



**A HEALTH IMPACT ASSESSMENT
OF THE
PROPOSED CLOSURE
OF
BRIERLEY HILL LEISURE CENTRE**

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1. INTRODUCTION

This report details the process, findings and recommendations of a Health Impact Assessment (HIA) conducted on the decision by the Council to close Brierley Hill Leisure Centre, including its swimming pool and sports hall by December 2005.

Rationale for Closure:

The decision to close Brierley Hill Leisure Centre was made because:

- The Leisure Centre requires £5 million pounds capital spend if it is to meet health and safety and disability discrimination act standards.
- There is some evidence to suggest that a significant number of the leisure centre users were not from the local area and alternative swimming baths are available in the Borough at Stourbridge, Dudley and Halesowen with the capacity to cater for these potential users.
- The leisure facility is sited in the Brierley Hill Regeneration area with proposed transport routes either very close by or across the leisure centre site.

The Proposal:

Following discussions on the closure decision at the Select Committee on Good Health, an HIA was requested by the Committee to assess more clearly the health impact of the decision on the local population and provide a focus for planning the investment of the capital gained from the closure on alternative physical activities in the area.

HIA is a systematic process (see appendix 1) to judge the potential impacts on health of a decision- both the negative and positive impacts, with the aim to recommend adjustments to the decision in order to mitigate the negative and maximise the positive impacts or opportunities.

A steering team was set up (see appendix 2) to plan and implement this project.

2. SCREENING PHASE:

A screening phase was adopted to determine whether or not and what type of Health Impact Assessment (HIA) should be conducted.

The screening matrix shown in appendix 3 lists potential impacts of the proposal with an indication of the certainty of impact and, broadly the population group likely to be affected.

The screening matrix demonstrates that, potentially, there are positive health impacts from the wider regeneration scheme, both for local residents and the wider borough population. However, the specific closure of the Leisure Centre with its swimming pool facility has definite potential negative impacts on health.

It was, therefore, decided to focus efforts on the minimisation of these potential risks to health using a rapid 'mini HIA' (see box 1), taking into account time and resource issues.

Box 1:

Rapid Mini HIA	Information to appraise impacts from:- <ul style="list-style-type: none"> - A brief literature review (unsystematic) - Use of information already available and to hand - Brief consultation and involvement of stakeholders and community Followed by:- <ul style="list-style-type: none"> - Minimum quantification of impacts (more qualitative)
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It was established during screening that the closure of the facility would release £250,000 recurring investment, as a £150,000 capital, £100,000 revenue split. This is available to the decision makers (Dudley Council elected members via the Cabinet) to mitigate the risks to health of the proposed closure.

This HIA has, therefore, focused on the development of positive proposals to mitigate risks to health and maximise health gain for the residents of Brierley Hill, Brockmoor and Pensnett and for current users of the swimming pool from outside those areas.

3. SCOPING PHASE:

From the screening phase the overall aim to be addressed by the HIA was defined as:

‘ As a result of the closure of Brierley Hill Leisure Centre what is the best way to use the freed up resource to maximise the health gain for the local population and minimise negative effects for current users of the Centre’.

As the Leisure Centre is based within a highly deprived area of the Borough, it was decided to use the HIA as an opportunity to reduce health inequalities by focusing on the needs of the communities within the local area.

Following previous negative publicity concerning the closure of the centre, it was also decided to concentrate on the positive, and what could be influenced rather than revisit the negative aspects of the 'closure'.

From the screening matrix, and accounting for the resources available for the HIA and scope of the freed up resource, it was decided to concentrate analysis on the following health impacts:

- Impact on levels of physical activity
- Impact on environment to support increased physical activity
- Impact on social/community participation, cohesion and identity

It was determined that health impact on the following population groups should be explicitly considered:

- The whole local community (those living in the adjacent areas of Brierley Hill, Brockmoor and Pensnett). These wards were prioritised as key deprived wards within the borough, which formed a natural local community and identity. Users of the Centre from these communities would have less opportunity to access alternative facilities in the Borough due to transport and other issues.
- Current users of the facility (including both local residents and residents from other parts of the borough).

A demographic review (see appendix 4) of the Brierley Hill and Brockmoor/Pensnett wards was conducted in order to identify communities who should receive particular investigation and the following sub-groups were identified:

- People with a disability and/or chronic disease
- Older people (broadly defined as over 60 years)
- People from black and minority ethnic communities
- Children and young people
- People from low income households

4. HEALTH IMPACT ASSESSMENT PHASE:

Demographic Overview

The demographic review of the local Brierley Hill and Brockmoor/Pensnett community (see appendix 4) highlighted a number of issues that will need to be accounted for in order to maximise the health gain to the local population from the closure. Key issues for consideration, include that the area has a higher unemployment level at 9% compared to the Dudley average of 6%. 35% of households do not own a car/van. 11% of the 16-74 aged population is permanently sick or disabled, higher than the Dudley average of 8%. 61% of the community is classed as overweight or obese, compared to 57% in Dudley as a whole.

Lessons from the Literature:

A brief literature review (not fully systematic) was undertaken to examine readily available evidence related to the chosen health impacts and included:

- Barriers to physical activity (physical, economic and other)
- Physical activity interventions shown to work in deprived areas
- Swimming pools as a social amenity

- Swimming as a uniquely important exercise
- The relationship between proximity to an exercise facility and usage

(Appendix 5 summarises the papers considered.)

The conclusions from this review indicated that any proposals for mitigating health risks from the closure of the baths need to ensure that opportunities are taken to improve the physical environment in the local area, in a way which supports increased physical activity and reduces barriers to physical activity; particularly walking and cycling.

This was supported by data from the Dudley Health Survey 2004. This postal health and lifestyle survey of Dudley residents asked respondents to indicate things that would help them to become active. Appendix 4 shows the results for Brierley Hill, Brockmoor and Pensnett compared with the results from Dudley MBC as a whole. 33% of respondents from Brierley Hill, Brockmoor and Pensnett cited safer streets as a factor and 46% safer facilities.

A second general conclusion from the literature review was that, whilst financial barriers are important in determining physical activity levels in people in disadvantaged communities, amelioration of these may be a necessary but not sufficient condition for increasing physical activity in these groups. The relative powerlessness and lack of control which people in financially disadvantaged circumstances often experience will need to be overcome. Community and individual capacity building will be important in improving confidence in the relationship between behaviour and outcomes and in combating passivity. Motivational support and encouragement should be an important part of any proposed intervention.

A local qualitative survey of Asian women and swimming showed the importance of providing single sex environments (including female lifeguards on duty) for assisting the participation of Asian women. This is in addition to addressing any language and confidence barriers which may be present.

Swimming itself is an important type of exercise to facilitate because it is an inclusive activity and less gender or socially patterned than many other sports. It has particular advantages for older people and those with a disability. There are reported positive effects of aqua exercise for pregnant women, older adults, those with osteoarthritis of the lower limbs, people with multiple sclerosis and adolescents with asthma.

The evidence considered was more equivocal on the relationship between proximity of facilities and increased physical activity levels. It is best described as 'suggestive' of a relationship between the two.

Impact Assessment:

Table 1 shows a more detailed assessment of health impacts; possible actions to mitigate negative impacts; and opportunities to increase health gain.

TABLE 1**ASSESSMENT OF HEALTH IMPACTS OF FACILITY CLOSURE**

NB: figures are rough estimates, based on the assumption that a 'visit' represents 30 minutes of moderate exercise or 1 PA unit. (Based on DOH recommendation of 5x 30 minutes of activity/week). 'Physical Activity Hours' = 2 PA units

TYPE OF IMPACT	GROUP AFFECTED	NATURE OF POTENTIAL IMPACT	MAGNITUDE*	MITIGATION NEEDED/POTENTIAL FOR FURTHER HEALTH GAIN
Physical Activity Levels	<p>1.Current users from within Brierley Hill & Brockmoor & Pensnett (34% current users living within 2km of leisure facility) (33% of current users have DY5 post code)</p> <p>2.Current users from outside Brierley Hill & Brockmoor</p>	<p>Negative</p> <p>Less opportunity for swimming</p> <p>Less opportunity for sports hall 5-a-side and badminton</p>	<p>Loss of club activity:</p> <ul style="list-style-type: none"> - 15.5 swimming club hours /week (775 hours/year) - 2 sub aqua club hours/ week (100 hours/year) - 1 canoe club hour/week (50 hours/year) <p>Loss of visitor physical activity, from user survey-180,922 visits/year to BHLC or 90,461 hours/year. (assuming 1 visit gives 30 minutes of activity)</p> <p>Equivalent to 1,391 number of people using the facility assuming 2.5 visits per week or equivalent to 695 people meeting the minimum adult guidelines of 5 x 30 minutes/week)</p>	<p>Provide swimming opportunities for people in Brockmoor & Pensnett. Brierley Hill can access (substitute pool).</p> <p>Ensure swimming opportunities elsewhere in Borough for current users from outside immediate local area.</p>
	People with a disability and/or chronic disease	Negative - swimming is a uniquely important exercise for this group	<p>17.9% of facility users reported as limited by disability.</p> <p>= 32, 385 visits/year</p> <p>Note that census data shows 1,142 (11%) of 16 – 74 years of age in Brierley Hill, Brockmoor & Pensnett to be permanently sick or disabled (cf DMBC 8%).</p>	<p>Ensure substitute pool with full access.</p> <p>Provide targeted activities in substitute pool via primary care referral scheme and other routes</p>

