



**RAPID HEALTH IMPACT ASSESSMENT  
OF SHORELINE EAST MARSH HIGH-  
RISE AND COMBER PLACE  
DEMOLITION PROPOSAL**

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Beverly Compton	Assistant Director, Adult Services and Health Improvement
Rachel Munoz	Head of Shoreline Housing Partnership
Samantha England	Home Options and Development Manager
Lauren Jackson	Healthy Weight Partnership Coordinator
Councillor Stephen Beasant	East Marsh Ward Councillor
Councillor Terry Walker	East Marsh Ward Councillor

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## **1.0 INTRODUCTION**

The Care Act 2014 makes it clear that housing is a health-related service and housing is explicitly referenced as part of local authorities' new duty to promote the integration of health and care. Housing can play a vital role in supporting older and vulnerable people to maintain good health, independence and improve their quality of life (Chevin, 2014). Just as the benefits of good housing are accepted, so conversely are the detrimental effects of poor housing on health with the effects of poor housing conditions costing the NHS at least £600 million per year (Davidson et al, 2010).

### **1.1 Background**

In May 2014, Shoreline Housing Partnership announced proposals to demolish six multi-storey housing blocks and two Comber Place maisonettes in the East Marsh area of Grimsby, North East Lincolnshire (NEL). These high-rise blocks are: Albion House, Bevan House, Garibaldi House, Nelson House, Tennyson House and Thesiger House. The high rises and neighbouring Comber Place maisonettes were first occupied between 1964 and 1966 and have dominated the skyline ever since.

The housing estate is owned and managed by Shoreline housing partnership, a social landlord and the successor housing organisation following the local large scale voluntary housing transfer from the Council in 2004/2005.

The above proposal was made by Shoreline following an assessment of their housing stock, a review of their financial position and their plans for the future. Shoreline concluded that the high-rise blocks have become increasingly unpopular and outdated with a declining demand to live there over recent years. The turnover in the high-rise neighbourhood is very high and with the introduction of the government's welfare reforms and the 'bedroom tax' the situation has deteriorated.

Also, no major investments have been made in the blocks for 50 years other than general repairs and maintenance. To keep the blocks functioning, Shoreline said they would have to invest over £19million over the next 5 years for repairs or replacements. This does not include the cost of modernisation, redesign or the much needed thermal improvements.

Following Shoreline's announcement, the Acting Director of Public Health, Geoffrey Barnes, contacted Shoreline's Chief Executive, Tony Bramley, to propose that a Health Impact assessment (HIA) of the proposal could be carried out by his office. Health impact assessment is a tool that developed out of environmental and social impact assessment in the 1990s and can be used to evaluate the likely health impact of projects, programmes and policies. The approach is now strongly advocated by government in recognition that public health is the outcome of a number of factors, not just health services.

The proposal for the HIA was supported by Mr Bramley and a rapid health impact assessment commenced in July 2014.

## **2.0 AIMS AND METHODS**

### **2.1 Aims**

The aims of the health impact assessment are to:

- Identify the likely health impacts on the residents in the area once the flats have been demolished.
- To make suggestions to Shoreline regarding the management of the process to ensure that adverse health impacts can be mitigated, and positive health impacts can be enhanced.

### **2.2 Methods**

A review of related reports was undertaken to examine research that explored housing renewal initiatives that have been undertaken in various parts of the country during the last two decades to provide insight into the likely health and wider social implications of regeneration activity.

Meetings were held with Shoreline to formulate a better understanding of their proposal and gain their support and cooperation with the project. A task and finish group was established with senior representatives from across the council and the Head of Housing at Shoreline who is also managing this proposal and related consultations. Shoreline assisted with providing data which was analysed (e.g. social/demographic data) and with setting up three focus groups with the residents. Members of the project steering group also had the opportunity to visit the high-rise blocks and Comber Place to see their condition and situation first-hand. An interview was held with the NELC Home Options and Development Manager in order to understand the implications of the proposal for the wider housing strategy. A belated request to interview the NELC Strategic Housing Manager was declined due to work pressures.

Three focus group discussions were conducted with residents of the high-rise blocks and Comber Place maisonettes in community settings and between 8-11 residents participated in each group. The first focus group was held with residents from Albion, Bevan and Tennyson high rise- blocks; the second was with Nelson House residents and the third was with residents from Comber Place maisonettes, Garibaldi and Thesiger high-rise blocks. Employees at the high-rises declined an invitation to a focus group discussion which would have explored their views on the proposal, its impact on them and the support being received. Comments on the proposal from the Grimsby Telegraph website were also reviewed.

One to one interviews were held with two of the three East Marsh Ward councillors to seek their views about the proposal and any concerns and suggestions they may have. The third councillor who is also a Shoreline board member declined to be interviewed given his role in the final decisions about the flats.

A health impact analysis workshop was undertaken with major stakeholders to i) feedback the findings from the health impact assessment; ii) from these findings predict the potential

health impacts of the proposal on different health determinants and their subsequent effect on health outcomes and iii) to propose ways that negative health impacts can be mitigated and positive health impacts can be enhanced. Few of the stakeholders who attended the workshop had any previous experience of the HIA so the Merseyside Guidelines for Health Impact Assessment were used to analyse the impacts (Scott-Samuel et al, 2001). These guidelines are generally considered the most straightforward methods available for people who have had no previous experience of carrying out a HIA.

### **3.0 EVIDENCE REVIEW – KEY FINDINGS**

The evidence review examined the health impact assessment reports of several housing renewal area actions across the country including examples from Liverpool, Leeds, Sheffield, Grimsby, East Manchester and London. These provides empirical evidence in relation to the quality of life experienced by residents living in poor quality housing and provide an insight into the likely health and wider social implications of regeneration activity. In addition a National report produced by Policy Exchange which evidences the unsuitability of multi-storey housing blocks and argues for the creation of streets was also reviewed.

#### **3.1 Health benefits from improved housing**

A study undertaken by Critchley et al (2004) into housing investment and health in Liverpool - Liverpool Housing Action Trust (the HAT), assessed whether moving into new housing would have an impact on residents' quality of life. This proposal involved decanting tenants from older multi-storey dwellings to new purpose built, energy efficient housing. The study looked at energy efficiency, temperatures, thermal comfort, security, the renewal process, health status and use of health care services and was designed to compare outcomes in two groups in order to identify positive changes within health and quality of life.

There is a strong link between cold homes and poor health. The HAT study found that most of the tower blocks were difficult to heat and the majority of residents experienced fuel poverty. It found that the most significant impact on residents' health was derived from improved thermal comfort. This is because after moving to new houses in Liverpool, residents could afford to heat their bedrooms and living rooms to comfortable temperatures.

Another study undertaken in Sheffield by Gilbertson et al (2006), found that more properties will pose a risk through being damp and cold than will give rise to the occurrence of actual harm to residents. The study found that an investment in more insulation and selective improved heating would significantly improve health and that there would be a major advantage to tenants by reducing the cost of heating their homes.

A different study of Grimsby's East Marsh renewal area commissioned jointly by the local strategic partnership to promote sustainable development in Grimsby undertaken by Green et al (2009), suggested that children are the main beneficiaries of eliminating damp and cold conditions. This study also found that cold, unsafe and insecure homes undermine residents' ability to engage with the labour market and wider society.

In the Liverpool HAT study, residents in new properties reported no significant improvement in their health compared to those who stayed put, but did report lower use of GP services following the move. Those experiencing the biggest improvement in energy efficiency reported significant improvements in both emotional wellbeing and vitality. The HAT was able to enhance the independence of a majority of disabled residents by applying the concept of “lifetime” homes within its redevelopment programme.

### **3.2 Stress and anxiety caused by moving**

Some studies point to the process of removal as contributing to high degrees of stress and anxiety. In particular, stress is linked to a lack of opportunity to negotiate with the housing authority regarding the move (Allen et al, 2000) and where the move is forced; the management of change is a major issue. This is because of uncertainty in the period prior to the decision about the future and vulnerability associated with the decanting process (Diamond et al, 1987).

Residents in the HAT study reported being stressed by uncertainty of the move and those that suffered from this stress reported poorer mental health, lower vitality and social functioning. Ultimately most residents reported very high satisfaction with their new homes. In Liverpool, the HAT employed a community support team to assist with the process and ensure that new homes were suited to the residents’ needs.

### **3.3 Safety, security and social cohesion**

In the Liverpool HAT study, residents expressed fears about moving to ground level accommodation envisaging that their new homes would be more vulnerable to intruders: however these fears proved to be unfounded. Findings showed that whilst there may be a perception of safety within the tower blocks, in fact turning them into fortresses increased residents’ alienation from the surrounding landscape.

Social cohesion was promoted as one of the key objectives of the HAT and there was a relatively high degree of solidarity amongst residents. It was felt that this was the basis for neighbourliness on the new development. In reality, residents were not as cohesive when evaluated by survey and they were less likely to say that they helped one another compared to the average for England and Wales.

### **3.4 Other issues identified**

In another study undertaken by Smith & Morton (2013), some other issues with multi-storey housing were identified: They identified that: i) the main dislike of multi-storey housing is the layout, lack of gardens and open spaces, long corridors and large numbers of flats; ii) multi-storey housing is predominantly occupied by social housing tenants who generally have less choice about where they can live; iii) there is a greater prevalence of depression and an increased suicide rate in multi-storey housing compared to other types of dwelling used for comparable socio-economic groups and that iv) it is harder for communities to form within multi-storey developments and those who can afford to, leave multi-storey estates.

