del>/</del>/<del>/</del>/~/+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- There is a potential for existing criminal activity and anti-social behaviour to have migrated during the demolition/construction phase to other parts of the estate.</td>
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</tbody>
</table>
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</thead>
</table>
| **Health & social care services**| - Health and social care services are good but many residents are registered at surgeries outside the estate.  
  - Access to services is an issue for some residents.  
  - It is likely that there will be no change from existing trends. | ~      | - There will be a range of health care and outreach services to serve the residents of Marsh Farm through an integrated service from the CERC.  
  - This will depend on the design and flexibility of the new facility and the way services staff work jointly to deliver a coordinated, integrated and holistic set of services.  
  - It is important to develop a detailed change management plan for how the new set of services and staff will work together and where they will be located in the new facility. | For most residents: ~/-/+;++  
For those residents registered with these services, those with young children, older people and those with disabilities: ++/+++ |
| **Shops and other retail amenities** | - There are a good range of shops on the ground floor of the Purley Centre alongside an open air market two days of the week. These are likely to continue to operate.  
  - The majority of major retail amenities are located in Luton. | ~      | - It is unclear whether the existing shops and retail amenities and market will be allowed to come back and whether they will have the ability to come back unless a temporary site and temporary accommodation is provided for them during the demolition and construction phase.  
  - It is also unclear what kinds of shops will come forward to take on the new premises.  
  - It is also unclear whether the market will have a temporary site during the two years of demolition/construction and whether a site will be allocated to it in the final design. It would be worthwhile considering a wider market including a farmers market. | For most residents: ~--/+-/+++/++/++/++ |
### Social capital and community cohesion

- **No development:** Social capital and community cohesion are relatively good in the area and better than it has been in the past. However, there are indications of some negative perceptions of renting residents by some owner-occupier residents. There is a range of community activities on the estate, particularly for children and young people. There has tended to be a high turnover of renting residents on the estate.

- **Impact:** ~/+  
  - The operation phase in itself will not have any negative or positive effect on social capital and community cohesion.  
  - However, the design of the central area and how residents will interact and access services and amenities is likely to have a strong influence on whether social capital and community cohesion are enhanced by the redevelopment.
  - Existing residents on the estate may also feel envy, anger and hostility to new people outside of the estate moving into these nice new homes while they live in old and poorly maintained ones.
  - This may lead to a sense of 'us' and 'them' between existing residents on the estate and new residents moving from elsewhere into the new Central Area. The mix of people who come onto the estate and their likely length of tenure will need to be considered carefully to ensure that community cohesion is developed and social capital maintained across the estate.

- **Marsh Farm Central Area Redevelopment/Regeneration:** For most residents ~/-/+;++

### Spirituality, culture and leisure

- **No development:** There are some cultural and leisure amenities in the area. There is a library on the ground floor of the Purley Centre. There is also a leisure centre very close by. The majority of cultural and leisure activities are located in Luton. It is likely that there will be no change from existing trends.

- **Impact:** ~
  - A new library will be provided which is likely to be in Lea Manor School. This will be further away for some people and being an integrated facility may make some people less likely to use it.
  - Lea Manor Leisure Centre will remain.
  - There is likely to be new amenities in the CERC and the provision of greenspace and play facilities in the Central Area. Though it is not clear what there will be in terms of play facilities, seating, quiet areas, trees and shrubs, etc. so that it is a space for all age groups.
  - Access to Holy Cross Church is likely to improve.

- **Marsh Farm Central Area Redevelopment/Regeneration:** For most residents ~/+;++  
  Older people, those with disabilities, residents with young children ~/-/+;++
<table>
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</thead>
</table>
| *Lifestyle and daily routines* | - It is likely that there will be no change from existing trends.  
- No other major developments are being proposed in the area at the moment. | ~      | - There is unlikely to be any disruption of movement due to the operation phase. | For most residents ~      |
| *Energy and waste*            | - Current energy generation and distribution and waste disposal methods will continue to be in place. There is likely to be a greater move towards energy efficiency and more recycling in the future.  
- It is likely that there will be no change from existing trends. | ~      | - This will depend on:  
- The energy efficiency and sustainability built into the new housing, retail amenities, the CERC and the public areas e.g. lighting.  
- The provision of recycling facilities in the area. | For most residents ~/~/+  
Residents in newly built homes (existing Purley Centre/Purway Close residents as well as new residents in the Central area) ~/~/++ |
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</thead>
<tbody>
<tr>
<td>Land and spatial</td>
<td>• No other developments are projected at this time.</td>
<td>• ~</td>
<td>• The new design and layout is likely to be an improvement on what is there currently.</td>
<td>For most residents ++++++</td>
</tr>
<tr>
<td></td>
<td>• It is likely that there will be no change from existing trends.</td>
<td>• This is dependent on the detailed masterplan design and how it is developed.</td>
<td>• The design of the area and greenspace is likely to be enhanced.</td>
<td>If not maintained through investment and renovation then for most residents the positive impact will be lost &lt;---+++</td>
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</tbody>
</table>
## Refurbishment/Redevelopment Phase (25 years after the construction phase)

<table>
<thead>
<tr>
<th>Decommissioning Phase</th>
<th>No development</th>
<th>Impact</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- Difficult to predict changes in health and wellbeing 25 years into the future.</td>
<td>/+-/++</td>
<td>- The impacts are likely to be similar to the demolition and construction and operation phases described earlier.</td>
<td>---/-/-/  /++/+++</td>
</tr>
<tr>
<td></td>
<td>- Likely to be similar to current trends.</td>
<td></td>
<td>- During the long term of the operation investment in maintenance and renovation and renewal will be crucial to ensuring the positive benefits of the redevelopment are not lost.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- With advances in health living, health and social care, etc life expectancy and health and wellbeing are likely to remain high.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Climate and environmental change will be an important factor.</td>
<td></td>
<td></td>
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</tbody>
</table>