TYPE OF IMPACT	GROUP AFFECTED	NATURE OF POTENTIAL IMPACT	MAGNITUDE*	MITIGATION NEEDED/POTENTIAL FOR FURTHER HEALTH GAIN
	People from low income households	To be completed	To be completed	Use opportunity of released funds to provide interventions designed to increase physical activity levels in this group – include motivational support (possibly NHS trainers) Free crèche provision Low cost activities
	Older People	Negative Swimming can be continued into older age when other forms of physical activity may not be possible	32% of pool users are over 50 years =57, 895 visits/year. Note – older people tend to make greater use of causal swimming sessions (anecdotal observation from BHLC staff).	Ensure substitute pool provisions which include casual swimming sessions. Potential for formal link with other physical activity programmes for older people in the Borough (LEAP over 50).
	People from black and minority ethnic groups	Neutral Little usage of current pool by people from these groups	-	Consider activities targeting increased physical activity in these groups, as part of alternative proposals
	Children and Young People	Negative Loss of use of pool for swimming lessons and sports development via swimming clubs	17% pool users are under 19 years = 30,757 visits/year note: participation from less affluent neighbourhoods in young people's swimming lessons.	Provide access to substitute pool facilities with structured swimming lessons. Increase participation in swimming lessons by less affluent children by working through local schools. Revenue to improve 'liveability' of streets in immediately local area, including traffic calming; support for walking/cycling; safety/security measures. Expand opportunities for increased physical activity in children through increased availability of safe outdoor and indoor play areas. Develop family activities as part of extended school provision. Emphasise fun and inclusive provision. Develop cadre of parents as volunteer leaders

TYPE OF IMPACT	GROUP AFFECTED	NATURE OF POTENTIAL IMPACT	MAGNITUDE*	MITIGATION NEEDED/POTENTIAL FOR FURTHER HEALTH GAIN
Environment Supportive to Physical Activity	Whole community local to Brierley Hill leisure facility (i.e. Brierley Hill, Brockmoor & Pensnett	Negative during demolition phase Neutral in long term use released		Ensure continued pedestrian supportive walkways during demolition/construction
Social/Community Participation and Cohesion	Current users from local area	Negative Loss of local focus for social contact and interaction		Develop an alternative local community facility to act as focus for social contact via physical activity.
	Current users from outside local area	Negative Loss of opportunity for social contact and interaction		Ensure alternative facilities for swimming are in centres which provide this.

Finally, the assessment covered alternative availability of swimming pool facilities for current users who come from outside the immediate Brierley and Brockmoor/Pensnett area. The bulk of these users are from Stourbridge and Halesowen (36%). A further 11% are from Central Dudley with just 1% from North Dudley and 9% from outside the borough (1 week usage survey July 2003). Leisure centres in Stourbridge, Dudley and Halesowen are under-utilised and can easily absorb club and casual swims from the BHLC and it was concluded that there was adequate pool provision for residents from areas outside of the immediately adjacent Brierley Hill and Brockmoor and Pensnett areas (see appendix 6 for alternative provision for club use at BHLC).

5. CONCLUSIONS FROM THE IMPACT ASSESSMENT

Conclusions from the impact analysis were that the £250,000 revenue subsidy released from the Leisure Centre closure should be used for three distinct and complementary purposes:

1. Support current users of BHLC from outside the local area, in using alternative facilities in other parts of the Borough. Existing facilities at Halesowen, Stourbridge and Dudley have spare capacity and can absorb BHLC club use, casual swim and sports facility use. Capital Investment is needed at these sites to improve the sustainability of the facilities.
2. Support to existing alternative swimming pools in the local area to enable access for current local users, attract new users from the local area and improve access for specific vulnerable groups:
 - Targeted sessions for Asian women, or all female/male sessions
 - Targeted sessions for older people
 - Targeting disabled and chronically ill/overweight etc. e.g. with links through GP referral
 - Schemes to encourage the less affluent areas to become involved
3. Maximise the opportunity to 'get more people more active' in the Brierley Hill, Brockmoor/ Pensnett area by providing:
 - A coordinated range of alternative physical activity facilities in the local area to appeal to a wider audience,
 - improving the physical environment of the area,
 - and providing individual support to help community members overcome barriers to taking exercise.

Appraisal of access to the sites via foot, cycle and public transport for local people should be included, and the provision of information for a community directory of activities.

A further action arising from the impact analysis is that discussions should now be held with relevant local authority officers on the prospect for improving the 'liveability' of the local area including streets, open spaces and canals.

6. OPTION APPRAISAL

The following options were generated and appraised in terms of proposed activities, costs and outcomes:

1. Alternative Pool Facilities In Other Parts Of The Borough: Halesowen, Stourbridge and Dudley

2. Substitute Pool Facility:

- a) Wordsley School
- b) Campus 21
- c) Cycling/walking access to local swimming pools

3. Expanded Activity Options:

- a) A reorientation of the DELL Stadium to act as a focus for the local community and a multiple use facility.
- b) NHS health trainer/ volunteers scheme for peer support
- c) Healthier Communities proposal covering
 - Hawbush park and community gardens
 - Chapel street multi games area
 - Barrow Hill site

The building of a new leisure centre and pool facility was considered but not taken forward as a viable option for appraisal. It was considered non-viable due to prohibitive costs, lack of a suitable landsite for the build and not cost-effective due to existing nearby facilities that have spare capacity. The Next Generation Club was also considered but not taken forward due to the competing priorities of providing sessions on behalf of the Local Authority.

7. RECOMMENDED ACTION

From the option appraisal, a 5-year rolling investment plan is proposed to take forward the conclusions from the HIA. Table 2 sets out a summary of the investment and Table 3, a summary of the programme details. Appendix 7 gives detailed breakdown of costings where appropriate.

It is proposed that the plan is reviewed yearly to maintain flexibility, with a comprehensive review on a 5-year basis to inform the subsequent 5-year plan. It must be noted that this plan does not resolve future maintenance and replacement costs for facilities and this will need to be considered at the 5-year review stages. It is proposed that the plan is managed through existing partnerships arrangements via the Physical Activity Task Group which is accountable to the Health and Well-being Partnership.

A master plan is being produced as part of the Healthier Communities project for the Brierley Hill and Brockmoor/ Pensnett wards, which gives a strategic framework for planning physical activity provision within the area. These proposals build on and support the Healthier Communities master plan. The investment plan reflects the capital investment required to build a physical activity infrastructure in the area, in order to support more people, becoming more active in their own locality.

TABLE 2: INVESTMENT PLAN SUMMARY: RELEASED INVESTMENT (5-YEAR ROLLING PROGRAMME)

CAPITAL					
	YEAR 1 £K	YEAR 2 £K	YEAR 3 £K	YEAR 4 £K	YEAR 5 £K
SUBSTITUTE POOLS (out of area)					
DUDLEY/HALESOWEN/ STOURBRIDGE (PFI annual investment payments)	150	90	90	100	100
EXPANDED ACTIVITY					
DELL STADIUM*	-	60	60	-	-
PA ENVIRONMENT***	-	-	-	50	50
TOTAL CAPITAL	150	150	150	150	150

REVENUE					
	YEAR 1 £K	YEAR 2 £K	YEAR 3 £K	YEAR 4 £K	YEAR 5 £K
SUBSTITUTE POOLS (within area)					
WORDSLEY	12	12	12	14	14
CAMPUS 21	30	30	30	35	35
EXPANDED ACTIVITY					
COMMUNITY SUPPORT	20	20	20	20	20
PA ENVIRONMENT***	23	23	23	-	-
PA COMMUNITY VOLUNTEERS**	5	5	5	6	6
ACTIVITY PROGRAMMES***	10	10	10	25	25
TOTAL REVENUE	100	100	100	100	100
OVERALL TOTAL	250	250	250	250	250

* Capital investment requires 35% investment from partner e.g. Sports England

** Healthy communities bid, investment supports physical activity master plan for area with capital investments of £150/200K at Chapel Street and projects for Hawbush park & community gardens, Barrow Hill and Fens Pool/Buckpool

*** Programmes for the area to be supported by existing programmes and funding

Table 3: SUMMARY OF PROGRAMME DETAILS

* NB: figures are rough estimates, based on the assumption that a 'visit' represents 30 minutes of moderate exercise or 1 PA unit. (based on DOH recommendation of 5x 30 minutes of activity/week).

PROJECT	BRIEF DESCRIPTION AND OUTPUTS	PA UNIT / WEEK EQUIVALENT*
POOLS OUT OF AREA		
DUDLEY HALESOWN STOURBRIDGE	To provide annual investment payments for capital projects to improve pool and leisure facilities at Halesowen, Dudley and Stourbridge.	N/A (estimations for local population only)
POOLS WITHIN AREA		
WORDSLEY SCHOOL POOL	8280 visits/year free to the client (except for children's swimming lessons which would be subsidised). Visits include adult and children casual swims, swimming lessons, parent and toddlers, aqua fit, family swim, and exclusive Asian ladies sessions. Additionally there will be a focus on promoting and actively encouraging the catchment area (especially Hawbush) to attend swimming related activities, through community outreach.	160 visits/ week= 160 PA units
CAMPUS 21	Similar to above -pool and sports hall use for the community aiming for 16,000 visits/year by the local community	308 visits/ week= 308 PA units
EXPANDED ACTIVITY		
DELL STADIUM	To establish the DELL stadium as a community run leisure centre with an additional building for a leisure/fitness suite. This provides a new focus and social identity for the community, new facilities plus the opportunity to maximise local community use of the existing multi sports area with structured activity programmes and links to the Campus 21 site. Based on proposed capacity of existing and new facilities, aiming for minimum of 40,000 visits/year from the local community (based on minimum of 100-120 uses/day)	769 visits/ week = 769 PA units
INDIVIDUAL COMMUNITY SUPPORT	NHS Health Trainer: Community outreach post to give individual motivational/ advocacy support to members of the community trying to adopt a healthier lifestyle. Approximate numbers supported based on an arbitrary 2 hours support/person over time = 675 people/year	N/A (numbers already counted)
PHYSICAL ACTIVITY ENVIRONMENT	To establish way-marked off-road cycle and walking paths to key exercise and community sites in the area from Brierley Hill Town Centre to Wordsley School, Campus 21, Dell, Hawbush park and community gardens etc Potential use by the local community- based on the encouragement of an arbitrary 90% of the active population (5-60) to use the facilities 1x/week for 6 months of the year, would be 407,160 visits/year .	7830 visits/ week = 7830 PA units
VOLUNTEERS FOR 'GREEN GYMS'	To provide support /cover expenses of community volunteers on 'green gyms' as part of the Healthier Communities project and physical environment projects. All programmes involve extensive community consultation. Projects include: Hawbush Park And Community Gardens: Developing a multi-faceted "park" on open space between St Paul's Church & cemetery, Primary School playing field, some wooded areas, the former Urban Farm site and the "Lloyds site." Chapel Street: Establishing a community run multi-use games area Barrow Hill: Develop a 'friends of parks' group to help maintain the site and link to Fens Pool/Buckpool nature reserve	64/week= 64 PA units plus 7830 visits/ week = 7830 PA units

	The community participating as volunteers in the development of these areas, based on 2% of the active community (15-60) volunteering once a month = 3308 'visits'/year Direct use of the facilities once completed based on 90% of the active population using the facilities 1x week for 6 months = 407,160 visits/year	
ACTIVITY PROGRAMMES	To put in place additional structured and unstructured physical activity opportunities at the new community sites including coaching, play schemes, community football for the socially excluded, and green gyms etc. The purchase of 1250 hours coaching/year with an average of 10 people/ hour, gives 25,000 'visits' per year.	480 visits/week= 480 PA units
	TOTALS	17,441 visits/ week 17,441 PA units/week

The investment programme is supported by a number of additional programmes already funded that can be used to provide regular structured input into the proposed sites as well as the additional investment in activity outlined above (appendix 7 gives details of these programmes).