Smith & Morton (2013) also assert that large multi-storey blocks are associated with poor outcomes for people, are unpopular/disliked by residents, bad for children and families and they described them as “self-defined ghettos” where residents suffer more stress, have increased mental health deficiencies and marital discord than those living in streets.

More positively, research suggests that people living in streets are much happier and more sociable. Smith & Morton (2013) therefore recommended the replacement of tower blocks with real houses in real streets, based on policy and research work undertaken in London. They further argue that building attractive streets should be policy direction and that this can meet the demand for new homes.

## 4.0 HEALTH IMPACT ANALYSIS

A health impact analysis workshop was chaired by the Director of Public Health and stakeholders invited to the workshop were Shoreline, NEL Clinical Commissioning Group and NELC. NELC staff invited to the workshop included staff from Public Health, Adult Services Improved Health, Strategic Change and Improvement, Strategic Housing, Home Choice Lincs, and also some councillors. The following stakeholders attended the workshop:

Geoffrey Barnes	Acting DPH, NELC
Shola Bolaji	Health Economics Development Manager, NELC
Gemma Dabb	Public Health Graduate, NELC
Debbie Fagan	Service Manager- Strategic Housing, NELC
Isobel Duckworth	Consultant in Public Health, NELC
Beverley Compton	Assistant Director, Adult Service & Health Improvement
Councillor	Tim Mickleburgh, NELC Health Scrutiny Panel
Samantha England	Home Options and Development Manager, NELC
Caroline Barley	Prevention and Wellbeing Manager, NELC
Pippa Harrison	Strategic Business Support, NELC
Rachel Munoz	Head of Housing, Shoreline Housing Partnership
Bill Stevens	Shoreline
Debra Fox	Home Energy Promotion Officer, NELC Partnership
Lisa Melin	Home Choice Lincs

Findings from the evidence review, the interviews, the focus groups and the social and demographic statistics were fed back to the stakeholders. The findings generated much discussion and the stakeholders finally identified and came up a list of potential health impacts of the proposal.

The stakeholders then used the Merseyside guidelines to score each potential health impact according to its likely severity and the likelihood of it occurring; and proposed ways that negative health impacts can be mitigated and positive health impacts can be enhanced.

Table 1 below defines the ‘Merseyside’ scoring system that we used. The direction indicates whether this impact is a health gain (+) or health loss (-). Scale is a measure of the severity

of the impact (in terms of effects on mortality, morbidity and well-being) and the size/ proportion of the population affected is represented by the number of symbols as follows:

Table 1 defines the potential health impacts of the proposal on different health determinants and their subsequent effect on health outcomes. The direction indicates whether this impact is a health gain (+) or health loss (-). Scale is a measure of the severity of the impact (in terms of effects on mortality, morbidity and well-being) and the size/ proportion of the population affected is represented by the number of symbols as follows:

Table 1: Definition of Potential Health Impacts

<b>Severity/ Population proportion</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
Death	---- or +++++	--- or ++++	-- or ++
Illness/ injury	--- or ++++	-- or ++	- or +
Well-being	-- or ++	- or +	negligible

The likelihood of impact describes the probability that the impact will occur. The likelihood can be definite (in the case of retrospective HIAs), probable, possible or speculative, which in turn relates to the strength of the evidence. Where there is a close correlation between evidence from all data sets which includes published literature and information from stakeholders / key informants, this is regarded as strong evidence.

The output of the health impact analysis is presented in Table 2 as follows.

Table 2: Predicted Health Impacts

<u>Potential Health Impacts</u>	<u>Direction/Scale</u>	<u>Likelihood</u>	<u>Negative Impact Mitigation/Positive Impact Enhancement</u>
<b>Mental Health Impacts</b>			
Residents experience increased stress levels leading up to the move ( <i>vulnerable/older residents</i> )	- - High negative impact on wellbeing/ medium negative impact on illness	Probable	Ensure all information provided to the residents is in a prompt, open and coherent manner
Residents experience increased stress levels leading up to the move ( <i>all other residents</i> )	- Medium negative impact on wellbeing	Probable	Ensure all information provided to the residents is in a prompt, open and coherent manner
Residents experience increased stress levels during the move	- Medium negative impact on wellbeing	Probable	Ensure all residents are aware of what support they can access and that the support is widely accessible through the use of a tailored support package
Some residents experience reduced stress levels associated with living in improved accommodation	+ Medium positive impact on wellbeing	Possible	Ensure that the new accommodation is suitable and appropriate for the individual and try to accommodate them in areas which they prefer to live in, giving the residents the opportunity to make an informed choice
Some residents experience increased stress levels associated with living in worse accommodation	- Medium negative impact on wellbeing	Possible	Ensure that the new accommodation is suitable and appropriate for the individual and try to accommodate them in areas which they prefer to live in, giving the residents the opportunity to make an informed choice

Some residents may experience a significant sense of loss associated with feeling that they are part of a community (e.g. Nelson House residents)	- - High negative impact on wellbeing	Probable	Consider retaining one or more blocks for residents who strongly wish to remain <b>OR</b> Try to rehouse communities/friends together to avoid social isolation specifically in single and elderly households
The proposal may have a significant effect on residents with diagnosed mental health issues ( <i>minority of residents</i> )	- - - High negative impact on ill-health	Probable	Engage with specialised services and other agencies which could allow an integration of information to best support the residents needs
The effect of receiving compensation on residents with diagnosed mental health issues could exacerbate their condition	- - High negative impact on wellbeing	Possible	Provide money management sessions that can give residents the skills to manage the £4,900 'Home Loss Payment' effectively, linking with other agencies (e.g. Credit Union)
Stress and fear associated with living in partially vacated blocks	- Medium negative impact on wellbeing	Possible	Try to implement increased levels of security during the demolition process and manage the process in an organised and structured manner to best accommodate the remaining residents
The overall impact of the proposal on residents with undiagnosed mental health issues ( <i>minority of residents</i> )	- Medium negative impact on wellbeing	Possible	Ensure that all staff with direct contact with the residents are aware of the services and support that is available to sign-post the individual to
<b>Living Conditions</b>			
Residents may have the opportunity to live in more fuel efficient housing, which will reduce the risk of fuel poverty	+ Low positive impact on illness	Possible	Link up with partners to help assess housing thermal efficiency and promote educating individuals on the importance of thermal efficiency when buying/renting a home

Residents with additional needs may get less assistance in the new accommodation which may increase vulnerability	Negligible	Speculative	Enhance residents level of independence by ensuring accommodation is suitable for the individuals specific needs
Residents with disabilities may have the opportunity to obtain accommodation which is more suitable for their individual needs	Negligible	Speculative	Ensure individuals needs are assessed to inform adaptations which will be required in the accommodation prior to moving in, by working alongside Shoreline's Occupational Therapist
Effects of living in close proximity to a demolition site (e.g. noise, dust etc.)	- Medium negative impact on wellbeing	Possible	Ensure that appropriate standards are followed throughout the demolition process (e.g. appropriate start and finish times of demolition work)
<b>Access to Services</b>			
Potential reduced ease of access to health service facilities/ support networks and other amenities (e.g. banking services, community facilities) ( <i>vulnerable/older residents</i> )	- - High negative impact on wellbeing	Probable	Ensure residents, especially the elderly, are accommodated in areas not too far away from the current health services and amenities utilised by them
Potential reduced ease of access to health service facilities/ support networks and other amenities (e.g. banking services, community facilities) ( <i>all other residents</i> )	- Medium negative impact on wellbeing	Probable	Ensure that residents are relocated into accommodation with close transport links to continue to access current health services and amenities utilised by them
Access to employment	Negligible	Speculative	Ensure residents have an informed choice on where they move to, making sure they are aware of availability of public transport to their place of work

Access to schools ( <i>small number of residents</i> )	- Medium negative impact on wellbeing	Possible	Try to rehome families with children attending local schools within a close proximity, to minimise disruption to the child's education
<b>Socio-Economic Status</b>			
Compensation provided from the demolition could enable residents with opportunities to improve their economic situation	+ Medium positive impact on wellbeing	Possible	Support the residents with the compensation given and provide the information for relevant support networks to manage the £4,900 effectively (e.g. Credit Union, bank accounts)
Some residents with social problems such as alcoholism or gambling may misuse their compensation, exacerbating existing problems ( <i>minority of residents</i> )	- Medium negative impact on wellbeing	Possible	Encourage residents with known problems to engage in advice and support from other services within the management of the compensation of £4,900 (e.g. money management courses, Credit Union)
More disposable income as a result of lower rent and absence of service charges	+ Medium positive impact on wellbeing	Possible	Support residents who have an increased disposable income through providing advice and knowledge on the management of money (e.g. Credit Union)
<b>Wider Community</b>			
The effect on community cohesion in other communities if large numbers of residents from the flats suddenly relocate into new communities	- Medium negative impact on wellbeing	Speculative	Ensure that there is appropriate support in place for existing and new residents integrating into established communities, particularly the elderly going into sheltered accommodation, also target negative perceptions of residents living within the high-rise flats and maisonettes
Effect on staff in all organisations due to work associated with the proposal	- Medium negative	Probable	Ensure support is given to staff members working in relation to the demolition proposal/ Give staff facing redundancy the appropriate support

and demolition	impact on wellbeing		and assistance throughout the whole process
Loss of residents may make the continuation of some public services uneconomic (e.g. schools, health services)	Negligible	Speculative	Try to accommodate residents who want to stay within the local vicinity
<b>Other Social Impacts on Health</b>			
Residents may experience an enhanced fear of crime associated with living in the new accommodation	Negligible	Possible	Try to ensure the individuals' needs are matched with the accommodation and ensure residents access other agencies to allow them to feel more secure within their own home (e.g. Safer Home Service)
Residents may have the opportunity to move to properties with a lower incidence of anti-social behaviour	Negligible	Possible	Try to match individuals needs with the accommodation, providing the residents with an informed choice regarding the new housing
Ethnic minorities may feel vulnerable due to being relocated into areas where there are few residents that share their culture	- Medium negative impact on wellbeing	Possible	Try to match individuals needs with the accommodation, supporting the residents to make informed choices about the area in which they choose
<b><u>Potential Health Impacts</u></b>	<b><u>Direction/Scale</u></b>	<b><u>Likelihood</u></b>	<b><u>Negative Impact Mitigation/Positive Impact Enhancement</u></b>
<b>Mental Health Impacts</b>			

