
Appendix 4: Health Impact Assessment

Executive Summary

Aim of the Health Impact Assessment (HIA)

The aim of the HIA was to identify and assess both positive and negative health impacts of the proposed sites for a new leisure centre in Seaham, Bishop Auckland, and Chester le Street.

Outcome of HIA

To provide SMART (specific, measurable, achievable, realistic, time bound) recommendations based on HIA findings, where positive health impacts can be enhanced and the negative health impacts minimised, applicable to leisure centre site selection.

Introduction

In 2018, Durham County Council (DCC) undertook a review of its leisure centre provision with a view to transforming the offer, within the wider context of the existing physical activity infrastructure embedded in local communities.

Five approaches to improvement were put forward, one of which included the replacement of leisure centre facilities at Bishop Auckland, Chester-Le-Street, and Seaham.

The development of a new leisure centre will have a long-term legacy for an area and will offer potential health benefits for a variety of user groups.

It was agreed that a HIA would be undertaken on each of the proposed new locations, to determine the maximum health gain opportunities and to ensure the transformed leisure offer would add value to the wider physical activity infrastructure. In total there were nine sites to consider across the three geographical locations.

Health Impact Assessment

A HIA assesses the overall direct and indirect effects of a policy, plan, or project (in this case the building of a leisure centre) on the health of a population. It is a structured, solution-focused and action orientated approach to maximising the positive and minimising the negative impacts of new initiatives.

To help carry out the HIA process a multi-disciplinary steering group was formed. This group had membership from Spatial Policy, Culture Sport and Tourism, Public Health, Public Health Intelligence and Area Action Partnerships (AAP's).

A HIA is a six-step process involving the following stages:

1. **Screening** - Determine whether a HIA is appropriate and required
2. **Scoping**- Sets out the parameters of the HIA
3. **Identification**- Collect data to develop a community/population profile and collect information to identify potential health impacts of the proposal
4. **Assessment**- Critically assess the information collected during the identification stage in order to help prioritise health impacts
5. **Recommendations**- Develop a set of SMART recommendations to enhance positive impacts and mitigate negative impacts.
6. **Evaluation and Monitoring**- Evaluate the processes involved in the HIA and its impact, and follow up the HIA through monitoring a health impacts and relevant management plans

Following screening, it was clear that all three proposed new sites will potentially have an impact on the health of local residents in these locations . It was concluded to move forward onto the scoping stage of the HIA process. During scoping, for each proposed development, the steering group discussed the policy implications and health outcomes, and these were prioritised into broad health impacts.

In the identification stage, information was triangulated to help develop a better understanding of the local population using evidence, public feedback, and local health profiles. This information was used in the assessment stage, to critically assess the information collected during the identification stage in order to help prioritise health impacts.

This executive summary highlights the recommendations detailed in the main HIA report, on how to mitigate identified negative health impacts and enhance the positive health impacts of developing a new leisure centre in three locations across County Durham.

Recommendations

A key outcome of the assessment stage was to develop a set of appropriate SMART recommendations for acting upon the findings of the assessment for each location and proposed site. For all three geographical locations and identified sites, a number of common themes were identified and applicable to each site. These consisted of both potential negative and positive impacts.

The common themes identified are :

- Ensuring disruption to service users accessing leisure centre facilities, during the construction phase of redeveloping an existing site, is minimised.
- Minimising the impact of noise and air pollution due to construction.
- Increasing use of active travel for leisure centre users and reducing road congestion.
- Ensure positive change of an appearance of an area as a result of the new development.
- An increase in physical activity due to the location of the site.

A number of SMART recommendations were suggested for each site in each geographical location, based on the health impacts identified by the steering group to help mitigate any negative risks to health and enhance any positive impacts. These recommendations are presented in the table below. A number of overall key recommendations to be considered were put forward by the steering group . These can be found in appendix 7 of the report:

Chester le Street

Existing Site	Civic Centre	Riverside Park
<p>Impact- Limited or no availability to facilities: Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction.</p> <p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p> <p>Impact- Change in physical activity levels: Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value.</p> <p>95% of respondents indicate that they would use the existing site more or the same to remain physically active.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use</p>	<p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p> <p>Impact- Change in physical activity levels: Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value.</p> <p>95% would use the existing site more or the same. For Chester le Street, 93% of respondents stated that they would use the civic centre more and 90% stating both sites would help them to remain physically active.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact, consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p>	<p>Impact- Change in physical activity levels: To ensure equitable access to the leisure centre links should be made to the DCC poverty action steering group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected enables equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.</p> <p>Impact- Loss of Green Space: Enhance green infrastructure elsewhere, such as the existing site and this should be in line with open space needs assessment.</p> <p>Explore possible links to projects such as the DCC clean and green team planting trees across the county as part of the wider Forestry Commission's Urban Tree Challenge, a funded project to increase tree coverage in urban areas.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p>

<p>this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p>	<p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p>	<p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p>
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Bishop Auckland

Existing Site	Bishop Auckland Football Club	Bishop Auckland College
<p>Impact- Limited or no availability to facilities: Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction.</p> <p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p>	<p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p>	<p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p> <p>Impact- Change in appearance of an area: It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities, during the planning phase, to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.</p>

<p>Impact- Change in physical activity levels: Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value. 90% of respondents stated that they would use the existing site the same amount or more with 86% stating it would help them remain physically active.</p> <p>Change in Socialisation/ Community Cohesion:</p> <p>There was concern that the loss of provision at the existing Bishop Auckland site would result in the loss of a community hub and negatively impact social cohesion if the site is moved elsewhere.</p>	<p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p> <p>Impact- Change in physical activity levels: To ensure equitable access to the leisure centre links should be made to the DCC poverty action steering group to help poverty proof leisure centres across County Durham. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected enables equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.</p> <p>Impact -Exposure to unhealthy foods: consideration could be given to healthy advertising policy in the area to restrict access and advertising of products high in fat, sugar, and salt. This could link to the standards in the DCC marketing and advertising policy.</p> <p>Impact- Change in appearance of an area: It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities, during the planning phase, to consider appearance of the new centre and how it can maximise positive</p>	<p>Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.</p> <p>Impact- Change in physical activity levels: To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p>
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	<p>improvements for the appearance of the local area.</p> <p>Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.</p> <p>Impact- Change in Accessibility: Links to borrow a bike scheme to encourage more people to residents to attend from surrounding areas, such as Shildon. This could be supported by an ongoing communications and marketing campaign.</p>	<p>Impact- Loss of Green Space: Enhance green infrastructure elsewhere, and this should be in line with the open space needs assessment.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p>
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Seaham Leisure Centre

Existing Site	Dock Top	St Johns Square
<p>Impact- Limited or no availability to facilities: Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction.</p> <p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p> <p>Impact- Change in physical activity levels: Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value. 93% of respondents indicated that they would use the centre more or the same with 86% stating that it would help them to remain physically active</p> <p>Impact- Change in community cohesion: Improve community cohesion and preventing</p>	<p>Impact- Change in appearance of an area: It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities, during the planning phase, to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.</p> <p>Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.</p> <p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed</p>	<p>Impact- Increased Traffic / Active Travel: To maximise health impact consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution.</p> <p>Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p> <p>Impact- Change in appearance of an area: It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities, during the planning phase, to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.</p> <p>Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity</p>

<p>social isolation with the development of a new leisure centre in the hub of community.</p>	<p>on a 6-monthly basis with relevant DCC colleagues.</p> <p>Walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020.</p> <p>Impact- Change in physical activity levels: To ensure equitable access to the leisure centre links should be made to the DCC poverty action steering group to help poverty proof leisure centres across County Durham. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected enables equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.</p> <p>Impact- Noise and air quality impact due to construction : No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority.</p>	<p>with the policy requirements of the County Durham Plan and develop a high-quality design.</p> <p>Impact- Change in physical activity levels: To ensure equitable access to the leisure centre links should be made to the DCC poverty action steering group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected enables equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.</p>
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Next Steps

It is advised that the recommendations outlined in this report are considered, acted upon, and monitored to assess the implementation and impact of the recommendations.