From the user survey for BHLC, yearly visits were estimated at 180,922 visits/ year (see table 1, page 6) which is equivalent to 3479 visits/week, and 695 people achieving the recommended weekly exercise levels of 5 x 30 minutes/week. The table above shows that from reallocation of the existing funding, 17,441 visits/week have been made available, a potential increase of 13,962 visits, and equivalent to 3489 people achieving the recommended weekly exercise levels (20% of the local active population). These estimates are rudimentary, but they do highlight the potential benefits from the recommendations.

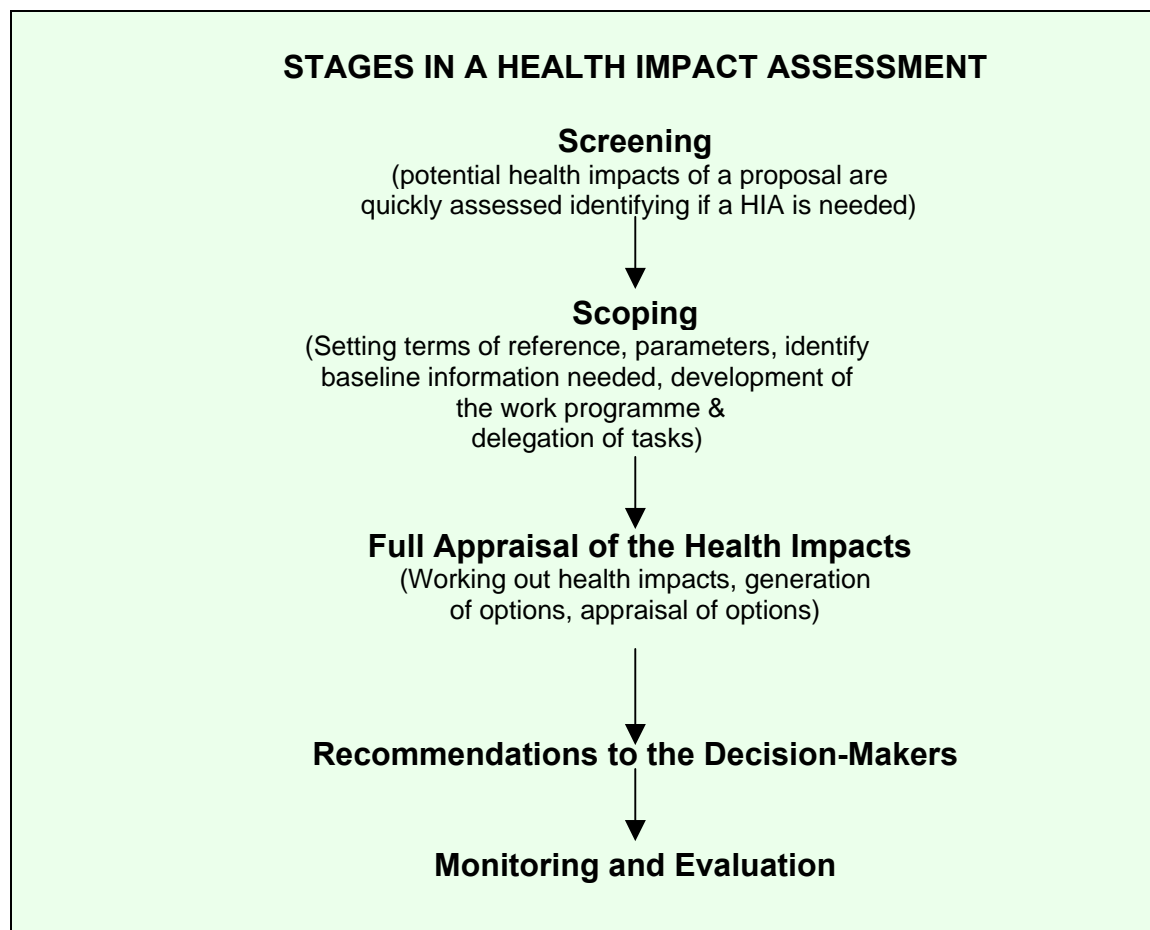
8. REFERENCES

Dudley PCTs (2004) Dudley Adult Health Survey. Public Health Department
University of Birmingham (2003). *A Training Manual for Health Impact Assessment*. Department of Public Health and Epidemiology

APPENDIX 1: What is Health Impact Assessment?

A process to judge the potential effects on health of a proposal/decision – both negative and positive impacts to:

- Improve knowledge about the potential impact of a proposal
- Inform decision makers and affected people
- Facilitate adjustment of the proposal – mitigate negative, maximise positive impacts



APPENDIX 2: Membership Of HIA Steering Group

Dr Tony Collins	Director Of Public Health Dudley South PCT
Peter Fryers	Head Of Public Health Intelligence
Jean Garwood	Neighbourhood Manager
Dean Hill	Physical Activity Programme Manager Dudley Pcts
Karen Jackson	Public Health Specialist Dudley PCTS (Chair)
Valerie. A. Little	Director Of Public Health Dudley Beacon And Castle PCT
Mike Mason	Community Engagement Manager
Jayne Parry	Senior Lecturer At University Of Birmingham (External Validation)
Tony Sidaway	Neighbourhood Manager
Julia Simmonds	Public Health Strategy Manager Dudley South PCT
Andy Webb	Head Of Sport And Recreation

APPENDIX 3: Screening Matrix

	INFLUENCES ON HEALTH/RISK FACTORS	GROUP AFFECTED	POTENTIAL HEALTH IMPACT OF PROPOSAL			RATING (CERTAINTY OF IMPACT D = DEFINITE P = POSSIBLE S = SPECULATIVE	COMMENT
			+VE	-VE	NEUTRAL		
1.	Biological fixed factors	-	-	-	-	-	
2.	Lifestyle						
	2.1 Diet	-	-	-	√	-	
	2.2 Physical Activity	Current users of baths Brierley Hill/Brockmoor residents	- -	√ √	- -	D P	Loss of current physical activity Loss of potential means of increasing physical activity
	2.3 Recreation	Current Users of baths Amenity in Brierley Hill/Brockmoor	- -	√ √	- -	D D	
	2.4 Means of Transport	The Borough residents and users	√	-	-	S	
	2.5 Smoking		-	-	√	-	
	2.6 Alcohol/Drugs		-	-	√	-	
	2.7 Risky Sexual Behaviour		-	-	√	-	

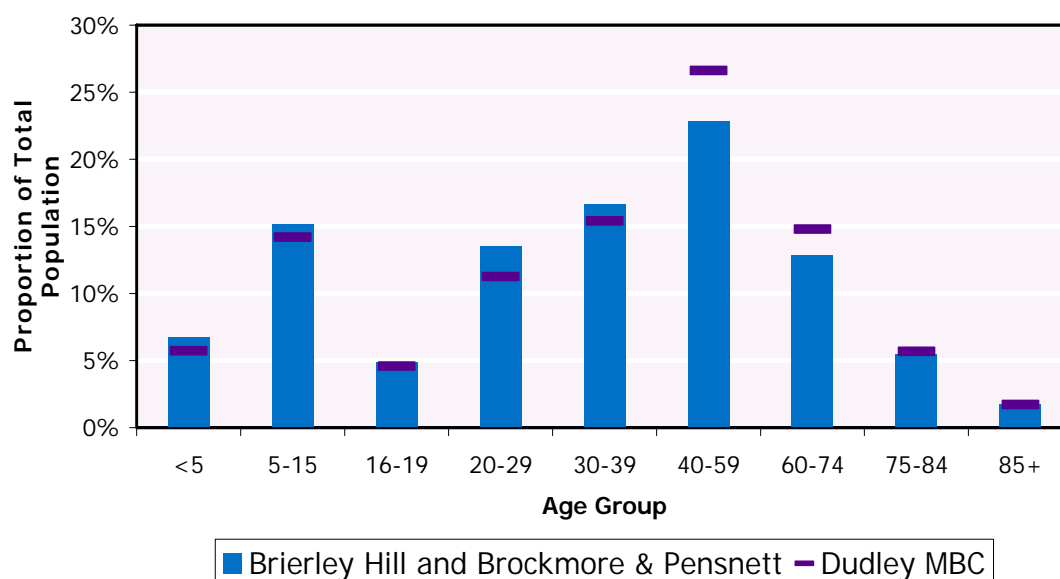
	INFLUENCES ON HEALTH/RISK FACTORS	GROUP AFFECTED	POTENTIAL HEALTH IMPACT OF PROPOSAL			RATING (CERTAINTY OF IMPACT D = DEFINITE P = POSSIBLE S = SPECULATIVE	COMMENT
			+VE	-VE	NEUTRAL		
3.	Social & Economic Environment						
	2001-02 Employment	Wider Brierley Hill area and the Borough. Employees of baths	√	-	-	P	
	2001-02 Culture		-	√	-	D	
	3.3 Community Participation	Brierley Hill/Brockmoor residents	-	√	-	D	
4.	Physical Environment						
	4.1 Housing		-	-	√	-	
	4.2 Working Conditions		-	-	√	-	
	4.3 Water Quality		-	-	√	-	
	4.4 Air Quality		√	-	-	S	Brierley Hill is an AQMA. Less congestion may improve this.
	4.5 Noise	Residents in immediate area of baths	-	√	-	P	During demolition and building phase
	4.6 Public Safety & Security		-	-	√	-	