Residents experience increased stress levels leading up to the move ( <i>vulnerable/older residents</i> )	- -	Probable	Ensure all information provided to the residents is in a prompt, open and coherent manner
Residents experience increased stress levels leading up to the move ( <i>all other residents</i> )	-	Probable	Ensure all information provided to the residents is in a prompt, open and coherent manner
Residents experience increased stress levels during the move	-	Probable	Ensure all residents are aware of what support they can access and that the support is widely accessible through the use of a tailored support package
Some residents experience reduced stress levels associated with living in improved accommodation	+	Possible	Ensure that the new accommodation is suitable and appropriate for the individual and try to accommodate them in areas which they prefer to live in, giving the residents the opportunity to make an informed choice
Some residents experience increased stress levels associated with living in worse accommodation	-	Possible	Ensure that the new accommodation is suitable and appropriate for the individual and try to accommodate them in areas which they prefer to live in, giving the residents the opportunity to make an informed choice
Some residents may experience a significant sense of loss associated with feeling that they are part of a community (e.g. Nelson House residents)	- -	Probable	Consider retaining one or more blocks for residents who strongly wish to remain <u>OR</u> Try to rehouse communities/friends together to avoid social isolation specifically in single and elderly households

The proposal may have a significant effect on residents with diagnosed mental health issues ( <i>minority of residents</i> )	- - -	Probable	Engage with specialised services and other agencies which could allow an integration of information to best support the residents needs
The effect of receiving compensation on residents with diagnosed mental health issues could exacerbate their condition	- -	Possible	Provide money management sessions that can give residents the skills to manage the £4,900 'Home Loss Payment' effectively, linking with other agencies (e.g. Credit Union)
Stress and fear associated with living in partially vacated blocks	-	Possible	Try to implement increased levels of security during the demolition process and manage the process in an organised and structured manner to best accommodate the remaining residents
The overall impact of the proposal on residents with undiagnosed mental health issues ( <i>minority of residents</i> )	-	Possible	Ensure that all staff with direct contact with the residents are aware of the services and support that is available to sign-post the individual to
<b>Living Conditions</b>			
Residents may have the opportunity to live in more fuel efficient housing, which will reduce the risk of fuel poverty	+	Possible	Link up with partners to help assess housing thermal efficiency and promote educating individuals on the importance of thermal efficiency when buying/renting a home
Residents with additional needs may get less assistance in the new accommodation which may increase vulnerability	Negligible	Speculative	Enhance residents level of independence by ensuring accommodation is suitable for the individuals specific needs

Residents with disabilities may have the opportunity to obtain accommodation which is more suitable for their individual needs	Negligible	Speculative	Ensure individuals needs are assessed to inform adaptations which will be required in the accommodation prior to moving in, by working alongside Shoreline's Occupational Therapist
Effects of living in close proximity to a demolition site (e.g. noise, dust etc.)	-	Possible	Ensure that appropriate standards are followed throughout the demolition process (e.g. appropriate start and finish times of demolition work)
<b>Access to Services</b>			
Potential reduced ease of access to health service facilities/ support networks and other amenities (e.g. banking services, community facilities) ( <i>vulnerable/older residents</i> )	--	Probable	Ensure residents, especially the elderly, are accommodated in areas not too far away from the current health services and amenities utilised by them
Potential reduced ease of access to health service facilities/ support networks and other amenities (e.g. banking services, community facilities) ( <i>all other residents</i> )	-	Probable	Ensure that residents are relocated into accommodation with close transport links to continue to access current health services and amenities utilised by them
Access to employment	Negligible	Speculative	Ensure residents have an informed choice on where they move to, making sure they are aware of availability of public transport to their place of work
Access to schools ( <i>minority of residents</i> )	-	Possible	Try to rehome families with children attending local schools within a close proximity, to minimise disruption to the child's education

Socio-Economic Status			
Compensation provided from the demolition could enable residents with opportunities to improve their economic situation	+	Possible	Support the residents with the compensation given and provide the information for relevant support networks to manage the £4,900 effectively (e.g. Credit Union, bank accounts)
Some residents with social problems such as alcoholism or gambling may misuse their compensation, exacerbating existing problems ( <i>minority of residents</i> )	-	Possible	Encourage residents with known problems to engage in advice and support from other services within the management of the compensation of £4,900 (e.g. money management courses, Credit Union)
More disposable income as a result of lower rent and absence of service charges	+	Possible	Support residents who have an increased disposable income through providing advice and knowledge on the management of money (e.g. Credit Union)
Wider Community			
The effect on community cohesion in other communities if large numbers of residents from the flats suddenly relocate into new communities	-	Speculative	Ensure that there is appropriate support in place for existing and new residents integrating into established communities, particularly the elderly going into sheltered accommodation, also target negative perceptions of residents living within the high-rise flats and maisonettes
Effect on staff in all organisations due to work associated with the proposal and demolition	-	Probable	Ensure support is given to staff members working in relation to the demolition proposal/ Give staff facing redundancy the appropriate support and assistance throughout the whole process

Loss of residents may make the continuation of some public services uneconomic (e.g. schools, health services)	Negligible	Speculative	Try to accommodate residents who want to stay within the local vicinity
<b>Other Social Impacts on Health</b>			
Residents may experience an enhanced fear of crime associated with living in the new accommodation	Negligible	Possible	Try to ensure the individuals' needs are matched with the accommodation and ensure residents access other agencies to allow them to feel more secure within their own home (e.g. Safer Home Service)
Residents may have the opportunity to move to properties with a lower incidence of anti-social behaviour	Negligible	Possible	Try to match individuals needs with the accommodation, providing the residents with an informed choice regarding the new housing
Ethnic minorities may feel vulnerable due to being relocated into areas where there are few residents that share their culture	-	Possible	Try to match individuals needs with the accommodation, supporting the residents to make informed choices about the area in which they choose

The stakeholders agreed that in the absence of known alternative housing proposals, the likely health impacts cannot be assessed with total accuracy. For example, residents may be offered alternative accommodation within the privately rented sector that has poorer thermal performance than their current properties. Also, without clear alternative housing proposals, residents may be forced to move away from other social networks, services or employment opportunities. It is likely that this will give rise to high levels of anxiety. Potential difficulties surrounding the proposal's implementation, for example residents refusing to vacate the flats, were also discussed. Nevertheless the analysis was very clear on a number of points:

The current proposals have a significant and mainly negative health impact on the psychosocial wellbeing of residents in the flats. The impact is almost certainly greater on older residents who tend to have lived in the flats for longer, value the sense of community that they feel there and are fearful of the implications of moving to a very different style of accommodation. It is generally well known that prolonged periods of stress can lead to the development of health problems or the serious exacerbation of existing problems, particularly in the elderly. Younger residents are generally less stressed by the proposals and can see some opportunities arising from the compensation payments that will be made which will potentially provide an opportunity to secure housing which is of a high quality.

Given the poor quality of the buildings in terms of thermal efficiency it is likely, though not certain, that residents will ultimately move to properties which will better suit their requirements, potentially reducing levels of fuel poverty and producing some net benefit.

Other likely negative health impacts that need to be considered include the impact of providing significant compensation to people who may have social problems. Whilst this will only relate to a small minority of the residents it is known that there are residents with mental health problems, drug problems and alcohol problems and there is a danger that a sudden influx of money could exacerbate these problems causing additional harm.

Other residents that the analysis predicts could suffer negative health impact from the proposals include the disabled who may struggle to find accommodation that meets their needs without significant assistance (it is though noted that the Shoreline Occupational Therapist is providing assistance to these residents), people with a mental illness who may struggle to deal with the implications of the proposals, some residents from minority ethnic communities who have language difficulties and have access to shops and health services which are geared to their needs in that part of Grimsby.

## **5.0 CONCLUSIONS AND RECOMMENDATIONS**

The studies reviewed conclude that poor thermal efficiency is the most significant long term factor in determining the impact of poor housing on health, contributing to poor physical and mental health. They also concluded that the process of moving is stressful, particularly where there is uncertainty, a perception of loss of control or choice. Also, whilst residents' perceptions of safety within tower blocks may be high, evidence suggests that the design and layout of such buildings promotes poorer mental health. Overall therefore, the review of evidence would tend to suggest that similar projects that have taken place in other areas to

replace high rise blocks have not resulted in significant health harm over the long term and may have produced some health benefits.

The Liverpool study in particular provides an insight into the likely health impacts resulting from the process of decanting residents from unsuitable housing. However, there are some key differences between the approach that was taken in Liverpool and the one that is being proposed by Shoreline. In Liverpool, there was an active process of managing the decant from unsuitable tower blocks to new purpose built dwellings (mainly bungalows that were in the same location as the tower blocks). This afforded the opportunity to engage residents in determining their needs and accommodating these within the design of the new properties as well as providing a vision of their future housing and a clear plan. The lack of alternative proposals for residents in the East Marsh area is contributing to increased stress levels for residents, uncertainty and perceptions of loss of control. This is particularly the case for older and more vulnerable residents and there is a risk that if the process is not well managed the proposal may lead to an increase in illness and potentially deaths, thereby putting more pressure on the already stressed local health and social care system.