Conclusion

The HIA process has allowed the steering group to assess the health impacts of the different site locations for the proposed leisure centre developments. This will enable health considerations to be integrated into decision making, in line with the proposed recommendations, when selecting a site. The HIA process and recommendations will ensure that the health of the immediate communities is supported and enhanced, all of which support the County Vision of the people of County Durham living long independent lives, connected communities and more and better jobs.

Health Impact Assessment of Leisure Centre Transformation Site Selection

Introduction

The County Durham Vision 2035 contains three strategic ambitions to develop County Durham over the next 15 years:

- more and better jobs
- people live long and independent lives
- connected communities

Leisure Centre Transformation

In 2018, Durham County Council (DCC) undertook a review of its leisure centre provision with a view to transforming the offer within the wider context of the existing physical activity infrastructure embedded in local communities. The transformation will work towards creating a healthier population, providing a higher quality offer for residents and be more cost effective in its delivery through increased footfall and better meeting the needs of families in County Durham.

The work to date has identified the opportunity to maximise health gain and through a return on investment approach how to be more cost effective in delivery. Two core areas to focus on were identified:

- (a) introducing a range of new activities as well as building on existing ones to meet the diverse needs of families, across the life course, thus ensuring there is universal access for all as well as offering more targeted opportunities for the harder to reach segments of the population.
- (b) raising service standard and quality across the offer to maintain use for existing service users and significantly increase new service use.

Five approaches to improvement were put forward which included the replacement of Leisure Centres facilities at three current sites:

- Bishop Auckland (Woodhouse Close)
- Chester-le-Street
- Seaham

The five approaches to Leisure Centre Transformation can be found in appendix 1.

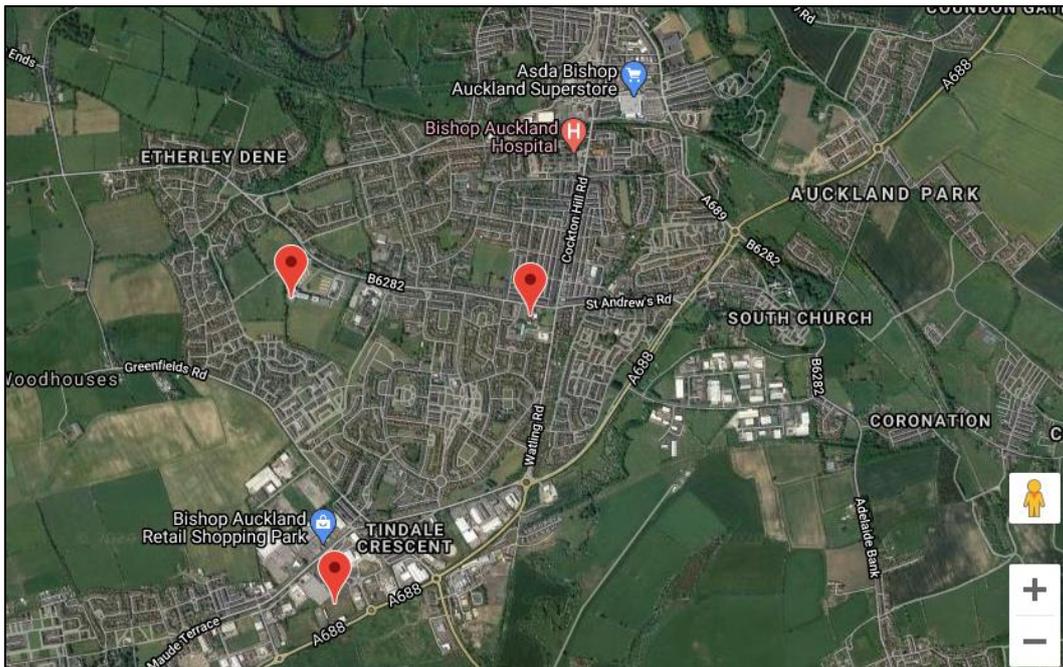
It was proposed that the current layout, condition, and location of these centres requires consideration regarding the replacement of these facilities to maximise health and wellbeing benefits for the population of County Durham and the economic vibrancy of the leisure offer.

In support of this, it was agreed that a Health Impact Assessment (HIA) would be undertaken on the proposed new locations to determine the maximum health gain opportunities and to ensure the transformed leisure offer would be seen as adding value to the wider physical activity infrastructure and support the health of communities. This is the first of two HIA's which will be carried out as part of the leisure centre transformation programme.

The sites:

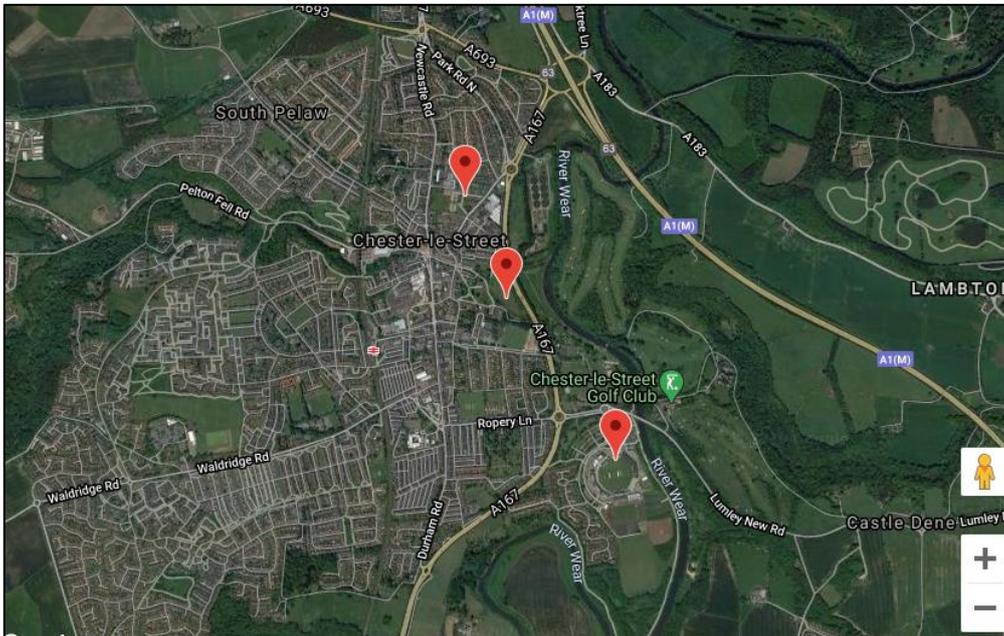
For each of the three geographical locations the proposed sites were put forward:

Bishop Auckland



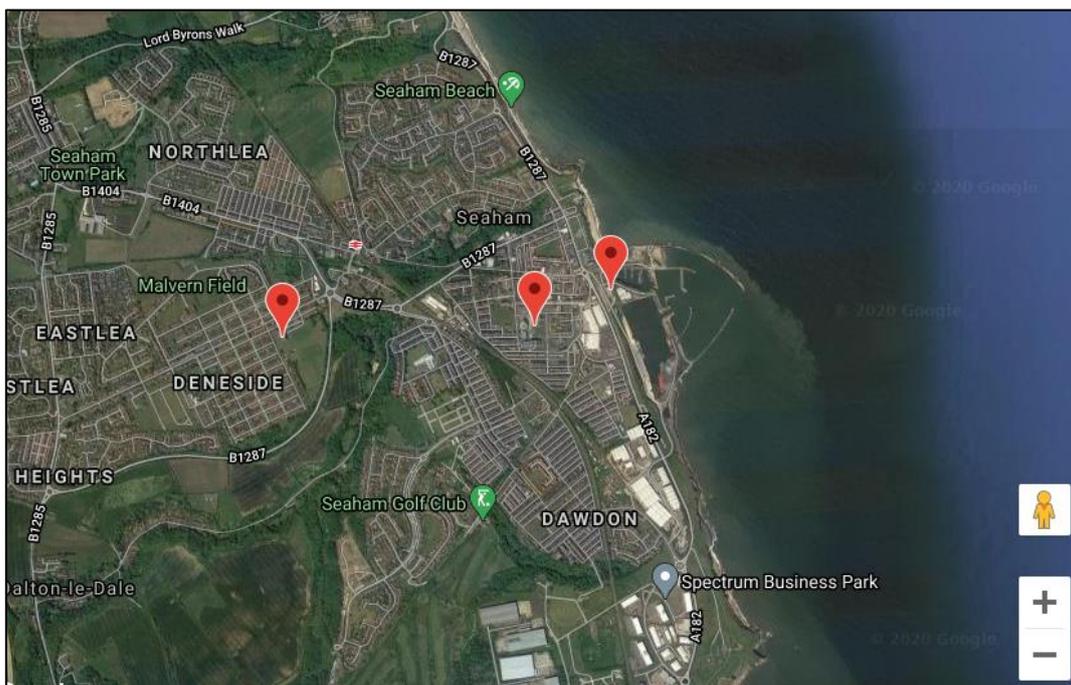
- **Option 1** - Existing site. DL14 6JX
- **Option 2** - Land adjacent to Bishop Auckland football Club (Tindale). SL14 9AE
- **Option 3** - Bishop Auckland College site. DL14 6JZ

Chester le Street



- **Option 1** - Existing site. DH3 3QH
- **Option 2** - Civic site (site of the former civic centre), DH3 3UR
- **Option 3** - Riverside site (adjacent to Riverside Park). DH3 3SH

Seaham



- **Option 1** - Existing site. SR7 8NP

- **Option 2** - The Dock top. SR7 7EU
- **Option 3** - St John's Square. SR7 7JE

What is a Health Impact Assessment?

An individual's health is influenced not only by health policies and strategies but is also largely dependent on factors outside the control of the healthcare sector. The wider determinants of health, such as transport, housing, education, access to fresh food, social regeneration, education, leisure provision, and economic activity all have a significant impact on an individual's health and wellbeing.

A Health Impact Assessment (HIA) is a structured, solution-focused and action orientated approach to maximising the positive and minimising the negative impacts of new initiatives. This approach is not about supporting the removal of a policy or project but more about how positive additions or recommendations to the existing policies or projects could help deliver improved health outcomes to residents of communities. The selection of a policy for the HIA is not a reflection on its quality, but the opportunities it presents to further enhance the positive impacts upon communities and residents. It aims to reduce or eliminate health inequalities as well as health and social inequities happening as part of a proposal.

Assessing the health impacts of different policies and projects can further enhance the collaborations between health and relevant partners which subsequently helps to ensure that health considerations are integrated into the leisure centre transformation programme going forward.

Health impacts are the overall effect, direct or indirect, of a policy on the health of population. An example of direct effects could be exposure to noise or pollutants, which may release in the air or water. It also considers indirect influence on health such as access to green space.

A HIA considers the impact directly upon disease and also considers the social determinants of health which impact our residents, unequally, across County Durham. By considering these social determinants, a HIA can support the development of healthy public policy or in this case support leisure centre transformation across County Durham.

A HIA is an established approach with a strong evidence base of positive outcomes in policy development. Recent local high-profile examples include the HIA for the County Durham Plan and the recently completed HIA for health inequalities during Covid-19 across County Durham.

Aim of the HIA

To identify and assess both positive and negative health impacts of the 3 proposed sites for a new leisure centre in Seaham, Bishop Auckland, and Chester le Street.

Context of the Health Impact Assessment

Evidence shows that physical activity is good for physical and mental health through the life course as shown in the diagram below. For example, evidence demonstrates that physical activity lowers the risk of developing many long-term conditions, such as heart disease, type 2 diabetes, stroke, and some cancers. Physical activity can also help improve learning attainment, boost self-esteem, mood, sleep quality and energy, as well as reducing your risk of stress, depression, dementia, and Alzheimer's disease.