	INFLUENCES ON HEALTH/RISK FACTORS	GROUP AFFECTED	POTENTIAL HEALTH IMPACT OF PROPOSAL			RATING (CERTAINTY OF IMPACT D = DEFINITE P = POSSIBLE S = SPECULATIVE	COMMENT
			+VE	-VE	NEUTRAL		
5. Access to Services							
5.1 Education services			-	-	√		
5.2 Health Services Primary Care		Wider Brierley Hill residents	√	-	-	D	Regeneration proposal includes new health centre – road access via proposed new highway
5.3 Health Services Secondary Care			-	-	√	-	
5.4 Social Services		Wider Brierley Hill residents	√	-	-	D	
5.5 Housing Services			-	-	√		
5.6 Transport			√	-	-	S	Potential in new highway for improved public transport
5.7 Leisure Services		Local Brierley/Brockmoor residents.	-	√	-	D	
		Current users from outside Brierley/Brockmoor	-	√	-	D	
5.8 Police			-	-	√	-	
5.9 Voluntary Services			-	-	√	-	

APPENDIX 4: Demographic Overview of Brierley Hill and Brockmoor/ Pensnett Wards

Age Structure				
	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Age Group	Population	Proportion of total	Population	Proportion of total
Under 5	1,614	7%	17,476	6%
5 to 15	3,616	15%	43,351	14%
16 to 19	1,171	5%	13,997	5%
20 to 29	3,213	14%	34,334	11%
30 to 39	3,971	17%	46,992	15%
40 to 59	5,429	23%	81,238	27%
60 to 74	3,058	13%	45,143	15%
75 to 84	1,307	5%	17,343	6%
85 and over	416	2%	5,258	2%
Total Population	23,795		305,132	

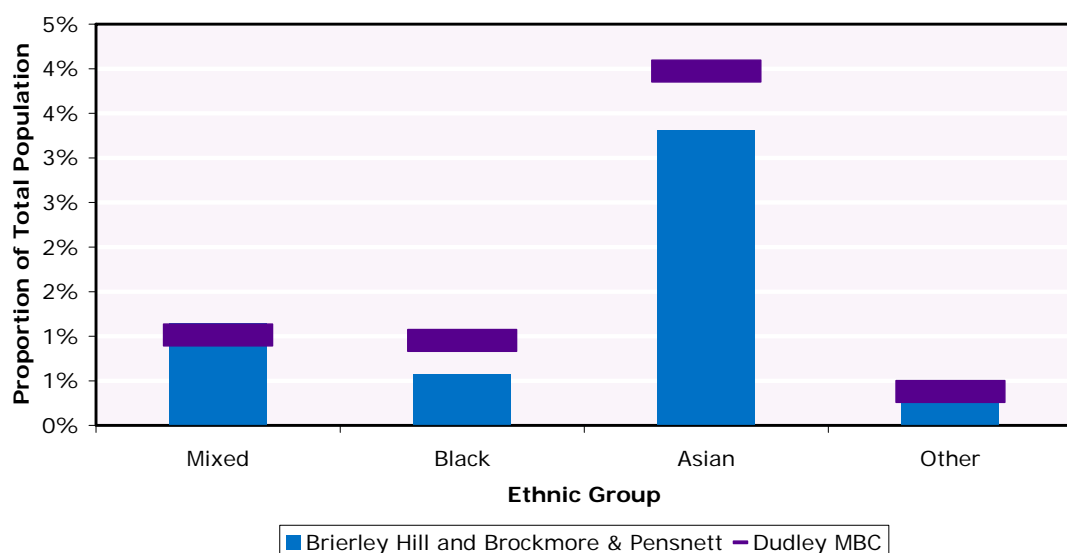
Brierley Hill & Brockmoor & Pensnett Area Age Structure
Data from 2001 Census



Ethnic Profile

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Ethnic Group	Population	Proportion of total	Population	Proportion of total
White	22,515	95%	285,870	94%
Mixed	273	1%	3,097	1%
Black	137	1%	2,905	1%
Asian	787	3%	12,124	4%
Other	82	0%	1,159	0%
Total Population	23,795		305,132	

**Brierley Hill & Brockmoor & Pensnett Area BME
Population - 2001 Census**



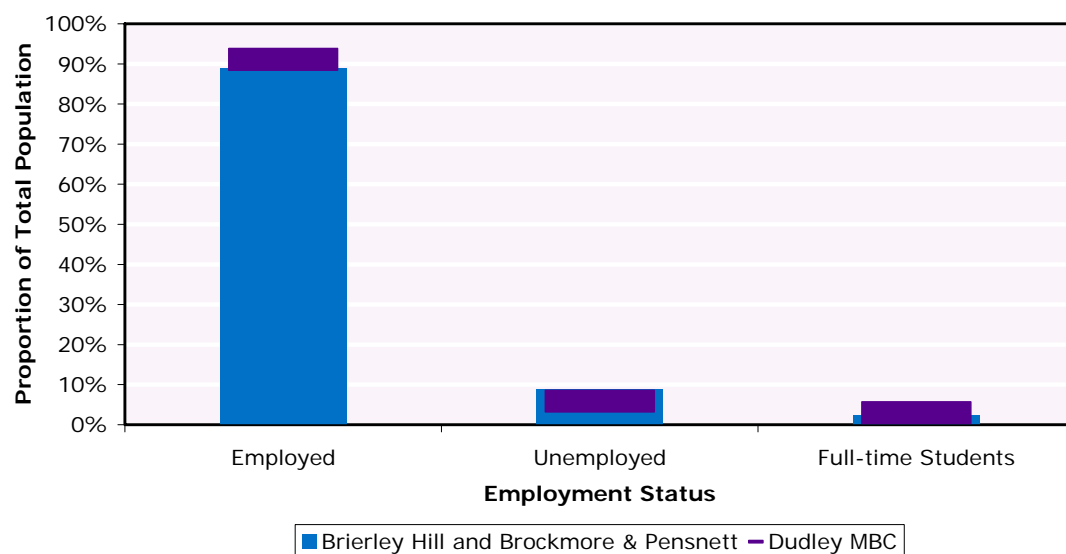
Employment Status

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Employment Status	Number	Percentage	Number	Percentage
Employed	9,824	89% ¹	136,022	91% ¹
Unemployed	982	9% ¹	8,758	6% ¹
Full-time Students	254	2% ¹	4,498	3% ¹
Economically Inactive	5,781	34% ²	72,446	33% ²

1 Percentage of all economically active

2 Percentage of all aged 16-74

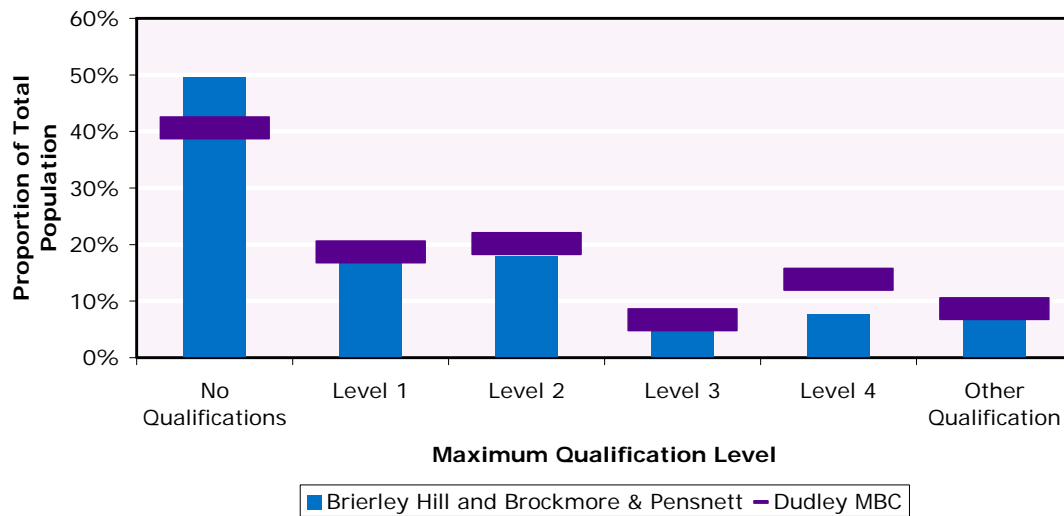
Brierley Hill & Brockmoor & Pensnett Area Employment 2001 Census



Qualifications

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Maximum Qualification Level	Number	Percentage	Number	Percentage
No Qualifications	7,803	50%	82,905	41%
Level 1	3,038	19%	38,145	19%
Level 2	2,836	18%	41,147	20%
Level 3	840	5%	13,636	7%
Level 4	1,221	8%	28,250	14%
Other Qualification	1,109	7%	17,642	9%

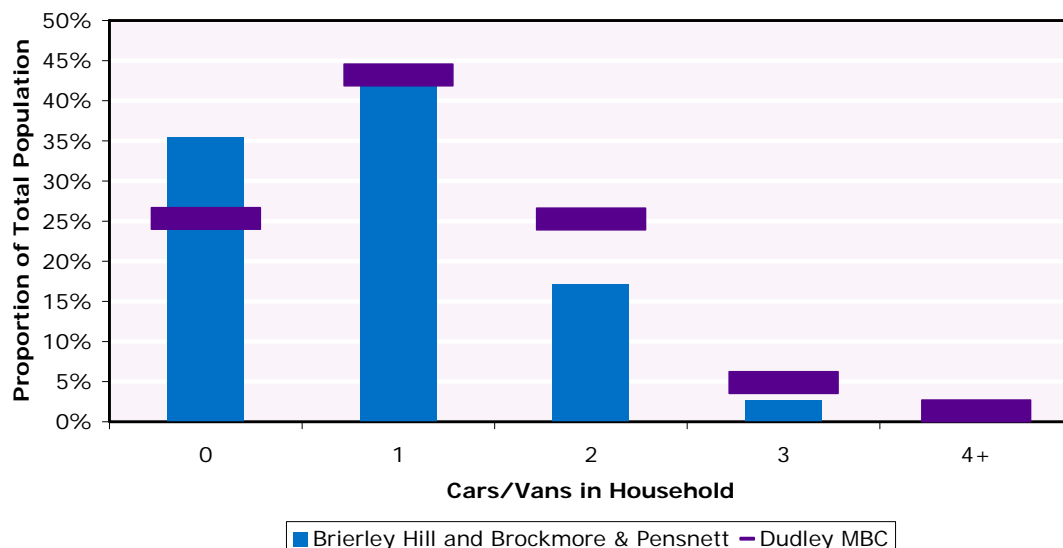
**Brierley Hill & Brockmoor & Pensnett Area
Qualifications
2001 Census**