In conclusion, there is no doubt that Shoreline recognise the critical role housing plays in determining health and wellbeing and the role that good housing can play in preventing or reducing the need for more formal health and social care interventions. It is further appreciated that it is their concern for the welfare of their residents which prompted them to support the health impact assessment of the proposal that we have undertaken and we are grateful for the assistance and support that they provided.

We therefore propose the following three recommendations to the Shoreline Board which arise from this Health Impact Assessment:

- i. ***It is recommended that*** the Shoreline Board give full consideration to the health impacts that are described in Table 2 and wherever possible seek to implement the proposed mitigation measures whenever negative health impacts have been identified
- ii. ***It is strongly recommended that*** particular attention is paid to negative health impacts that affect older and vulnerable residents and the proposed mitigation measures are implemented as fully as possible as they relate to these residents.
- ii. If the demolition of the flats goes ahead ***we recommend that*** research is undertaken to explore the health and social impact on residents of the homes over the next five years. The Public Health team in the council would be interested in supporting this piece of work.

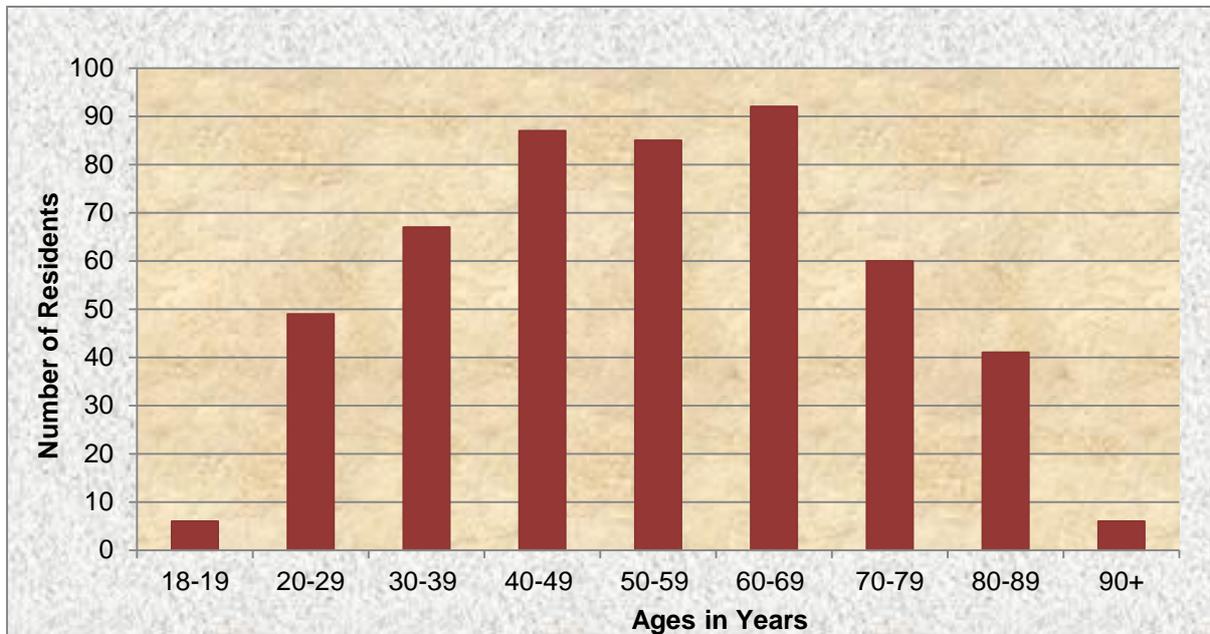
# APPENDIX 1: DEMOGRAPHIC AND SOCIAL CHARACTERISTICS OF THE RESIDENTS OF THE FLATS

Demographic data obtained from Shoreline shows that there are 609 people living in the high-rises and maisonettes. These comprise of 569 adults aged 18 years and over and 40 children.

## A1.1 Adults – Age distribution

Data shows that of the 569 adult residents, 38.6% (n=220) are females while 61.4% (n=349) are males. It also shows an ageing population living in the high-rises and the maisonettes with the majority of residents aged over 50 years and there are more than 100 residents aged over 70 years (Figure A1.1).

Figure A1.1: Age Distribution of Adult Residents in the High-rises and Maisonettes



The average or mean age of residents in each of the high-rise blocks is shown in Table A1.1. Nelson House has the highest mean age of 73 years for its residents. This is not surprising as it is a sheltered accommodation designed to house elderly people. The mean age of all adult residents is 54 years.

Table A1.1: Mean Age of Adult Residents in the High-rises and Maisonettes

<b>High-Rise/ Comber Place</b>	<b>Mean Age</b>
Nelson House	73
Bevan House	56
Garibaldi House	53
Thesiger House	51
Comber Place	51
Tennyson House	47
Albion House	45
<b>Overall</b>	<b>54</b>

The age distribution of residents in each block of flats and in Comber Place is presented as follows in Figures A1.2 to A1.8.