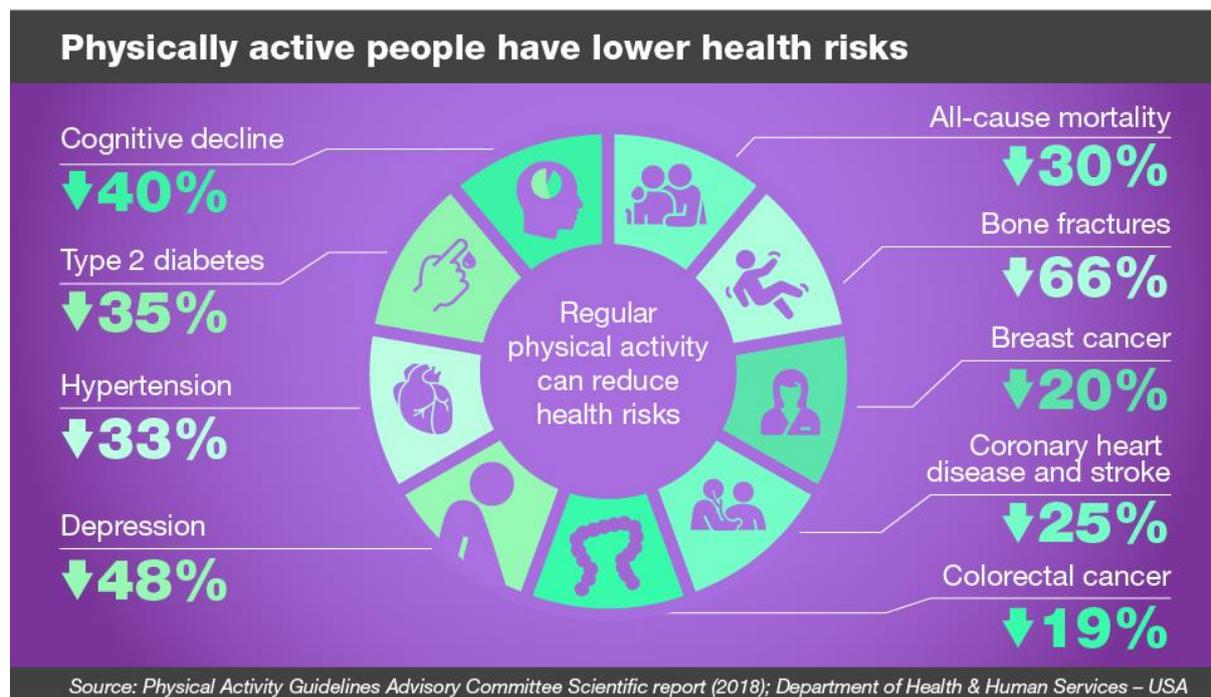


Figure 1: Reduced health risks associated with physical activity

Across County Durham not enough of our residents are taking part in physical activity that supports physical and mental health and wellbeing. For example, only 58.1% of adults, aged between 18-64 years, achieve the recommended physical activity guidelines of an average of achieving 150 minutes within a week as set out by the Chief Medical officer. Therefore over 40% of adults are not doing enough physical activity to maximise health benefits. However, there are opportunities to address physical inactivity for all to help, maximise the individual, health, social, wellbeing and wider benefits of taking part in physical activity.

The Health Impact Assessment Process

To help carry out the HIA process a multi-disciplinary steering group was formed. This group had membership from Spatial Policy, Culture Sport and Tourism, Public Health, and Public Health Intelligence and the AAP's. The terms of reference are included in appendix 2.

The group members were responsible for the delivery of the HIA of the Leisure transformation programme site selection for County Durham across the three geographical locations which worked to improve health and wellbeing outcomes for residents.

The purpose of the group was to plan and deliver agreed actions to ensure that the six steps of the HIA on the leisure transformation programme were completed comprehensively and in a timely fashion. The following set of principles were followed:

- A holistic definition of health and wellbeing is adopted (physical and mental health)
- Ensure preventing ill-health (primary prevention) and creating conditions for good health is given a priority.
- Aim to develop positive working relationships across service groupings and support the development of HIA skills amongst members
- Ensure meaningful engagement and participation of our communities
- Promoting HIA as a product to add value to other key policies and plans in the future

A HIA is a six-step process involving the following stages:

1. Screening
2. Scoping
3. Identification
4. Assessment
5. Decision Making and Recommendations
6. Evaluation and Follow Up

Screening

The first stage of a HIA is screening. This determines whether a HIA is required so that resources, time, and effort are targeted appropriately. The task and finish group completed a two-stage screening exercise. Screening of the proposals involves a consideration of whether a proposal will have a direct

impact on the health or via wider determinant of health including social conditions and community cohesion.

All three venues were screened using a rapid screen using a screening tool on each of the geographical locations and proposed sites. They were assessed against possible impacts upon the social determinants of health and impact upon health equity, based on the detail provided for each centre proposal.

The second step covered a more detailed screen of the leisure centre transformation proposals. This screening step allowed for a more detailed evaluation which covered issues around size and scale of the initiative, overall possible impact, impact upon the community, priority within the organisation, nature of the evidence base and potential to make recommendations associated with the proposals for each centre.

Appendix 3 provides an example of the screening tool used by the steering group.

Screening took place for all three geographical locations and the three proposed new build sites. Where possible this screening took place in partnership with another member from the steering group.

Screening Results

Following screening, the three-leisure centre geographical locations(Chester le Street, Seaham, and Bishop Auckland) were identified to move forward onto the next stage of the HIA process. It was apparent that all three proposed sites will have an impact on the health of local residents in these sites.

Following screening, it was agreed by the group that that all three new build locations and sites would be grouped together. Whilst their impact may be geographically specific, the evidence base from which the potential impacts would be identified and the possible recommendations, would be the same based on the proposals.

Following screening, the next step was to move onto the scoping of the proposed refurbishments and new centre builds and potential relocation.

Scoping

The scoping process begins to assess the policy in detail, specify the health impact to be assessed, develop the work plan to ensure delivery and identify the possible evidence required to help inform the recommendations. It involves planning and designing the HIA, including setting out the parameters. The scoping stage is very similar to creating a working hypothesis and requires critical thinking to consider the possible health impacts. For each proposed development at each centre, the steering group discussed the policy implications and health outcomes, and these were prioritised into broad health

impacts. These associations were mapped across the other identified health determinants and health outcomes for each centre.

The key element of this stage was to identify which impacts will be assessed and setting the scope of the evidence to be gathered to help answer whether the proposals would have an impact on the health of the local population. The health impacts chosen were influenced by the site proposal itself and also any gaps within the proposal that could have potential impacts on the health of local residents.

There are generally four levels of a HIA, as shown in figure 2 below. A decision based on choosing the type of HIA to do is based resource, capacity, time, the scale of the proposal and size of potential impacts. Given the scale and potential impact of the proposals alongside the time and capacity, the steering group decided that a rapid HIA was the agreed approach to be taken.

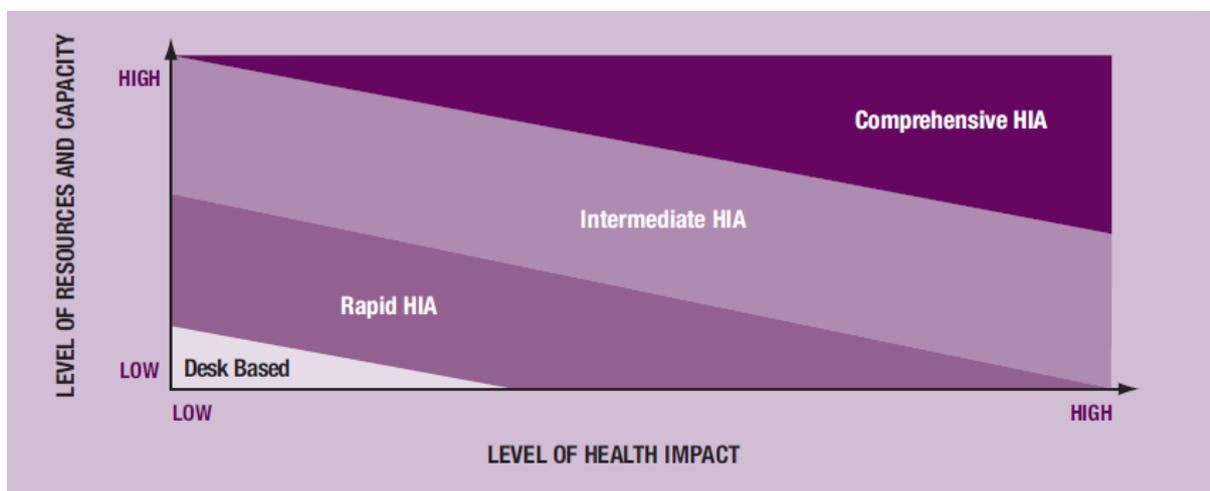


Figure 2: Indicative level of depth of an HIA (Source: Health Impact Assessment: A Practical Guide, 2007.)