Car/Van Ownership

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Number of Cars/Vans	Number of Households	Percentage	Number of Households	Percentage
0	3,542	35%	31,665	25%
1	4,402	44%	54,010	43%
2	1,710	17%	31,573	25%
3	268	3%	6,075	5%
4+	69	1%	1,665	1%

**Brierley Hill & Brockmoor & Pensnett Area Car
Ownership - 2001 Census**



Permanently Sick or Disabled

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
	Number of Households	Percentage	Number of Households	Percentage
Total Aged 16-74	16,842		221,704	
Permanently Sick or Disabled	1,142	11%	11,784	8%

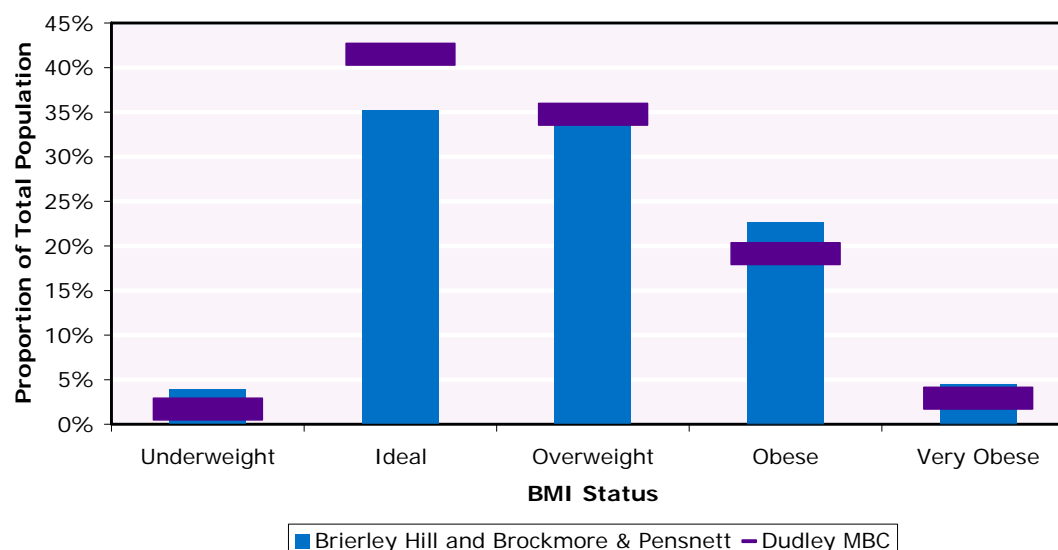
Dudley Health Survey Data

Body Mass Index (BMI) Status

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
BMI Status	Number Aged 18+*	Percentage	Number Aged 18+*	Percentage
Underweight	699	4%	4,020	2%
Ideal	6,324	35%	98,268	41%
Overweight	6,067	34%	82,294	35%
Obese	4,081	23%	45,327	19%
Very Obese	809	4%	6,902	3%
Overweight/Obese	10,957	61%	134,523	57%

*Estimated from proportions from Dudley Health Survey 2004

Brierley Hill & Brockmoor & Pensnett Area BMI Status of Population - 2004 Dudley Health Survey



Things That Would Help To Be Physically More Active

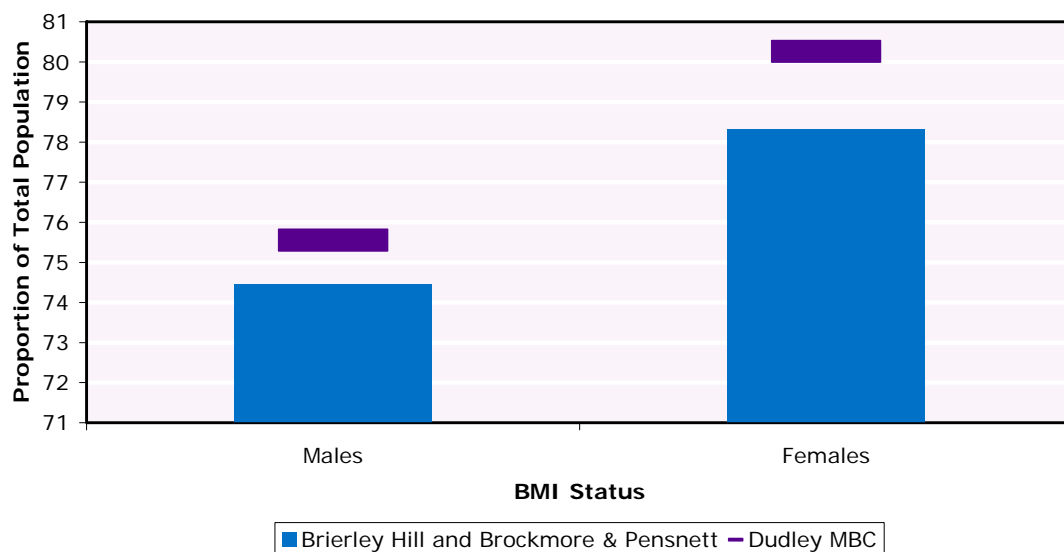
	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Intervention	Number	Percentage	Number	Percentage
More info on what to do	34	13%	498	15%
More info on facilities	28	11%	494	15%
More local facilities	65	26%	734	22%
Individual support	22	9%	454	14%
Safer streets	84	33%	975	30%
Safe cycle routes	19	7%	312	10%
Safer parks	12	5%	183	6%
Nothing	53	21%	851	26%
Other	5	2%	92	3%
Better health	11	4%	103	3%
Cheaper facilities	13	5%	66	2%
Already active	3	1%	46	1%
More time	17	7%	379	12%
More willpower etc	3	1%	84	3%
More info	84	33%	1,446	44%
Safer facilities	116	46%	1,470	45%
Total Responses	254		3,283	

Mortality and Life Expectancy

Life Expectancy at Birth

	Brierley Hill and Brockmoor & Pensnett Area			Dudley MBC		
	Life Expectancy at Birth	95% Confidence Interval		Life Expectancy at Birth	95% Confidence Interval	
Males	74.5	73.4 75.5		75.6	75.3 75.9	
Females	78.3	77.2 79.4		80.3	80.0 80.5	

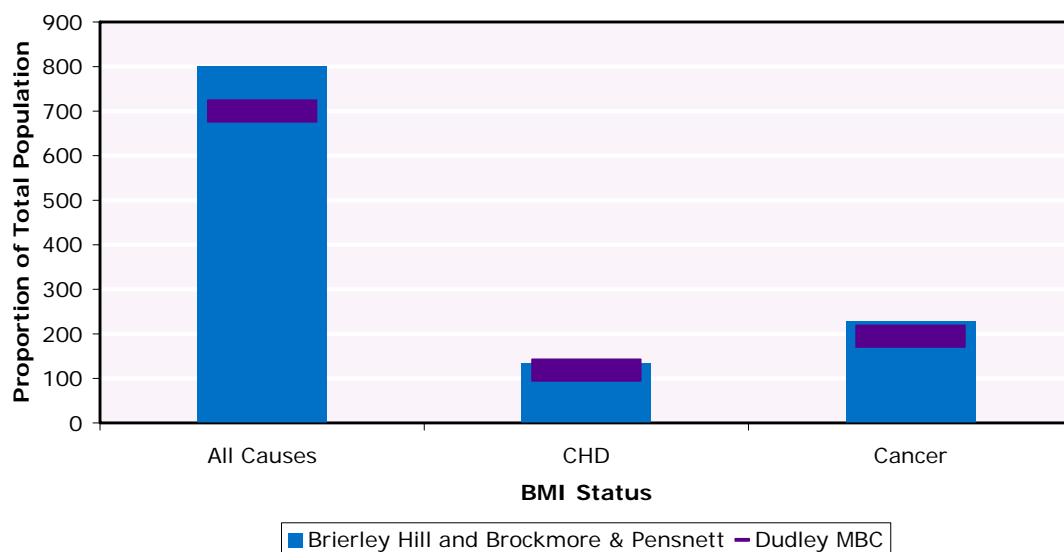
Brierley Hill & Brockmoor & Pensnett Area Life Expectancy at Birth - 1999-2003



Mortality

	Brierley Hill and Brockmoor & Pensnett Area		Dudley MBC	
Cause of Death	Number	Standardised Rate per 100,000	Number	Standardised Rate per 100,000
All Causes	820	799.5	9,783	700.0
CHD	141	133.3	1,657	118.3
Cancer	207	228.2	2,499	194.9