Figure A1.2: Albion House - Age Distribution of Adult Residents

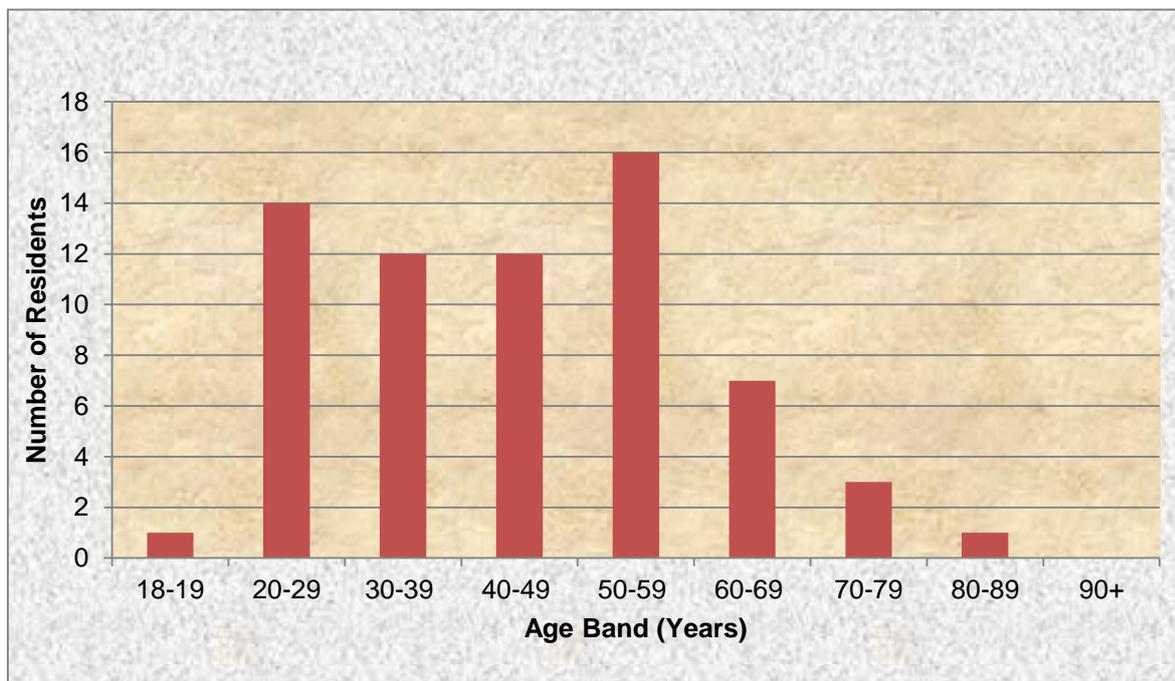


Figure A1.3: Bevan House - Age Distribution of Adult Residents

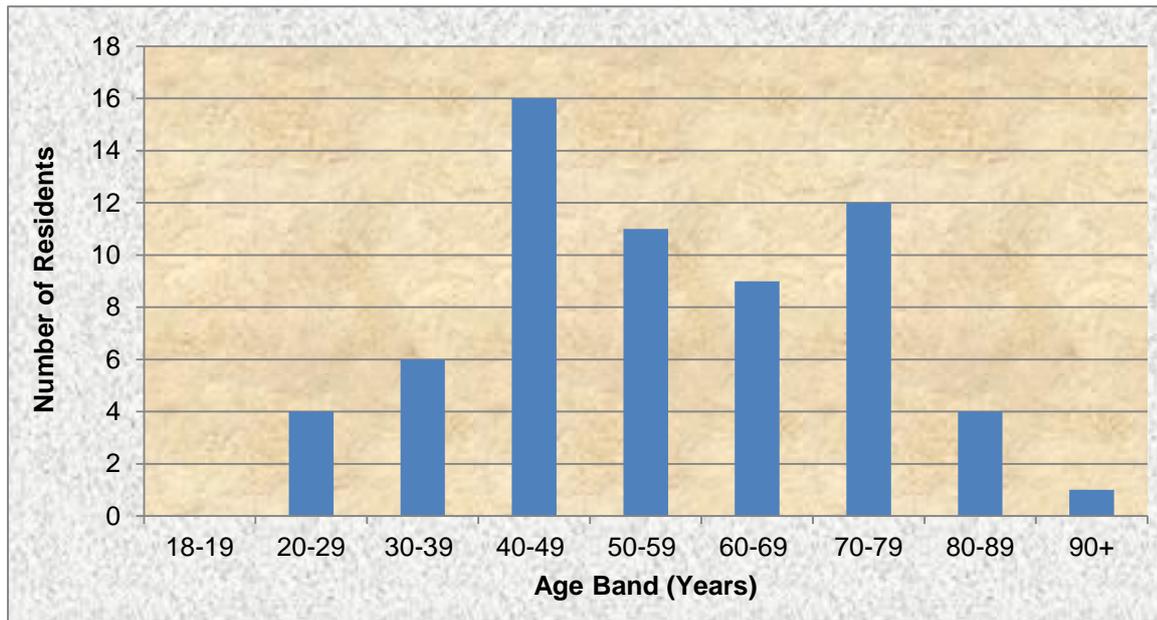


Figure A1.4: Comber Place - Age Distribution of Adult Residents

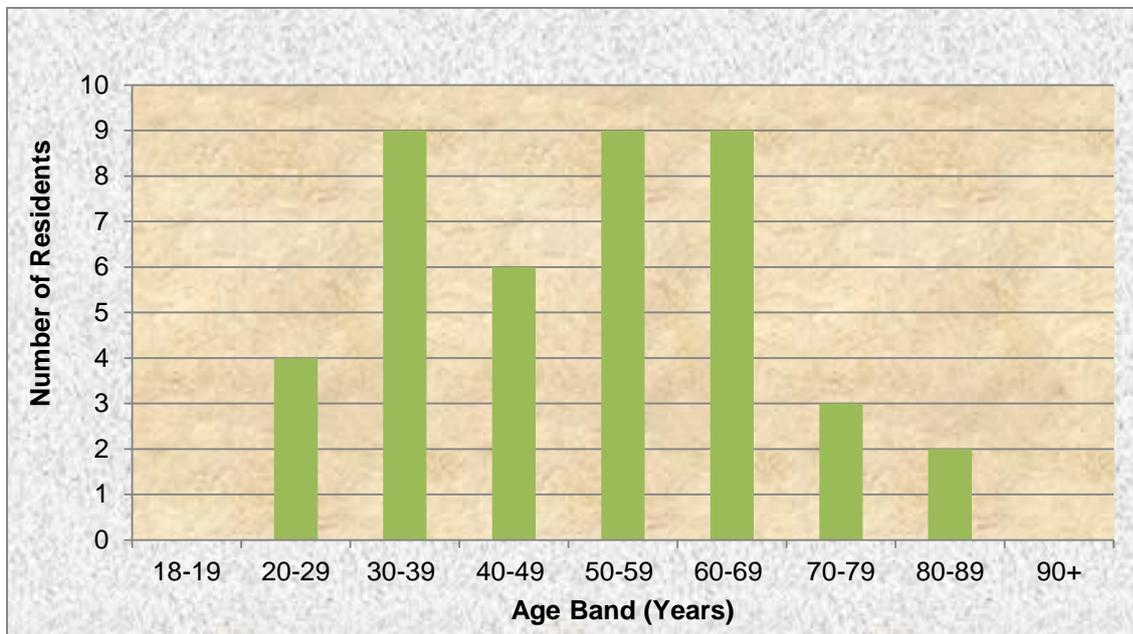


Figure A1.5: Garibaldi House - Age Distribution of Adult Residents

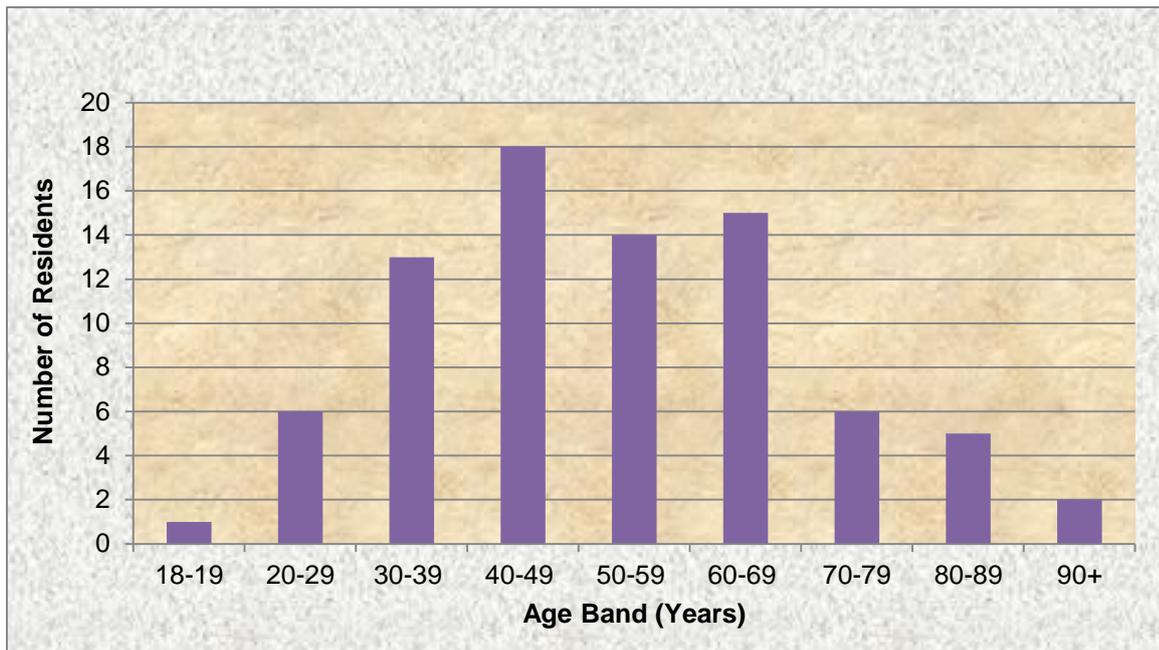


Figure A1.6: Nelson House - Age Distribution of Adult Residents

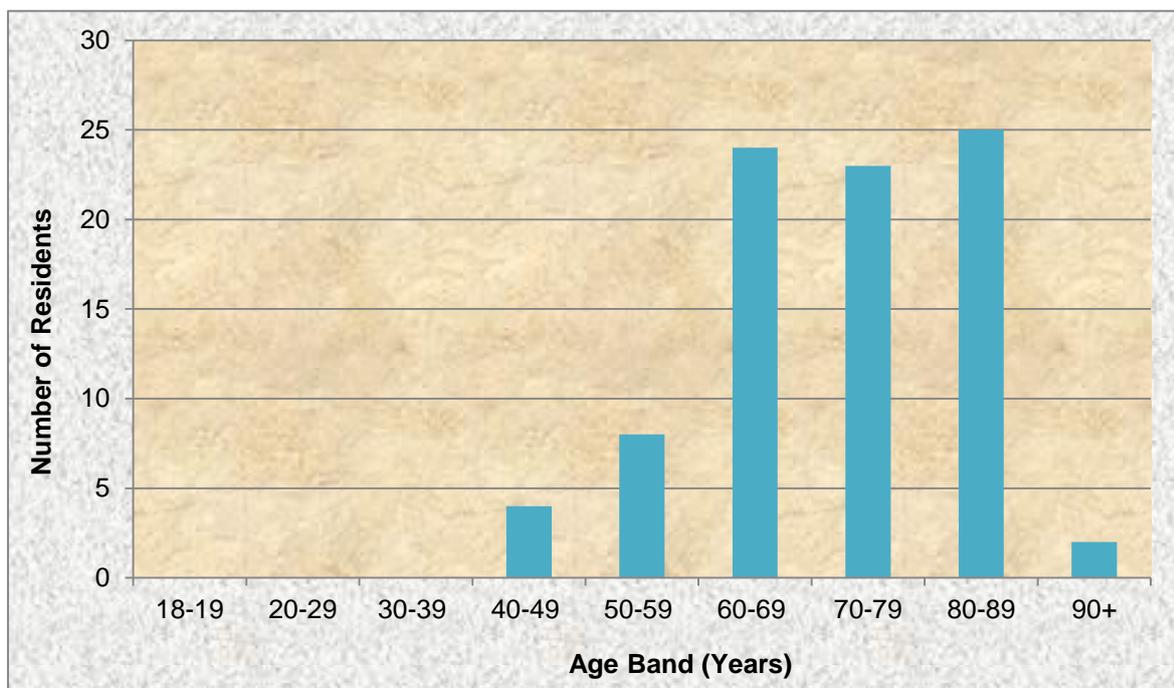


Figure A1.7: Tennyson House - Age Distribution of Adult Residents

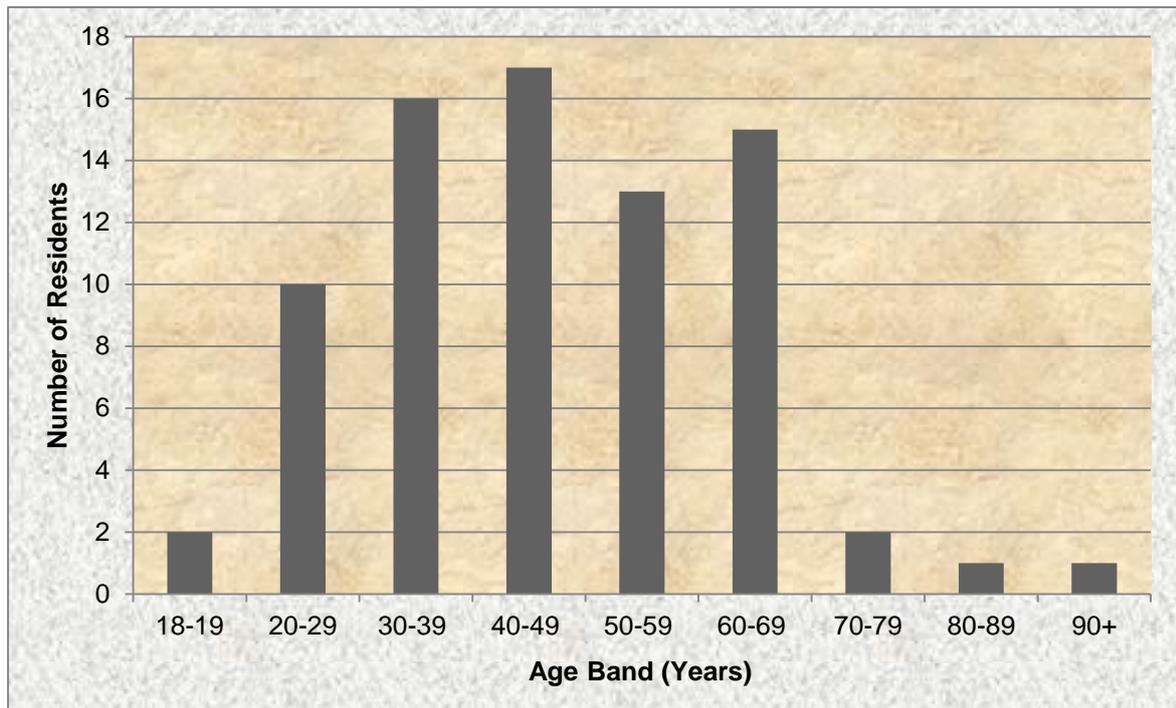
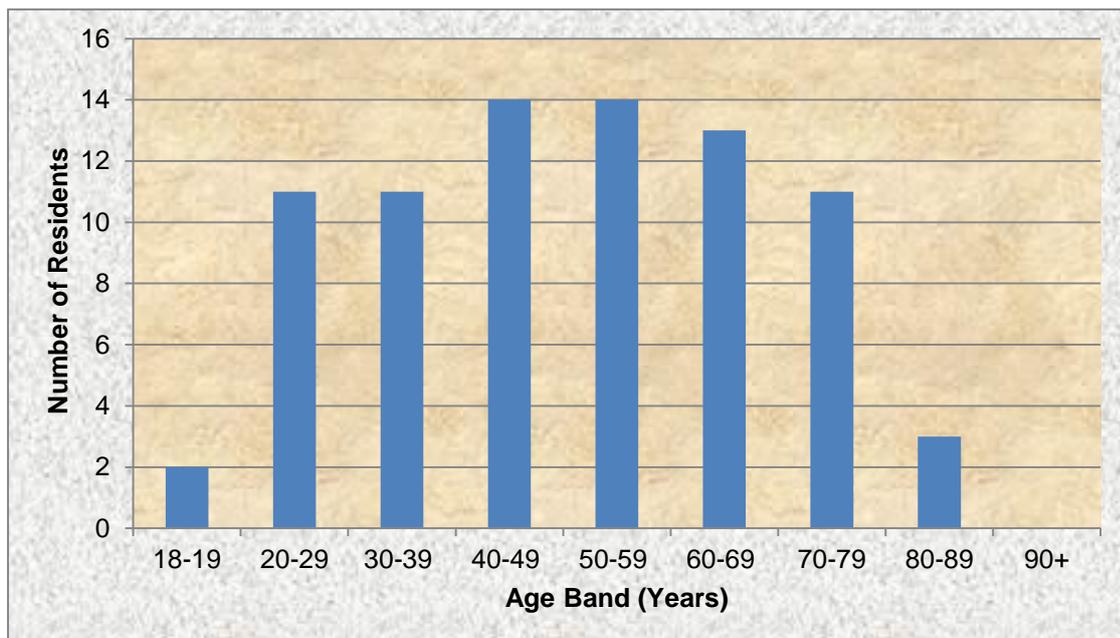


Figure A1.8: Thesiger House - Age Distribution of Adult Residents



## A1.2 Children – Age distribution

The age distribution of the children and place of residence is shown in Table A1.2 (children defined as under 18 years of age). The table shows that there are 40 children living within the flats. Relocating these children will not only disrupt their education as they may no longer be within the catchment area of their present schools, it may also cause disruption to their home life. This may be stressful for them, especially as they may be moving away from friends which they have made within the vicinity.

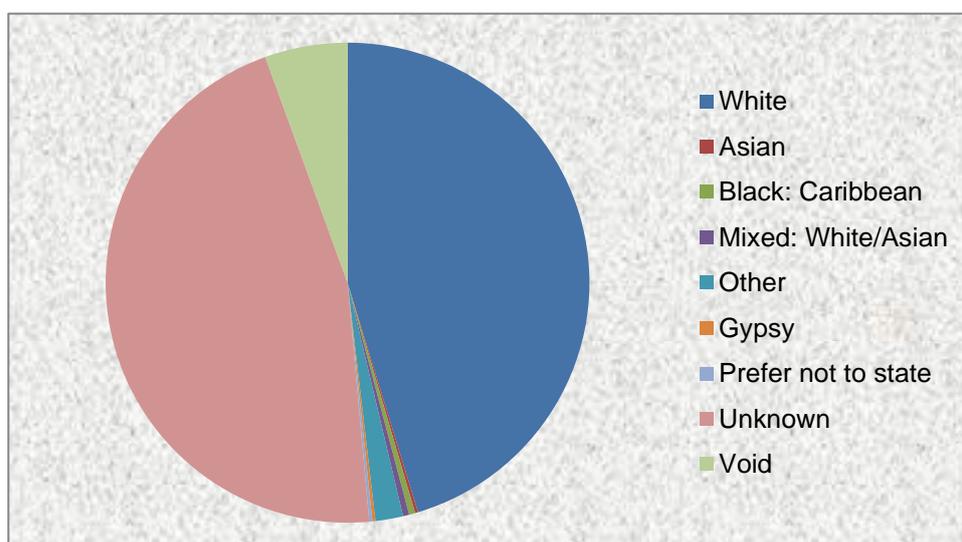
Table A1.2: Age Distribution of Children and their Place of Residence

Residence	Age Band (Years)		Total
	0-15	16-17	
Albion House	6	0	6
Bevan House	5	0	5
Garibaldi House	2	0	2
Nelson House	0	0	0
Tennyson House	6	1	7
Thesiger House	4	1	5
Comber Place	13	2	15
<b>TOTAL</b>	<b>36</b>	<b>4</b>	<b>40</b>

## A1.3 Ethnicity

Data provided by Shoreline contained ethnicity information on only 40% (n=227) of the 569 adult residents. It also shows that the ethnicity of majority of the residents (46%, n=224) was unknown (Figure A1.9).