For each site location, the steering group discussed the health implications and health outcomes and these were prioritised into broad health impacts. These have been mapped across the other identified health determinants and health outcomes. These outcomes have been mapped in a driver diagram, which can be found in appendix 4.

Within the scoping of the sites in the three geographical areas ,several policy high level policy outcomes in which could be influenced by the development of a new leisure centre . The three high level policy outcomes which the group decided would have a potential impact on health were change in the availability to a centre, change in local infrastructure and a change in physical activity. As shown in appendix 4 , it was acknowledged by the steering group that it was possible to scope an impact on many health determinants as a result of a new centre being developed. These included determinants such as change in community cohesion, change in active travel/ travel patterns,

change in environmental conditions e.g. air, noise, change in physical activity and change in the appearance of an area. From this, the group hypothesised the potential health outcomes for individuals such as effect on long term conditions, mental health, obesity, social isolation, and health inequalities.

From the scoping undertaken by the group a number of broad research questions were developed which could help to understand the health impact for each leisure centre site put forward.

During scoping, no judgement was made about whether the impact is positive or negative, only that it is plausible that a change will occur as a result of the policy.

Identification

The next stage of the HIA was identification. The purpose of this stage is to develop an understanding of the community and local population that are likely to be affected by the proposal. Through the collection of information to identify the potential health impacts of building a leisure centre on each site.

For the purposes of this HIA, to help get a greater understanding of the possible impact of the proposed site location, data was collected from three sources to help develop a better understanding of the local population. These were.

1. Collection of evidence from literature sources that would be useful to help answer the research questions identified during scoping.
2. Using data to develop a health profile of the local communities where the new leisure centre sites were proposed.
3. Public feedback- a public survey was conducted to help gather qualitative and quantitative feedback to gather feedback around the proposed site locations and the impacts.

Through collection of this data, it would be used in combination to help answer the research questions through using the sources the sources of data to get a better of understanding of the impact of the proposals.

For the purpose of this HIA, the steering group members were split into three groups, with each group concentrating on of the three components identified above.

Evidence collection

Multiple literature sources were reviewed by the group responsible for collecting written evidence. These secondary sources of information were collated from a range of sources including peer reviewed journal articles, national policy documents and previous other HIA or impact assessments. This has included searching literature reviews, umbrella reviews, systematic

reviews, and grey literature (these are reports or policy documents which contain relevant information but not found with peer reviewed academic literature).

A number of searches were done to develop a collection of evidence to help answer the research questions based on the policy outcomes, health determinants and health outcomes outlined in the driver diagram (appendix 4). As shown within appendix 5, it is possible to see the extent of the evidence search and the evidence that was collated as part of this process. , This evidence would allow the steering group to judge the overall quality of the evidence in the next stage of the HIA process.

Health Profile

For each of the three geographical locations (Bishop Auckland, Seaham and Chester le Street) a health profile for the expected catchment area (MSOA area) was created by the public health intelligence team and covered key information surrounding demographics, health status, lifestyle indicators and some other key health determinants. The catchment area for of a leisure centre in each location was agreed between the steering group on the expected area. To support this, for each area, a map was also created to show the location of current members in relation to the centres which included a predicted 10-minute walking time zone. An example of a health profile, the member map and the population profile can be found within in appendix 6.

Public Consultation

A period of consultation took place between the 11th of November and the 6th of December 2020 to seek views and opinions of the public in regard to site selections in the three geographical locations. Within this process, gathering information about the potential health benefits of participating in leisure activity took place. A survey, comprising of a number of qualitative and quantitative questions, was developed and available on the DCC website for members of the public to complete. The survey covered factors such as accessibility, parking, location, visibility, and transport links. It contained a number of questions which could help in gathering information for answering the health impacts linked to the scoping.

From analysis of the survey a number of key themes were identified from the qualitative responses and were collated relevant to health determinants and outcomes identified in the scoping phase. This qualitative primary feedback also allowed for an assessment of the possible health impacts highlighted by the community themselves. Indeed, there were some health impacts identified such as the impact on air quality, safety linked to traffic congestion and the potential for reduced physical activity levels. This qualitative information adds depth to the HIA as it represents community experience, knowledge and the perceptions of residents and stakeholders with more localised knowledge.

This may be especially important when assessing social factors which may be difficult to portray in a traditional health profile.

During the identification process the scoping pathway documents were amended. This was to reflect the continual learning from the identification process to ensure that the remaining health impacts were those that resonated with the community, with the available evidence and with the health profile of County Durham. This triangulation process gave the HIA steering group confidence that given the rapid nature of the HIA, the most appropriate and relevant impacts were being assessed.

Assessment

The next stage of the HIA was to critically assess the information collected during the identification stage in order to help prioritise health impacts and develop a set of initial recommendations to enhance the positive impacts and mitigate the negative impacts.

This combination of data sources, from secondary data to create local catchment health profiles for each site location, the evidence, and the public consultation feedback, can be triangulated to allow for the assessment of the policies. An assessment meeting took place in December 2020. All members of the steering group attended to ensure key partners engaged in the process.

The assessment meeting started by reintroducing the steering group to an overview of the Leisure Centre transformation project and the proposed sites, the determinants of health and the concept of health inequalities so that all participants agreed in the purpose.

For the purposes of the assessment, the steering group was divided into three groups and each group focussed on one location and carried out an assessment for the three possible sites for that particular geographical location.

An assessment matrix was developed for use within the session based on the following assessment criteria:

- **Site:-** the site of development being reviewed as part of the Health Impact Assessment.
- **Health determinants** – the policy outcome which may impact upon an individual's health status
- **Possible impacts** – the consequence of the of the determinant (health outcome)
- **Source of information** – a judgement on the literature source and quality (to be agreed on the day of assessment)
 - Weak
 - Medium
 - Strong

- **Nature of impact** – impacts can be both positive or negative or the nature of the impact maybe unclear
 - Positive
 - Negative
 - Unclear
- **Likelihood of impact** – A judgement made on how likely the impact is to occur based on the evidence provided
 - None
 - Speculative -some chance of an impact, no official evidence however, the impact is still worth noting
 - Probable - likely or plausibly could impact upon the population’s health, some evidence to back this up
 - Definitive -clearly defined research and evidence showing the impact to be true or indisputable
- **Duration of impact** – (approximate time that the health impact will continue to affect the community after the implementation of the proposal)
 - Short term = 1 (up to 1 year)
 - Medium term = 2 (between 1-3 years)
 - Long term = 3 (3 years and above)
- **Who is impacted** – the population who is likely to be impacted by the policy outcome:
 - All residents
 - Children and Young People
 - Adults
 - Older Adults
 - Families
 - Immediate residents
 - Future residents
- **Magnitude of impact** – size of impact dependent on the size of and risk to the local population
 - Large
 - Medium
 - Small
 - Negligible
- **Is it fair** – consideration of equity and assessment of the impacts on groups , communities and specific populations affected by the proposal?