Brierley Hill & Brockmoor & Pensnett Area Mortality Rates - 2002-2004



APPENDIX 5: Evidence Collation

1. Current Use Of Brierley Hill Baths

SOURCE	FINDINGS	COMMENTS
July 2003 survey of 224 users over 1 week:	<ul style="list-style-type: none"> • 14% or users lived within 1km of centre, 34% within 2km and 59% within 3km, and 41% over 3km • 43% live in Brierley Hill area, 32% from Stourbridge, 11% Dudley central, 4% Halesowen, 1% Dudley North, 9% outside borough • 55% female, 45% male • All ages biggest group 60+. Under 19s representing 17%, 50+representing 32% • Occupations- full time 38%, retired 24%, part time 14%, housewife/husband 10%, student 6%, unemployed 3%, unable to work- 4 (1.8%)people, self employed- 8(3.6%) people • 96% white British, 2% white other, 1.4% black African • 40 (17.9%) limited by disability • Most used 1-2.5x per week • 23% used centre before 12pm, 64% before 5pm, 36% after 5pm • 74% of users travelled by car, 14% by bus, 11% walked • 88% used the pool facility, 6.3% the sports hall, 5.6% sauna, no one used the snooker room, ancillary or weights room • 80% attended for a casual swim, 11.5%(26) swimming lessons, 3.1% (7) fitness classes, 2 people badminton and 1 person 5-a-side 	<p><i>Negative impact on PA levels: Although most users are from outside the area, a significant number of users are still from within the Brierley Hill area, some with disabilities, and older groups, most using the pool.</i></p> <p><i>Reduce negative impact by finding a substitute pool in the area</i></p>
September 2004 821 post code sample over 7 day period:	<ul style="list-style-type: none"> • 32.9% DY5, 10% outside of borough 	<p><i>Positives impact by encouraging use/reduce barriers to BME and less affluent in new activities</i></p>
Survey of swimming lesson use.	<ul style="list-style-type: none"> • Young people attending learn to swim- 37.2% Amblecote, Brockmoor and Pensnett 25.6%, 17.1% Brierley Hill • Participation from less affluent parts noticeably low- hawbush-3 (1.8%), wallow-2 (1.2%), Springfield-1 (0.6%), Chapel street-6 (3.7%) fens pool-11 (6.7%) 	

2. Current Provision In/Around Area

Indoor Facilities

Swimming Pools		Sports Halls (courts)	Health & Fitness	Synthetic Turf Pitch	Tennis Courts	Cricket Grounds
Public	Private					
Brierley Hill LC	Next Generation (2 x 25m)	Brierley Hill LC (4)	Fitness First Brierley Hill	Dell Stadium	Wall Heath Tennis Club (4)	Labour in Vain Sports Ground, Brockmoor (Stourbridge)
Crestwood School	Copthorne	Thorns (10)	Kingfisher, Wall Heath	Mount Pleasant		
Wordsley School	Topnotch	Kingswinford (4)	Missfits, Kingswinford	Primary, Brierley Hill		Social CC / Gornal Methodists CC)
Summerhill School	Kingfisher	Crestwood (4)	Next Generation, Brierley Hill		King George V Park, Wordsley (4)	Thorns Community
		Summerhill (4)	Paragon, Kingswinford			College (Thorns CC)
		NOTE: Pensnett (4) Opens 2006	Spirit, Brierley Hill			
			Le Club, Copthorne, Brierley Hill			
			Topnotch, Brierley Hill			
			Extreme, Brierley Hill			
			Workouts, Brierley Hill			
			Thorns Sports Centre			

3. Physical Activity Barriers-Environment Barriers- Physical And Social

SOURCE	FINDINGS	COMMENTS
www.lgc.org 7. Local Government Commission Centre for Liveable Communities California Secondary research source	<ul style="list-style-type: none"> Changes in community environment offers a practical approach to preventing obesity and reducing its co-morbidities (Dr Jeffrey Koplan & Dr William Dietz, Centres for Disease Control) Why people don't walk and what city planners can do about it: spaghetti streets with no direct routes, dead wall space- people feel vulnerable, limited pedestrian crossings, unappealing walks, unshaded streets 	<i>Impact of closure itself – no change, but opportunity to have a positive impact on physical activity by developing a cycle/ walking friendly/ liveable street environment in whole area and as part of redevelopment of site</i>
www.livingstreets.org.uk 8. Revitalising neighbourhoods, reconnecting people Living streets Campaign FAQ Frequently asked questions Secondary research source	<ul style="list-style-type: none"> People in poorer communities are most dependant on walking and usually have the most dangerous and dirty streets- evidence shows that people in these communities are most concerned about their local environment. If we want to tackle problems like social exclusion and urban regeneration, we have to tackle problems of vandalism, traffic, street grime and rubbish that afflict poorer communities. Recent MORI research shows that when asked about how to improve local quality of life, people have street issues high on their agenda for immediate action-less rubbish, dog mess, tackling traffic problems, better street lighting. Streets should be places where people feel safe and comfortable and choose to spend time, may are grey, boring, unsafe- need to develop a new idea of streets as living spaces- places for children's play, conversation and community life Policing and personal security are also key issues- tackled through initiatives such as Street Wardens Can be done by taking account of all street users when plans are being drawn up and approved, and doesn't lead to worse traffic congestion. Can save money over time due to reduced traffic accidents, street crime and revival of run-down areas. Examples- Birmingham city centre, Hull 20mph zones reducing traffic casualties, Camden Borough boulevard project, homezone pilots, Denmark, gives examples of measures to produce safe, active, attractive streets 	

<p>9. New Deal for Transport Walking and Cycling Strategy Barriers to walking and cycling www.itsnottingham.info Secondary research source</p>	<ul style="list-style-type: none"> Barriers to walking/cycling: Long distance to facilities; perception of traffic danger (One False Move, Policy Studies Institute, 1991), lack of seats, rest areas, cycle parking; increased distance caused by safety barriers, subways etc; lack of destination and mileage information; personal safety after dark; fear of cycle theft; traffic signals leading to long waits, confusing and wide road junctions, poor linkages with public transport & poor services; not allowed for in traffic calming schemes, poor enforcement of speed limits & high traffic speeds, vandalism & rubbish, narrow, damaged, non existent footpaths & cycle paths, pollution, steep gradients, poor/broken street lighting, pavement parking 	
<p>10. Anjali D., (2005) Environmental Correlates of Physical Activity Among Individuals with Diabetes in the Rural Midwest. Diabetes Care, Volume 28, number 5</p>	<ul style="list-style-type: none"> Literature review highlighted studies focusing of the role of social environment characteristics on PA behaviour- social support for PA, membership in organisations, social participation and protective social and community factors were positively associated with PA 	

4. Other Barriers To Exercise- Particularly For Lower Socio-Economic Groups

<p>Droomers, M.; Schrijvers, CTM. Mackenbach, JP. (2001) Educational Level And Decreases In Leisure Time Physical Activity: Predictors From The Longitudinal GLOBE study. Journal of Epidemiology and Community Health; 55,8; pg 562-568 Primary research-retrospective cohort study using data from Netherlands longitudinal GLOBE study 1991-1997 (6.5years)</p>	<ul style="list-style-type: none"> • Lower educated people are at risk to decrease their physical activity levels compared to higher educated groups (and engage in physical activity less often than higher socio-economic groups, contributing to health differences) • The study looked at potential predictors for socio-economic differences in 3 categories: health status: e.g. chronic illness, self perceived general health; individual factors: e.g. perceived control, family responsibilities and environmental factors: e.g. economic resources, facilities • Low perceived control over life was a key predictor of decreasing PA for the lower educated groups and family responsibilities (to a limited extent). People with low perceived control lack confidence about the relation between behaviour and outcomes and have lower perceived abilities to produce desired outcomes themselves, leading to passivity. Lower perceived control is more common in lower educated persons. For intervention to work in lower social classes –need to find ways to stimulate control beliefs • Material problems inc. poor housing and financial problems and poor health experienced were also key predictors in the older lower educated groups. Convenient, less strenuous activities may be needed for this group plus broader policies on financial redistribution systems, financial management courses, collective renovation of housing, & increasing the number of accessible and inexpensive facilities for PA. 	<p><i>Low negative impact off closure on less affluent groups as usage of baths from less affluent was low,</i></p> <p><i>Opportunity to reduce negative impact by focusing on these particular influences</i></p> <p><i>High% of older people in area so opportunity to reduce negative impact by establishing activities for older age groups</i></p>
<p>12. Erlbaum L. (2004) Socio-economic Status and Perceptions of Access and Safety for Physical Activity Annals of Behavioural Medicine 28,1 20-28</p>	<ul style="list-style-type: none"> • Identifies higher perceptions of crime, unattended dogs, unpleasantness of neighbourhoods, untrustworthy neighbours and less access to recreation facilities for lower socio-economic groups compared to higher groups. GIS data for facilities, and crime did not support these perceptions except for fewer 'trails'. 	

Tandrusti Informal Needs Assessment of Asian Women and swimming (2005) 50 informal surveys, analysed qualitatively and by proportions	<ul style="list-style-type: none"> • Women: Muslim & Sikh >50, Muslim <50 • Looked at interest in swimming and barriers • All of >50s and majority of > 50s had never had opportunity to swim and majority would like to • All of Muslim women would not swim in mixed sex environment, or with male lifeguards, majority of Sikh women shared this view • Other barriers- language, confidence, clothing 	<i>Impact of closure itself- no change but opportunity to have a positive impact on physical activity of Asian women with targeted same sex swimming sessions</i>
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5. Physical Activity Interventions That Work In Deprived Areas