Figure A1.9: Ethnicity of Residents in the High-rises and the Maisonettes



Of the 227 residents whose ethnicity were known, the white population made up 97.4% (n=221) while the other ethnic groups (Asian, Black Caribbean, Mixed White/Asian and Gypsy) made up the remaining 2.6% (n=6). Due to the small number of ethnic minority groups living within the tower blocks, ethnicity would need to be taken into consideration in the implementation of the proposal.

## A1.4 Occupancy type and rates

There are currently 508 households in the 6 high-rises and the maisonettes. These comprise of 449 single dwellers and 60 multiple occupancy. The occupancy data provided by Shoreline did not include data on children. Therefore the 40 children could live in either of the occupancy type.

Shoreline has stopped placing residents within any of the flats since April 2014 in preparation for the possible demolition of the flats. Therefore the occupancy rates presented in Table A1.3 are rates as at the time of writing this report. Nelson House has the highest occupancy rate of 97% while the maisonettes have the lowest occupancy rate of less than 50%.

Table A1.3: Occupancy Rates of the High-rises and the Maisonettes

Residence	Occupancy	
	Numbers of flats Occupied	Percentage
Nelson House	86/89	97%
Garibaldi House	80/92	87%
Thesiger House	78/92	85%
Tennyson House	77/91	84%
Albion House	65/93	70%
Bevan House	63/91	69%
Comber Place	41/85	48%

## A1.5 Length of tenancy

Decanting residents is likely to pose a significant risk to vulnerable residents. Data shows that many residents have lived within the high-rise flats for many years, some for as long as 50 years. On the other hand, some residents have only moved in since March 2014 and would only have just settled in the area and may oppose uprooting themselves once again to move to a new area.