The full assessment matrix, which was developed during the assessment session and in subsequent meetings with the steering group, is shown below with a summary of the prioritised health impacts based on agreement by the group:

Bishop Auckland:

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	BA College	Local infrastructure	Increased traffic - Noise/pollution	Strong	Negative	Definitive	medium term	Local residents	Medium	Yes
2	BA College	PA activity levels	Increase in physical activity levels	Weak	Positive	Speculative	Short term	Current users	Low	Yes
3	BA College	Options of physical activity	Change in accessibility (Active travel)	Medium	Positive	Speculative	medium term	Current and possible future users	Low	Yes
	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	BAFC	Local infrastructure	Increased traffic	Medium	Negative	Probable	medium term	Immediate residents	Low	Yes
2	BAFC	PA activity levels	Decrease in activity levels (due to access)	Weak	Negative	Speculative	medium term	Community	Medium	No
3	BAFC	Options of physical activity	Change in accessibility	Weak	Unclear	Speculative	Short term			Yes
	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	Current site	Local infrastructure	Noise/pollution	Strong	Negative	Probable	medium term	Immediate community	Medium	No
2	Current site	PA activity levels	Reduction in activity	Strong	Negative	Definitive	medium term	Current members/community	Large	No
3	Current site	Options of physical activity	No facilities (swimming pool etc)	Strong	Negative	Definitive	medium term	Current members/community	Large	No

Seaham

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	Seaham (existing site)	Change in physical activity levels	Levels of excess weight, physical and mental wellbeing	Medium	Positive	Probable	long term	All residents	Large	Yes
2	Seaham (existing site)	Change in community cohesion	Mental health and social isolation	Medium	Positive	Probable	long term	All residents	Large	Yes

3	Seaham (existing site)	Change in accessibility to leisure centre	Maintaining current levels of activity	Weak	Unclear	Definitive	medium term	Existing members	Low	Yes
	Seaham (existing site)	Change in local infrastructure	Noise / pollution / Increase in respiratory diseases	Medium	Negative	probable	Medium term	Residents living in the close proximity to the building	Medium	Yes

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	Dock Top	Change in appearance of area	Mental health	Weak	Negative	Speculative	long term	All residents	Low	No
2	Dock Top	Change in travel / traffic	Increase in respiratory diseases	Medium	Negative	probable	Long term	all residents	Medium	Yes
3	Dock Top	Change in accessibility	Increase in health inequalities	Medium	Negative	probable	Long term	Those without access to transport / more vulnerable groups such as elderly, young people without access to transport / low income families	Medium	No
4	Dock Top	Change in local infrastructure	Noise / pollution / Increase in respiratory diseases	Medium	Negative	probable	Medium term	Residents living in the close proximity to the building	Medium	Yes
5	Dock Top	Change in environment	Loss of green space -	Medium	Negative	Definitive	Medium term	All	Medium	Yes

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	St Johns Square	Increase in active travel	Levels of excess weight	Medium	Positive	Speculative	long term	All residents	Medium	Yes
2	St Johns Square	Change in appearance of area	Mental Health	Medium	Unclear	Speculative	long term	All residents	Low	Unsure - local residents lose access to green space
3	St Johns Square	Change in accessibility	Increase in health inequalities / healthy life expectancy	Weak	Negative	Speculative	long term	All residents	Medium	No - not a central location and not as accessible

Chester le Street

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
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1	Chester le Street Existing Site	Reduced availability to Leisure Centre (due to building work)	physical and mental wellbeing, social benefit	Strong	Negative	Definitive	medium term	All residents	Medium	Yes
2	Chester le Street Existing Site	Change in environmental conditions associated with construction	Noise and air quality	Medium	Negative	Probable	medium term	Immediate residents	Medium	No
3	Chester le Street Existing Site	Change in Physical Activity Levels	physical and mental wellbeing, social isolation	Strong	Positive	Speculative	long term	Members and potential members	Medium	Unknown
4	Chester le Street Existing Site	Change in Travel Patterns	Air quality, safety, physical activity levels	Strong	Negative	Speculative	long term	Immediate residents and members	Medium	Unknown

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
1	Civic Centre	Access to Leisure Centre	physical and mental wellbeing, social benefit	Strong	Positive	Probable	long term	All residents and existing members	Medium	Yes
2	Civic Centre	Change in environmental conditions due to construction phase	Noise and air quality	Medium	Negative	Probable	Short term	Immediate residents	Medium	No
3	Civic Centre	Change in Physical Activity Levels	physical and mental wellbeing, social isolation	Strong	Positive	Speculative	long term	Members and potential members	Medium	Unknown
4	Civic Centre	Change in Travel Patterns	Air quality, safety, physical activity levels	Strong	Positive	Speculative	long term	Immediate residents and members	Medium	Positive benefits for C&YP and older adults (use bus more) but negative to immediate residents due to increased traffic.

	Site	Health Determinant	Possible Impact	Source of Information	Nature of Impact	Likelihood of Impact	Duration of Impact	Who is impacted	Magnitude of Impact	Is it fair?
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1	Riverside Park	Access to Leisure Centre	physical and mental wellbeing , social benefit	Strong	Negative	Probable	long term	existing members and potential members	Medium	No (non-car users and safety for children and young people)
2	Riverside Park	Change in environmental conditions	Loss of Green Space and possible flood risk	Medium	Negative	Definitive	long term	Visitors to Park, immediate residents, wildlife, other users e.g. parkrun	Medium	No
3	Riverside Park	Change in Physical Activity Levels	physical and mental wellbeing , social isolation	Strong	Negative	Speculative	long term	Members and potential members	Medium	Unknown
4	Riverside Park	Change in Travel Patterns	Air quality, safety, physical activity levels	Strong	Negative	Probable	long term	Immediate residents and members	Medium	No- impact non-car drivers, immediate residents, members, and potential members

Recommendations matrix

As part of the assessment session and in a subsequent meetings, steering group members began to formulate a set of suggested recommendations. The recommendations focussed on both positive and negative health impacts identified during the assessment process. This was to ensure that positive impacts were enhanced, and the negative impacts mitigated.

For all three sites, a number of common themes were identified and applicable to each site. These were a mix of both potential negative and positive impacts.

The common themes identified which were based around enhancing health impacts and retaining are :

- Ensuring disruption to service users accessing leisure centre facilities, during the construction phase of redeveloping an existing site, is minimised.
- Minimising the impact of noise and air pollution due to construction.
- Increasing use of active travel for leisure centre users and reducing road congestion.
- Ensure positive change of an appearance of an area as a result of the new development.
- An increase in physical activity due to the location.

Following review of the health impacts a number of key health impacts were identified in the each of the geographical locations and individual sites. For these health impacts, standard recommendations were agreed by the group as shown in the matrix below. A summary of all the recommendations can be found in appendix 7.