Coday M. et al (2002) Health Opportunities with Physical Exercise (HOPE): social Contextual Interventions to Reduce Sedentary Behaviour in Urban Settings. Health Education Research. Theory and Practice Vol.17 no 5 pge 637-647 USA Primary research Intervention study RESULTS NOT INCLUDED	<ul style="list-style-type: none"> • Literature review identifies empirical evidence for important barriers: environmental- neighbourhood safety, convenience of facilities, absence of enjoyable outdoor scenery; infrequent observations of exercisers in one's neighbourhood, social isolation, lack of support, low self-efficacy, low motivation, depression and anxiety. Also important interventions to increase PA- walking paths (shows promise), behavioural counselling offered in health care settings. • The study sought an interactional model to draw different domains of behaviour theory together 'we postulate that cognitive behavioural physical activity interventions which provide readily available access to facilities, resources and social support for health behaviour change hold great promise for adoptions and maintenance of physical activity among sedentary urban-dwelling overweight persons.' • The study identified that a Hope and Healing Centre facility opened for the urban poor, would not be enough to increase PA, and that support, encouragement and direction would be needed and this was provided in 2 different methods to test out their efficacy- same intervention provided by i) peer mentors ii) health professionals and includes face-to-face, one –to-one input, goal setting, support groups and newsletter 	<i>Opportunity to produce a positive impact to PA behaviour of deprived by including strategies to provide support, encouragement, direction, motivation ?volunteer/health trainer role, Activity centre staff?</i>
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<p>14. Lowther-M et al (2002) Promotion Physical Activity in a Socially and economically Deprived Community: a 12 Month RCT of fitness assessment and exercise consultation. Journal of sports Sciences Vol.20, no7 577-88 Abstract</p>	<ul style="list-style-type: none"> • Study tested the effects of a fitness assessment compared to an exercise consultation on PA over 1 year in non-regularly active participants drawn from a socially and economically deprived community • 3000 invited, 225 assigned to fitness assessment and control, 145 to consultation and rest to control (not sure if this represents total of those invited who were interested) • For those not regularly exercising, PA increased significantly at 4 weeks, maintained to 6 months but had fallen by 1 year. Only those receiving the consultation significantly increased PA after 1 year. • More non-regular exercisers volunteered for exercise consultation than fitness test and had better long-term study adherence • Those in deprived areas responded well to PA interventions contrary to popular opinion 	
<p>CHILDREN: 15. Cloeman,K.et al (2005) Prevention of the Epidemic Increase in Child Risk of Overweight in Low-Income schools. Archives of Pediatrics & Adolescent Medicine 159,3, pg 217-224 Primary Research RCT design</p>	<ul style="list-style-type: none"> • Study of an intervention in low-income schools (Hispanic communities), comprising of PA and nutrition curriculum, Physical education, school meal choices and home input. • Results showed a slowing in the increased risk of overweight- rate for girls 2% increase compared to 13% increase in control and for boys, 1% increase compared to 9% for control from 3rd grade to fifth grade. <p>(Supported by another study in Chile increasing physical fitness and emotional well-being of adolescents of low socio-economic status with a school based trial- abstract)</p>	<p><i>Opportunity to develop positive impact by developing links with schools- Health Promoting Schools & extended schools</i></p>

<p>CHILDREN: 16. Dwyer.J.M. (2003) Maximizing Children's Physical activity: An Evaluability Assessment to Plan a Community-based, Multi-strategy approach in an Ethno-racially and Socio-economically Diverse City Health Promotion International. 18,3, 199-208 Toronto</p> <p>Primary Research Qualitative Model</p>	<ul style="list-style-type: none"> • Development of a multi-strategy approach to physical activity promotion shown diagrammatically as a logic model which shows cause and effect links between programme activities,& short and longer term outcomes • Developed using literature search, consultation with stakeholder organisations to develop model, model developed and consulted on with stakeholders in community organisations and lay community • Literature review highlighted: support to focus on school based interventions, implementation of early childhood interventions, implementing interventions in and outside school, integrating values and beliefs of diverse cultures into interventions, interventions based on multi-agency approach • Community needs assessments: a variety of activities needed to increase awareness of benefits and awareness of what's available, strategies to overcome cultural barriers, schools as a central site, emphasise fun and inclusive participation, tailored to different needs, target all aged children and family members, education about ways to be physically active without facilities and equipment, reduced user fees for programmes, stronger partnerships between schools and other organisations, greater coordination of services, more provisions of programmes, child-care arrangements, outdoor play areas safer, religious groups could provide programmes/venues, parents participating with children, information in appropriate languages, provide more programmes in community centres near to home, parents would lead if offered training and could supervise in clothing acceptable to culture 	<p><i>Opportunity to develop positive impact by addressing these issues in new activity plans and taking multi-strategy approach</i></p>
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6. Swimming Pool As A Social Amenity

<p>17. Thompson.H. (2003) Assessing the Health Impact of Local amenities: A qualitative Study of Contrasting Experiences of Local Swimming Pool and Leisure Provision in two areas of Glasgow. Journal of Epidemiology and Community Health</p> <p>Primary research Retrospective qualitative study using focus groups</p>	<ul style="list-style-type: none"> • Study assessed the health impacts on a deprived area in Glasgow of a local swimming pool closure compared to the opening of a swimming pool in another deprived areas of Glasgow, 3 miles away. • In both areas the swimming pool was reported as an important amenity linked to health and well-being • However there were few residents reported regular use of the pool for physical activity, • Use was identified for social contact with friends and neighbours across all age groups and this linked to relief from stress and isolation and improved mental health, and as a supervised facility for young children and an escape from domestic chores • Pool closure was reported to impact on perceptions of safety in public space, other amenity closures, appearance of the area and whether people were attracted to the area • Pool closure was used to emphasise the scale of under-investment in the area and to represent lack of control and choice – powerlessness of the residents regarding decisions that had an impact on their environment and living conditions 	<p><i>Suggests negative impact of closure on social contact/ social identity of the area</i></p> <p><i>Reduce negative impact by building these elements into new activity & area regeneration plans</i></p>
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7. Swimming As Uniquely Important Exercise

<p>17. As above</p> <p>18. Select Committee on culture Media and Sport (2001) Second Report</p>	<ul style="list-style-type: none"> • Swimming is an inclusive sport, less gender or socially patterned than many other sports and can be continued until old age, swimming is now the UKs most popular sport • Inclusive of disabled, facilities provided at a reasonable entrance fee, and programming can be sensitive to cultural differences, teaches water safety and emergency skills- uniquely beneficial across whole of society and merits appropriate investment 	<p><i>Suggests negative impact of closure as area is deprived with higher disability and chronic disease levels, although usage currently is low</i></p>
<p>19. Reed, B. (1999) Study to Evaluate the Effect of Dietary Advice and the Role of Exercise in Obese Women who are trying to Lose Weight. Journal of Human nutrition & Dietetics-Supplement.12 (Supplement1): 61-70</p> <p>Abstract only</p> <p>Retrospective comparison</p> <p>(Small sample, representative, no significance tests)</p>	<ul style="list-style-type: none"> • Swimming /exercise in water has advantages for the obese individual • Obese women treated by diet and aquafit classes lost more weight, and more maintained weight loss than those treated with diet only. 	<p><i>Reduce negative impact by finding substitute pool in area</i></p>

<p>20. Huber H., (2003) An Exploration of Aquanatal Exercise. British Journal of midwifery 11 no 4 218-222</p>	<p>Literature research highlights</p> <ul style="list-style-type: none"> • Lox and treasure (2000) hypothesized that water aerobic programme would be capable of improving various 'feeling states' including fatigue and results suggested that moderate physical activity is capable of reducing feelings of fatigue • Hartman and bung 1999, concluded that water based activity recommended for pregnant women for the benefits of immersion, joint protective character and psychological benefits and thermoregulatory nature • Aquanatal exercise, particularly for those starting up exercise after becoming pregnant and need low intensity, low impact activities • Involves upper and lower extremities through optimal range of movement while minimizing joint stress • Hydrostatic pressure effect has positive effect son cardiovascular system, when immerse in deep water 	<p><i>Opportunity to develop positive impact with targeted activity and awareness for specific disabilities and chronic diseases through GP prescription and other routes</i></p>
<p>21. Davey RC, et al (2004) Community Rehabilitation For Older Adults With Osteoarthritis of the Lower Limb: A Controlled Clinical Trial. Clinical Rehabilitation Quasi-experimental design with exercise group and age matched control group</p>	<ul style="list-style-type: none"> • Study looking at effectiveness of a 12-month community based water exercise programme for 60+ adults with knee-hip osteoarthritis (OA) • Subjects attended 2x1 hour sessions /week. • Adherence to programme-70%, after 1 year, exercise group participants showed significant improvement in physical function, reduction in perception of pain than control group (WOMAC Osteoarthritis Index) • Exercise group performed significantly better in ascending and descending stars, greater improvements in knee range and hip range of movement. No significant differences in quadriceps muscle strength or psychological well-being 	
<p>22. Butler C (2002) Walking in water. Inside MS. Summer edition Article</p>	<ul style="list-style-type: none"> • Describes benefits of water exercise for people with disabilities esp. MS- cold water making it possible for them to exercise without overheating, working with 20% less of body weight, no risk of accidents from falling 	

23. Rosimini, C., (2003) Benefits of Swimming Training for Children and Adolescents with asthma Unsystematic literature review & algorithm for exercise prescription	<p>Extensive lit review:</p> <ul style="list-style-type: none"> Swimming has a lower asthmogenicity (ability to produce asthma exacerbations) than other forms of exercise and decreases the severity of asthma symptoms and may be an effective nonpharmacological intervention for control of asthma measured via decreased number of asthma attacks, decrease in wheezing days, decrease in days needing medication, decrease in hospital emergency visits, decreases in school days absent, increases in peak-flow meter readings Possible reasons- lower pollen content over water, higher hydrostatic pressure on the chest & peripheral vasoconstriction which increase central blood flow 	
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8. Amenity Usage V Proximity

23. Above	<p>9. Those in deprived area losing the swimming baths would not use the new swimming baths 3 miles away. – To far to walk, car journey not considered (too far re social contact with neighbours?)</p>	<p><i>Suggests negative impact of closure on physical activity levels and maintenance and social contact</i></p> <p><i>To reduce negative impact suggests need for facilities in the area close to peoples homes</i></p>
24. Reed, J.A. (2005) Relationships Between Physical activity and the Proximity of Exercise Facilities and Home Exercise Equipment Used by Undergraduate University Students. Journal of American College Health	<p>10. Literature review- authors of several articles have identified proximity to exercise facilities as an environmental characteristic encouraging nearby residents to be physically active, and affects the decision to exercise, and less likely to drop out in supervised activity programmes</p> <p>11. Other studies have shown that perceived inconvenience and travel problems were reasons for dropping out of PA programmes</p> <p>12. Actual study results confusing- but seem to suggest individuals living closes may be inclined to exercise at a higher and longer intensity and possibly more frequent (all proximity distance were under 1 mile which makes this difficult to interpret)</p>	
Anjali D., (2005) Environmental Correlates of Physical Activity Among Individuals with Diabetes in the Rural Midwest. Diabetes Care, Volume 28, number 5	<p>13. Regular activity of rural diabetics was positively associated with the availability of many nearby place to walk (POR 2.3, 1.1-4.8), often walking to nearby places (4.1, 2.0-8.3), community for physical activity as generally pleasant (2.3, 1.1-4.4)</p>	

APPENDIX 6: Alternative Provision for Club Use at BHLC

	Brierley Hill Leisure Centre	Alternative
Monday	Service of youth 8pm-9.30pm	Not continuing
Tuesday	B. Hill ASC 8pm-10pm	Coseley Pool 8pm-10pm
Wednesday	B. Hill ASC 8pm-10pm	Dudley LC 8pm-10pm
Thursday	Nautilus Sub Aqua 8pm-9pm	Halesowen LC 7pm-8pm
Friday	Dudley Dolphins Sub Aqua 7pm-8pm B. Hill ASC 8pm-10pm	Dudley LC 7pm-8pm Dudley LC 8pm-10pm
Saturday	Stourbridge Canoe Club 7pm-8pm	Coseley Pool 7pm-8pm
Sunday	B. Hill ASC 1pm-5pm Stourbridge SC 5pm-9pm	Coseley Pool 1pm-5pm Dudley LC 5pm-9pm

NOTE: On Monday evening B. Hill ASC already use Coseley Pool in a shared arrangement with Coseley ASC and this will continue.