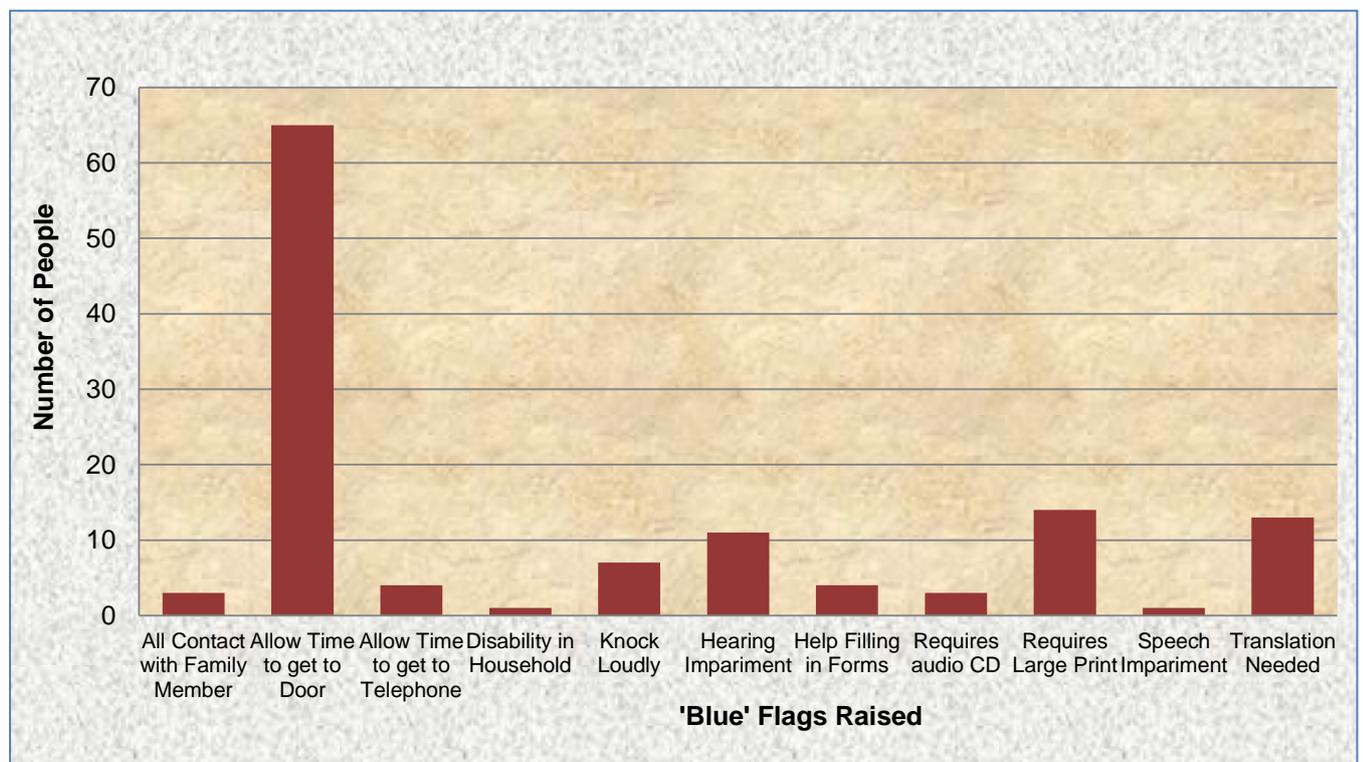
## A1.6 Disabilities & 'blue' flags raised within the household

Data shows that 41% (n=250) of residents living in the high-rises and maisonnettes have disabilities. For these residents, the possibility of relocation may be disruptive. The proposal however may offer an opportunity for them to be re-assessed and moved to suitable accommodation that meets their specific needs. Data was not provided on the different types of disabilities and number of residents with each type.

'Blue' flags provide information about a particular resident and typically refer to additional support which may be required by the resident. Figure A1.10 shows the number of residents requiring additional support and the type of 'blue' flag raised within the household. It shows that a significant amount of residents need more 'time to get to the door' thus highlighting the vulnerabilities of the ageing population within the high-rises and the maisonnettes. This is an indication that the needs of particular residents throughout the process of demolition may be greater and more complex than others.

Some residents also require translations as English is not their first language and their needs also must be considered. These residents may not understand the proposals fully and therefore not able to express their fears and concerns as easily as residents not requiring a translation. If the proposal goes ahead, it is essential that individual's specific needs are met within the re-location and the support mechanisms in place at the present time are continued wherever possible.

Figure A1.10: 'Blue' Flags Raised within the Household



## **A1.7 Anti-Social Behaviour**

Some incidents of anti-social behaviour (ASB) have been reported within the high rise flats, concentrated mostly within Garibaldi House. These range from issues such as noise, loud music, parties, alcohol abuse and drug abuse/dealing, domestic violence to individuals who are of police interest. Data shows that six residents are of police interest and are all under 'risk management'. Therefore the above issues would need to be taken into consideration when re-housing these individuals. Consideration also needs to be given to the very small number of residents (less than five) serving a jail-term including what arrangements would be made regarding their possessions if not released prior to the demolition.

## **APPENDIX 2: INTERVIEWS AND FOCUS GROUPS – KEY POINTS**

### **A2.1 East Marsh Ward Councillors**

One to one interviews held with two East Marsh ward councillors found that they both understood the rationale for the high-rises and maisonettes to be demolished but also highlighted their concerns about the proposal.

#### ***A2.1.1 Views on proposal***

The councillors recalled that a lot of residents in the tower blocks went through the first demolition of back streets terraced housing which took place in the 1960s and expected that the move into the tower blocks would be their last. The proposal has therefore come to these residents as a big shock.

The high-rises and Comber maisonettes were not regarded by the councillors as the best quality housing to live in as these buildings have no wall insulation, are both cold and damp and have very poor heating. Nelson House in particular was reported to have no gas heating and therefore relies on electric heating which is quite expensive. Most residents are therefore unable to heat their flats economically, leading to a high incidence of fuel poverty and the risk of ill health associated with cold homes.

There was the feeling that different groups living in the high-rises and maisonettes would be affected differently by the proposal. They felt the elderly, the disabled and other vulnerable residents are likely to be mostly affected as many of these groups feel safe and secure within the high-rises. Decanting them will lead to fear of crime and anti-social behaviour and the residents not feeling safe and secure.

Also, the ethnic minorities living in the high-rises were perceived as seeing the blocks as a sanctuary where they feel safe from discrimination. Therefore, decanting them to new areas may lead to fear of discrimination, lack of social contact and not feeling safe. The councillors believe that the young adults and adults who are physically and mentally fit may see this as an opportunity to move into better accommodation and therefore are less affected by the proposal in terms of their health and wellbeing.

#### ***A2.1.2 Major concerns***

The councillors were mainly concerned about what would happen to residents if the blocks are demolished and most importantly the uncertainty about where the elderly residents (especially those living in Nelson House, many of whom have lived there for about 30 years) would be decanted to.

The councillors were of the view that Shoreline does not have good quality housing with good heating and good facilities to offer elderly residents. They are also aware of the lack of

sufficient housing stock to move all residents into to bring them to a better standard of living. Most houses owned by Shoreline were reported to be old houses or houses on estates with long established anti-social behaviour. Therefore, potentially, the health gain that may arise from the demolition might not come to fruition unless new houses are built.

Concerns were raised about access to services and facilities, segregation and loss of community cohesion as the East Marsh area has got a community of its own. Residents affected by the proposal were reported to live right in the heart of this community. They live close to several amenities like Freshney Place Shopping Centre, Freeman Street market, Grimsby railway and bus stations and Cleethorpes Town. Residents also have access to various facilities such as banking, transport, leisure and community facilities, lunching clubs, Open Door Medical Centre and other providers of health and social care services. The councillors concluded that residents' health and wellbeing would be affected and some residents over 70 years of age were reported to have said that the demolition would potentially "kill them off".

There were concerns about the impact of the proposal on the local economy. The councillors' view is that East Marsh area will lose economically and the recently refurbished Freeman Street New market would go down. This proposal will again impact on all the small businesses in an area which needs a thriving economy.

The councillors were concerned about what would happen to the site during and after demolition. It was suggested that without careful management the demolished site could become an unsafe playground for children, a rubbish dump or meeting place for alcoholics and/or drug users if left undeveloped.

### **A2.1.3 Benefits of the proposal**

On the positive side, both Councillors felt that the proposal might lead to an improvement in the housing stock in North East Lincolnshire if new houses are built on the site and/or if the existing housing stock is brought to a higher standard through the provision of modern energy efficient housing. With most housing in East Marsh run down, the proposal would also have a positive effect on people's quality of life as decent housing brings better health whereas run down housing brings ill health. To enhance the positive effects of the proposal the councillors suggested that:

- i) Nelson House should be left out of the proposal or Nelson House residents should be moved in into the new site on Albion Street – the new Extra Housing Scheme;
- ii) Comber Place should be demolished first and residents decanted into other buildings whilst 1 bed and 2 bedroom houses and bungalows are being built on the demolition site for the elderly to move into on completion;
- iii) Residents should be given a guarantee that they will be moved back into the area, once the plot is redeveloped.

## **A2.2 Focus groups**

Three focus group discussions were conducted with the residents affected by the proposal in community settings and between 8-11 residents participated in each of the focus groups.

The first focus group was held with residents from Albion, Bevan and Tennyson high rise-blocks; the second with Nelson House residents and the third with residents from Comber Place, Garibaldi and Thesiger high-rise blocks. The common themes that emerged from these focus groups are categorised into: resident's views on proposal, negative impacts, social impacts, positive impacts and wider community impacts of the proposal.

### **A2.2.1 The proposal**

The majority of the residents who participated in the focus groups were against the proposal and expressed that they are happy to reside in the high-rises. One resident's comment was t *"I live in a village that goes up into the sky"*. All the focus group members agreed that there is a feeling of community within Nelson House but not so in the high-rises and maisonettes. They also expressed that the flats are cold and damp, not energy efficient and therefore need new wiring, lifts and thermal improvements.

The focus group members in favour of the proposal were mainly non-Nelson House residents in their 40s and early 50s, who are not physically disabled and appear to be in relatively good health. They felt the flats are an eyesore; outdated; a nightmare to live in with loud music, lots of drugs and alcohol abuse, police attending regularly (*Albion House*) and needles often found in the flats and stairways. These residents felt they could cope with living somewhere around the East Marsh area but not miles away. To support their view, they recalled some of their experiences to the group. Some recalled witnessing incidences of violence, crime and also verbal abuse of young girls from gangs outside of Albion House. There was a feeling of entrapment within the flats as residents do not feel safe going in or out of their flats and are in constant fear of crime and anti-social behaviour. A young girl reported not feeling safe walking home from school. They were of the view that pulling the flats down would alleviate some of the stresses of living in them.