Recommendations for Chester le Street

Existing Site

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Chester le Street Existing Site	Reduced availability to Leisure Centre (due to building work)	physical and mental wellbeing , social benefit	Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction. Allowing access to all other DCC leisure centres so users can visit all other council venues as well as offering free or subsidised transportation should be considered. Consideration should also be given to subsidised membership fees if a centre has to fully close for any duration. A full list of alternative options should be collated and communicated to both members and non-members in the local area.	Consideration should be given to a communications plan in the lead up, during and after the construction phase to keep members and non-members informed of alternative facilities, timescales, and any major changes.
2	Chester le Street Existing Site	Change in environmental conditions associated with construction	Noise and air quality	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction
3	Chester le Street Existing Site	Change in Physical Activity Levels	physical and mental wellbeing , social isolation	Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value. 95% would use the existing site more or the same.	
4	Chester le Street Existing Site	Change in Travel Patterns	Air quality, safety, physical activity levels	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to.	The centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Where possible link to the local walking and cycling infrastructure plans (LCWIP) locally and the align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the ' Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage.

Civic Centre

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Civic Centre	Access to Leisure Centre	physical and mental wellbeing , social benefit	Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value. For the Civic Centre, 93% of respondents stated that they would use the civic centre more and 90% stating both sites would help them to remain physically active.	
2	Civic Centre	Change in environmental conditions due to construction phase	Noise and air quality	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction.

3	Civic Centre	Change in Physical Activity Levels	physical and mental wellbeing , social isolation	Consider outcome of the public consultation to determine which sites are likely to increase usage.	Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces
4	Civic Centre	Change in Travel Patterns	Air quality, safety, physical activity levels	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to.	The centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Where possible link to the local walking and cycling infrastructure plans (LCWIP) locally and the align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the ' Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage.

Riverside Park

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Riverside Park	Access to Leisure Centre	physical and mental wellbeing , social benefit	To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre	Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions , County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award.
2	Riverside Park	Change in environmental conditions	Loss of Green Space.	Enhance green infrastructure, such as the existing site and this should be in line with the open space need assessment.	Ensure proposals link with DCC priorities to support health and climate change for example increasing the amount of green and blue space. Links could include projects such as the DCC clean and green team planting trees across the county as part of the wider Forestry Commission's Urban Tree Challenge, a funded project to increase tree coverage in urban areas.
3	Riverside Park	Change in Physical Activity Levels	physical and mental wellbeing , social isolation	Ensure that the site selected allows the greatest proportion of the community to access the centre.	Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions , County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award.
4	Riverside Park	Change in Travel Patterns	Air quality, safety, physical activity levels	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to	The centre to implement a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Where possible link to the local walking and cycling infrastructure plans (LCWIP) locally and the align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham.

				ensure infrastructure good practice is adhered to. Consider appropriate traffic calming measures and any new roads should be designed to ease potential traffic congestion.	To encourage more people to cycle, the roll out of the 'Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage
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Recommendations for Seaham

Existing Site

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Seaham (existing site)	Change in physical activity levels	Levels of excess weight, physical and mental wellbeing	Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction. A full list of alternative options should be collated and communicated to both members and non-members in the local area. Allowing access to all other DCC leisure centres so users can visit all other council venues as well as offering free or subsidised transportation should be considered. Consideration should also be given to subsidised membership fees if a centre has to fully close for any duration. A full list of alternative options should be collated and communicated to both members and non-members in the local area.	Consideration should be given to a communications plan in the lead up, during and after the construction phase to keep members and non-members informed of alternative facilities, timescales, and any major changes.
2	Seaham (existing site)	Change in community cohesion	Mental health and social isolation	Improving community cohesion and preventing social isolation with the development of a new leisure centre in the hub of community.	

3	Seaham (existing site)	Change in accessibility to leisure centre	Maintaining current levels of activity	To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre	
4	Seaham (existing site)	Change in local infrastructure	Noise / pollution / Increase in respiratory diseases	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction

Dock Top

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Dock Top	Change in appearance of area	Mental health	It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities during the planning phase to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.	Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.
2	Dock Top	Change in travel / traffic	Increase in respiratory diseases	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to.	The centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the ' Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage.
3	Dock Top	Change in accessibility	Increase in health inequalities	To ensure equitable access to the leisure centre, consider looking at affordability and pricing (with agreed review timescales) particularly for the communities and groups that are less likely to be engaged in physical activity and attend a leisure centre.	
4	Dock Top	Change in local infrastructure	Noise / pollution / Increase in respiratory diseases	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction
5	Dock Top	Change in environment	Loss of green space -	Enhance green infrastructure elsewhere, such as the existing site and this is reflected open space needs assessment. Ensure proposals link with DCC priorities to support health and climate change for example increasing the amount of green and blue space. Links could include projects such as the DCC clean and green team planting trees across the county as part of the wider Forestry Commission's Urban Tree Challenge, a funded project to increase tree coverage in urban areas.	Ensure proposals link with DCC priorities to support health and climate change for example increasing the amount of green and blue space

St Johns Square

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
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1	St Johns Square	Increase in active travel	Levels of excess weight	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to.	The centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the 'Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage.
2	St Johns Square	Change in appearance of area	Mental Health	It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities during the planning phase to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.	Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.
3	St Johns Square	Change in accessibility	Increase in health inequalities / healthy life expectancy	To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.	

Bishop Auckland

Existing Site

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	Current site	Local infrastructure	Noise/pollution	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction
2	Current site	PA activity levels	Reduction in activity	Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health and social value 90% of respondents stated that they would use the existing site the same amount or more with 86% stating it would help them remain physically active. There was concern that the loss of provision at the existing Bishop Auckland site would result in the loss of a community hub and negatively impact social cohesion if the site is moved elsewhere.	Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions, County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award.
3	Current site	Options of physical activity	No facilities (swimming pool etc)	· Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction. A full list of alternative options should be collated and communicated to both members and non-members in the local area. Allowing access to all other DCC leisure centres so users can visit all other council venues as well as offering free or subsidised transportation should be considered. Consideration should also be given to subsidised membership fees if a centre has to fully close for any duration. A full list of alternative options should be collated and communicated to both members and non-members in the local area.	Consideration should be given to a communications plan in the lead up, during and after the construction phase to keep members and non-members informed of alternative facilities, timescales, and any major changes.

Bishop Auckland College

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	BA College	Local infrastructure	Increased traffic - Noise/pollution	Any new roads should be designed to ease potential traffic congestion and the associated levels of air and noise pollution.	The centre to implement a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Consider alignment to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the 'Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage
			Change in appearance	It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities during the planning phase to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.	Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.
			Noise building process	No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.	Planning approvals should include a standard condition regarding operational hours for construction.
2	BA College	PA activity levels	Increase in physical activity levels	Link to local organisations and partners to increase use and knowledge of the centre including working closer with Education colleagues to ensure throughput. Consider the development of sporting village/hub which could be aligned to college.	Ensure that the site selected allows the greatest proportion of the community to access the centre
3	BA College	Options of physical activity	Change in accessibility (Active travel)	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to. Consider appropriate traffic calming measures and any new roads should be designed to ease potential traffic congestion.	The centre to implement a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Consider alignment to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the 'Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage
			Change socialisation	Look into the development of a Community hub to support community cohesion and reduce social isolation.	