APPENDIX 7: Brierley Hill HIA Investment Plan: Detailed Project Information

Substitute Pool Options

DESCRIPTION	OUTPUTS/OUTCOMES/YEAR	COSTS/YR £K	COMMENTS/OTHER ISSUES
THE WORDSLEY SCHOOL			
<p>Aim: To promote and actively encourage catchment area (especially Hawbush) to attend swimming related activities at The Wordsley School.</p> <p>Method: Creation of a Passport to Activity Scheme Promotional activity Links to schools, nurseries, health, police, religious, employment services, community organisations etc. etc. Follow up calls publicity to maintain interest in continues participation Regular Newsletter promoting activities and good news stories by Hawbush residents</p> <p>Monitoring: Numbers of places taken up by residents to be monitored on a weekly basis. (Postal address) The development of 'good news stories' i.e. learnt to swim/lost 2 stones/gave up smoking/decided to change aspects of their lives</p>	<ul style="list-style-type: none"> 30 parents and children (aged 9 mths to 4 years) regularly attend Teach your Child to Swim- Recruitment work for the programme (30x3x12=1080 'visits/year) 30 adults and 15 children regularly attend community swimming programmes which include: parent and toddlers adult swimming aqua fit family swim (45x48=2160 visits/year) 90 children enrolled on swimming lessons aged 4.5 years to 11 years old learn to or improve their swimming skills (90x3 termsx12 swims/term=3240 visits/year) 30 adults enrolled on swimming lessons learn to or improve their swimming skills (30x3x12=1080 visits/year) Asian women swim: 15 adults on casual swim (15x48=720 visits/year) Publicity, promotional materials <p>Total 8280 visits/year:</p>	<p>£2,500 (Swim funded by Family Learning)</p> <p>£3,672 (48 weeks x 45 people x £1.70/swim) (casual swim formula)</p> <p>£2,250 (£25 subsidy x 90) (child pays £15)</p> <p>£1,800 (£20/ term x3 terms/30) (N.B approx 12 swims /term)(adult swim formula)</p> <p>£1224</p> <p>£500</p>	<p>Definition of regularly attend: minimum of 6 sessions in any 12 week period. Swim free for users (except children's swim which is subsidised to £15/child/term)</p> <p>Annual running costs of the pool at Wordsley are: heating, £10,000 water charges£7,000 chemicals, £1,000 additional care-taking staff time and training costs£11,000 Total £29,000.</p> <p>Repairs and maintenance of the pool at Wordsley The Wordsley School spent £83,000 in 2001-02 to repaint the pool, install automatic dosing and refurbish the changing area In 2004-05 new windows were installed and replacement showers will be installed very shortly £15,000 We are aware that £110,000 is required to improve the heating, ventilation, security and improve access for disabled users</p> <p>Replacement costs The pool is nearly 30 years old and according to the ASA that is the time to plan for replacement It would cost approximately £1,000,000 to replace. To date we have an account of £128,000 for this purpose Year 2/3: add in additional sessions for Asian women Asian women swim: 30 adults on swimming lessons- £1,800</p>

		£11,946	
DESCRIPTION	OUTPUTS/OUTCOMES/YEAR	COSTS/YR £K	COMMENTS/OTHER ISSUES
CAMPUS 21			
Promote and provide sports hall and pool facilities for the local community	As above, aiming for 16,000 visits/year = 308 visits/week (16000/52)	30	

Extended Activity Options

DESCRIPTION	OUTPUTS/OUTCOMES/YEAR	COSTS/YR £K	COMMENTS/OTHER ISSUES
PA ENVIRONMENT: CYCLING/WALKING ACCESS			
Establish way-marked off-road cycle and walking paths to key exercise and community sites in the area from Brierley Hill Town Centre to <ul style="list-style-type: none"> Wordsley School site Campus 21 site Dell Hawbush park and community gardens etc 	Numbers using paths for cycling/walking: Potential use by the local community- based on the encouragement of an arbitrary 90% of the active population (17,400 people aged 5 to 60) to use the facilities 1x/week for 6 months of the year, would be 407,160 visits/year . 7830 visits/ week (407,160 /52)	150-325K (30-65K/km for off-road path x 5km)	<ul style="list-style-type: none"> To support with additional funds from existing Health/Local Authority programmes including Green Gym, cycling grants, and Healthier Communities project.

DELL STADIUM			
<p>To establish the DELL stadium as a community run leisure centre with an additional building for a leisure/fitness suite.</p> <p>This provides a new focus and social identity for the community, new facilities plus the opportunity to maximise local community use of the existing multi sports area with structured activity programmes and links to the Campus 21 site.</p>	<p>Based on proposed capacity of existing and new facilities, aiming for minimum of 40,000 visits/year from the local community (based on minimum of 100-120 uses/day)</p> <p>769 visits/ week (40,000/52)</p>	<p>225-275</p>	<ul style="list-style-type: none"> ▪ Fund with partner e.g. Sports England, providing 35% of capital build. ▪ NHS accredited health trainer is a new workforce from the Public Health white paper. They can be employed through health, Local Authority and voluntary agencies. ▪ Suggest this post employed by the community trust that runs DELL in the long-term, and based within the building. ▪ Can link into all programmes and areas

DESCRIPTION	OUTPUTS/OUTCOMES/YEAR	COSTS/YR £K	COMMENTS/OTHER ISSUES
NHS HEALTH TRAINER:			
Community outreach post to give individual motivational/ advocacy support to members of the community trying to adopt a healthier lifestyle	Approximate numbers- on arbitrary 2 hours support/person over time- 675 people/year (30hours/week for 45 weeks)	<p>20</p> <p>(1.0 WTE staff)</p>	

PHYSICALLY ACTIVE COMMUNITY VOLUNTEERS			
<p>To provide support /cover expenses of community volunteers on 'green gyms' as part of the Healthier Communities project. All programmes involve extensive community consultation.</p> <p>Hawbush Park And Community Gardens: Developing a multi-faceted "park" on open space between St Paul's Church & cemetery, Primary School playing field, some wooded areas, the former Urban Farm site and the "Lloyds site.</p> <p>Chapel Street Multi Games Area Establishing a community run multi-use games area + add to the sports facilities available to the Primary School which has no playing fields.</p> <p>Barrow Hill Develop a friends of parks to help maintain the site and to encourage physical activity. Link to Fens Pool/Buckpool nature reserve</p>	<p>Provision of recreational space in a high density residential area with different options to encourage the engagement of a range of community members.</p> <p>Improved feelings of safety thus encouraging user of the footpaths leading towards Brettell Lane and Brierley Hill town centre Increased sense of community and 'ownership' of a local asset. Education of local children on 'green values' thus increasing respect for the site and reduction of vandalism.</p> <p>Increased physical activity for people of all ages. The community participating as volunteers in the development of these areas, based on 2% of the active community aged 15 to 60 (13,784) volunteering once a month x 12 months = 3308 'visits'/year 64 'visits'/week (3308/52) Direct use of the facilities once completed based on 90% of the active population using the facilities 1x week for 6 months = 407,160 visits/ year 7830 visits/ week</p>	5	<ul style="list-style-type: none"> • Links to healthy eating project for School. Engagement of children and young people in appropriate activities. • Capital being sort through healthier communities project • To support with additional funds from existing Health/Local Authority programmes including Green Gym, community volunteers, leap over 60, parks activity programme, senior peer mentors, walk leaders, walking zones

DESCRIPTION	OUTPUTS/OUTCOMES/YEAR	COSTS/YR £K	COMMENTS/OTHER ISSUES
ACTIVITY PROGRAMMES			
To put in place additional structured and unstructured physical activity opportunities at the new community sites including coaching, play schemes, community football for the socially excluded, and green gyms etc.	More people more active Based on purchase of 1250 hours coaching/year for an average of 10 people per hour, gives 12,500 hours per year = 25,000 'visits/year= 480'visits'/week (25,000/52)	10-25	<ul style="list-style-type: none"> To support with additional funds from existing Health/Local Authority programmes including Green Gym, community volunteers, leap over 60, parks activity programme, senior peer mentors, walk leaders, walking zones

ADDITIONAL SUPPORT PROGRAMMES:

A number of programmes already funded can be used to provide regular input to all of the above sites:

COMMUNITY VOLUNTEERS	Access to additional volunteers in/outside the area from the public health volunteer scheme to support community members, run sessions/ lead walks, and take part in 'green gyms' to transform the environment.
COMMUNITY GYM Aimed at community members, not currently exercising-	Kit out a community venue and train staff and run tutored hourly sessions for 15 weeks for 15 people per session. £7.5K/gym +£20/hour
LEAP OVER 60 & SENIOR PEER MENTOR SCHEME Aimed at older people	Tutors running activity sessions for older people
PARKS ACTIVITY PROGRAMMES Family activities	Activities in parks
WALK LEADERS PROGRAMME	Led walks in parks, neighbourhoods
WALK ZONES	IT routed walks: NB would need CATS IT kiosk in DELL or HAWBUSH or internet point with computer
GREEN GYMS	A number per year are funded via PH, as is mental health green gym Mental health green gym @1300/150metres Ordinary green gym @ £6K/150 metres
FOOTBALL IN THE COMMUNITY	Ran by Brierley Hill Community Forum and the Wolves
PENSETT SCHOOL OF TECHNOLOGY	4 badminton courts and sports hall will be available for community use from April 2006