There was a common feeling that the whole process undertaken by Shoreline has not been appropriate. Most focus group members felt Shoreline is not engaging with them enough as they are not fully aware of what's going on or what would happen to them if the proposal goes ahead. They indicated that not knowing is the worst thing for them and it is affecting them both physically and mentally. All focus group members felt that Nelson House should be considered separately due to its sheltered accommodation status and due to the complex needs of its residents. They were also of the opinion that not enough support has been given to the Nelson House residents and that the proposal would affect the older generation more. They were all in favour of all the ill/elderly and the disabled residents affected by the proposal being given priority, should the proposal go ahead.

There was a general feeling by focus group members that Shoreline does not have enough housing stock for all affected residents and this has led residents to be worried, stressed and anxious about the proposal. They emphasised that the uncertainty about where they would be decanted to, the "not knowing", was not only affecting them, but also other members of their families. There was a common belief that they would be decanted to housing that does not meet their individual needs.

All focus group members were in favour of the site being redeveloped with better homes to improve the housing stock in the area. Some would like a community specifically for people

aged 50 years and above developed on the site. Focus group members would also like Shoreline to feedback to the residents as a group (house by house) when a decision is finally made to give them a chance to voice their opinions and concerns.

### **A2.2.2 Negative impacts of the proposal**

The focus group members highlighted the negative impacts the proposal is having on them. Some said they have had health issues such as, sleeplessness, anxiety and depression and they have sought anti-depressants and sedatives while some reported that their health problems have worsened and have been paying more visits to their doctors and other health care providers. One resident from Nelson House said *“the move would start to kill people off and we would start dropping like flies”* and another said *“our families are worrying where we are going to end up”*. A Bevan House resident also said, *“it is as if we have a mountain to climb, but we don’t have the energy”*.

Access to services like the local GP and amenities such as the Freeman Street market, banking services, community and leisure facilities and public transport were highlighted as a main concern especially for the elderly who use these local services because of their proximity. The use of these facilities was said to give the elderly a sense of purpose. Therefore, decanting the elderly residents away from all these services and facilities may result in them staying indoors all day in their new accommodation and therefore may affect their mental health.

### **A2.2.3 Social impacts**

Some members of the focus group felt that the demolition would affect their social life dramatically, but this would vary between groups of residents. This view was mainly expressed by residents in Nelson House who commented that they are “a great big family” with a sense of community; they care for each other and look out for one another. It was pointed out that some residents in Nelson House do not have anyone else outside of the block. Some focus group members from Nelson House said that they do not have any interaction with other people, especially in the winter, apart from the various activities that take place within the block all year round at the Crow’s Nest.

Residents from the other houses, who are not physically disabled and are well, felt the proposal would not impact on their social life as much as the elderly and disabled residents.

### **A2.2.4 Positive impacts of the proposal**

The members of the focus group saw some benefits of the proposal. They all stated that the heating in the high-rises and maisonettes is terrible and acknowledged that the flats are outdated and are in need of extensive modernisation. Majority of younger residents were excited at the prospect of getting more modern accommodation or one with better central heating/thermal efficiency, which may possibly lead to a reduction in heating cost and better health conditions.

Some felt that pulling the high-rises and the maisonettes down would alleviate some of the stresses of living in these buildings. They would be less stressed living in a new area with potentially little or no noise and anti-social behaviour and where they do not feel trapped. Some were of the view that the compensation will allow them to move to a new and safer area where they will feel more secure.

All residents felt that redeveloping the site with better homes will improve the housing stock within the area.

### ***A2.2.5 Wider community impact***

Focus group members mainly expressed concerns about the potential loss of business to local traders on Freeman Street and the potential closure of many local businesses that may result from the demolition. The general belief was that Freeman Street market relies on trade from the high-rises and maisonettes.

### ***A2.3 Interview with the Home Options and Development Manager***

A one to one interview was conducted with the Home Options and Development Manager who reported that:

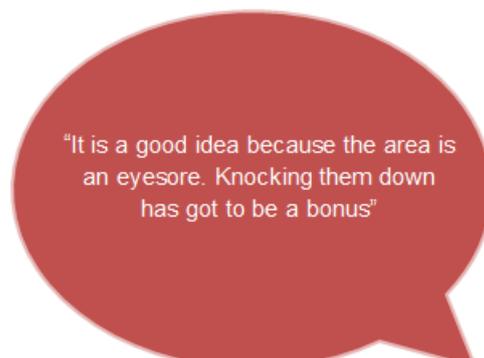
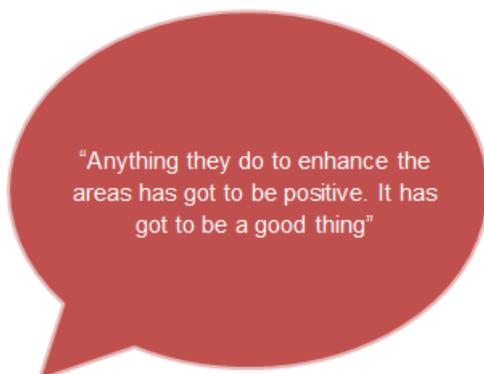
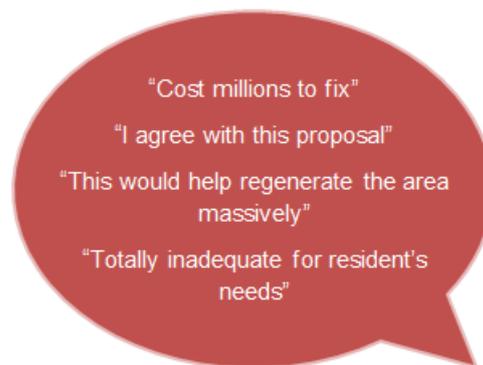
- There is a great shortage of lower level ground floor flats and bungalows and also recognition of a shortage of 1 bedroom accommodation. Coupled with this is the bedroom tax affecting single people and couples without children living in the high rises and maisonettes who only need one bedroom but are provided with 2 bedroom flats. As a result of this, Shoreline may struggle to rehouse residents needing this type of accommodation.
- There are many elderly sheltered accommodation in the NEL area, some of which belong to Shoreline, but which people do not want because nearly all of them have no lifts. This accommodation is said to be known as “difficult to let” and are reported to have very small rooms compared to those in the high-rises and maisonettes.
- Residents have started moving out of the high rises and maisonettes since the start of the consultation with most moving into the private sector.
- According to the Home Choice Lincs allocation policy, all the residents affected by the demolition, should it go ahead, would be registered on the housing register waiting list and will be given Band 1 priority; which is urgent housing need. This action will potentially have a knock on effect on people already on the housing waiting list especially those in Band 1 such as the homeless and people with high medical or welfare needs.
- The allocation policy above has implications for the wider housing strategy as people currently on the housing waiting list will be pushed down the list. At the time of the interview, it was reported that there were 9,000 people on the waiting list with 4,000 of these in bands 1, 2 & 3. Therefore, if the proposal goes ahead and if the majority of the residents want housing in the social sector, it will take longer to rehouse them.

- There is a very vibrant private sector housing in NEL and lots of private development going on around the borough but not in East Marsh area. However, it is expected that some social housing for residents affected by the proposal would come through from the private development, therefore the supply of housing needs to be increased in NEL area. Increasing the supply of new housing in East Marsh would have a knock on effect of cheaper housing in East Marsh and also bring existing housing stock in the NEL area to a higher standard for people to want to move into them, which would increase housing supply in the area.
- A new development, the Extra Care Housing (ECH) scheme to be known as “Strand Court” is being built on Albion Street. It was pointed out that this scheme is not general housing provision but needs-related rather than for a specific age threshold. However, there is the possibility that some people living in the flats now might be housed in there provided they meet the criteria set for admissions. The ECH scheme will house 60 people but early indications are that only 14 people currently receiving extra home care in the high-rise blocks may qualify to move into this when completed.

Suggestions made include redeveloping the demolished site; making sheltered accommodation, which is in low demand, more modern for sheltered accommodation living; fitting lifts into the sheltered accommodation with no lifts; knocking two small rooms into one to create bigger rooms.

#### **A2.4 Comments from the Grimsby Telegraph**

Some of the comments made in the Grimsby Telegraph when the proposal was announced by both residents and members of the public are shown below. Some of these comments are negative while others are positive:



"Sense of community, the social side for the residents is brilliant"  
"Save the high-rise flats"  
"Part of Grimsby's skyline"  
"Close to the shops and the market"

"How will they ever compensate for their loss of friends and neighbours"  
"The worry and stress that will impact on the residents"  
"Serve a community purpose, this is secondary to cost"

"I feel safe and secure living here"  
"We DON'T want to lose our homes, we just want to save them"  
"Everybody looks after each other"  
"I would feel vulnerable again, if I moved"

"Everybody looks after each other, I know all of my neighbours here, if I had to move I'd be in a new area and with new people"  
"It would leave a void in the area"

Some comments made in Grimsby Telegraph by Shoreline and some councillors include:

"I remember the flats going up in the 1960s and there was concern back then about the loss of the community. But they have stood the test of time. I am just concerned about who will be moved first and how that will be decided."

"I have real concerns for the people who live in the flats. Not long ago we made a commitment to the current buildings, so why has no work taken place?"

"They are still 1960s tower blocks acting like 1960s tower blocks. The issue isn't about the money"  
"We are very aware of the emotional attachment people have to their homes, it's not simply a case of bricks and mortar"

"But the reality is these are our most unpopular blocks to sell. The £19.3 million we have will only cover the basics, such as the leaks, the roofs, windows, lifts, bathrooms and so on"

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