Bishop Auckland Football Club

	Site	Health Determinant	Possible Impact	Recommendations	Recommendations
1	BAFC	Local infrastructure	Increased traffic	Improve and build safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use and ensure associated benefits. All walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to. Consider appropriate traffic calming measures and any new roads should be designed to ease potential traffic congestion.	The centre to implement a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues. Consider alignment to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the 'Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage
		Local infrastructure	Accessibility (Shildon)	Links to borrow a bike scheme to encourage more people to residents to attend from surrounding areas, such as Shildon. This could be supported by an ongoing comms and marketing campaign.	Consider transportation Support for any relevant community groups.
		Local infrastructure	Exposure to unhealthy foods	Due to the close proximity of fast-food outlets close by to the proposed site, consideration could be given healthy advertising policy in the area to restrict access and advertising of products high in fat, sugar, and salt. This could link to the standards in the DCC marketing and advertising policy.	
		Local infrastructure	Appearance (mental health)	It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities during the planning phase to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area.	Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design.
2	BAFC	PA activity levels	Decrease in activity levels (due to access)	Ensure that the site selected allows the greatest proportion of the community to access the centre.	Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions, County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award.
3	BAFC	Options of physical activity	Change in accessibility	To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help make leisure centres across County Durham more accessible to people living in poverty. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre. Ensure that the site selected	

				ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre.	
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Assessment overview:

The assessment process is reported below to highlight how the data sources were combined to inform the recommendations.

Chester le Street

Existing Site

Questions

Would reducing availability to Leisure Centre (due to building work) have an impact on physical and mental wellbeing and social benefit?

Would a change in environmental conditions associated with construction impact on noise and air quality levels?

Would a change in physical activity levels brought about more people accessing the leisure centre impact on physical and mental wellbeing and social isolation?

Would a change in travel patterns impact on air quality, safety, physical activity levels of the local area?

Public Representation

Physical activity prevalence- Based on the feedback from the public survey, it was highlighted that members and non-members indicated that they would use the centre more by 21% and 35% respectively. In addition, over 90% of respondents said the existing site would help them to remain physically active.

Travel patterns- 65% of respondents said they would use a car to travel to the existing site if it was refurbished.

Loss of provision- Whilst there was support for the existing site to be used, the majority of respondents expressed concern that there would be a loss of provision during the construction phase and there needed to be more car parking provided at this site.

Health Profile

Chester le Street has a 20% lower average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence

Overall, Chester le Street is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular

disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Availability to facilities

- Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults (Public Health England, 2018)
- Evidence has shown that when those in deprived areas lose leisure facilities, it would result in people not using the new facilities 3 miles away. It was considered too far to walk, and a car journey was not considered. (Rosimini, C. 2003)

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)
- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care, 2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. 61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Travel Patterns/ Active Travel

- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).
- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction(Public Health England 2017).

Recommendations

- Ensuring alternative provision if the centre is closed or limited. Ensure substitute activities with full access. Identifying an alternative local community or DCC facilities for people to access.
- No development including demolition works shall take place until a Construction Management Plan has been submitted to and approved in writing by the local planning authority
- Consider building on site in line with proposed plans
- Improve and build walking and cycling infrastructure to support active travel. Consider incentives to encourage active travel e.g. park and stride. improve 'liveability' of streets in immediately local area, including traffic calming measures

Civic Centre

Questions

Would a change in environmental conditions associated with construction impact on noise and air quality levels?

Would a change in physical activity levels brought about more people accessing the leisure centre impact on physical and mental wellbeing and social isolation?

Would a change in travel patterns impact on air quality, safety, physical activity levels of the local area?

Public Representation

Physical activity prevalence- Based on the feedback from the public survey, it was highlighted that 53% of all respondents said they would use the centre more.

The majority of respondents felt that relocating the leisure centre to this site would allow the existing site to “remain open during construction of any new buildings”, it would mean the centre was “more visible” to residents and more accessible as it has “the best public transport routes”. Some respondents also highlighted that it could have knock on benefits due to the site’s proximity to the town centre. Over 90% of respondents said the civic centre would help them to remain physically active and help their physical health & wellbeing and mental health.

43% of current members said they would use the civic centre more

Travel patterns- 56% of respondents said they would use a car to travel to the existing site if it was refurbished. There were some concerns that the site would increase traffic on Newcastle Road and exacerbate parking issues in the area. 39% of people would use active travel to get to the civic centre site.

Health Profile

Chester le Street has a 20% lower average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence

Overall, Chester le Street is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)
- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care,2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Travel Patterns

- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).
- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction(Public Health England 2017).

Recommendations

- No development including demolition works shall take place until a Construction Management Plan has been submitted to and approved in writing by the local planning authority
- Consider building on site in line with proposed plans
- Ensure walking and cycling infrastructure to support active travel is enhanced. Think about linking plans to LCWIP plans for Chester le Street. Think about incentives to encourage active travel e.g. promotion of good access by public transport, safe cycle parking and walking routes.

Riverside Park

Questions

Would a loss in green space due to site build have an impact on physical activity levels and mental health?

Would a change in physical activity levels brought about more people accessing the leisure centre impact on physical and mental wellbeing and social isolation?

Would a change in travel patterns impact on air quality, safety, physical activity levels of the local area?

Public Representation

Although some people felt that locating the new facilities at Riverside would create “a great fitness hub”, the majority of respondents were concerned about accessing the leisure facilities at peak times, such as when “when the cricket was on”, during events or during the summer months when the park was already very busy.

Physical activity prevalence- 34% of respondents said that they would use the centre less if it was situated at Riverside Park.

Travel patterns- 69% of respondents said they would use a car to travel to the existing site if it was refurbished. This was the highest use of car for all 3 sites.

Health Profile

Chester le Street has a 20% lower average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence

Overall, Chester le Street is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Access to Green Space

In adults, there is an association between nature in the urban environment and positive emotions – evidence also shows links between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress (Public Health England, 2020).

Use of green spaces is associated with a decrease in health complaints, improved blood pressure and cholesterol levels, reduced stress, improved general health perceptions and a greater ability to face problems (The Kings Fund , 2018).

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to

improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care,2019).

- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Travel Patterns

- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).
- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction(Public Health England 2017).

Recommendations

Consider an engagement strategy to increase the use of centre by members and non-members.

Enhance green infrastructure elsewhere if the site is built at Riverside Park. For example, considering building on the existing site and ensure that green space is incorporated to the centre design.

As a high percentage of respondents said they would not use the centre as much as the other options, consider an engagement strategy to increase the use of centre by members and non-members. (consider one of the other centres)

Ensure walking and cycling infrastructure to support active travel is enhanced. Think about linking plans to LCWIP plans for Chester le Street. Consider incentives to encourage active travel e.g. promotion of good access by public transport, safe cycle parking and walking routes.

Bishop Auckland

Existing Site

Questions

Would a change in the local infrastructure impact on noise and pollution levels?

Would there be an impact in physical activity levels as a result of the rebuilding of the existing site?

How would the options of physical activity available to people during the centre build? For example, no access to the swimming pool.

Public Representation

Physical activity prevalence- There are concerns over the loss of the site and access to the facility for the construction period. A third of respondents said they would use a redeveloped existing more. 86% of respondents said that the existing site would help them to remain physically active.

Travel patterns-. It is seen as a central location and a convenient site to access with good public transport as well as accessibility via cycling and walking. Results from the public survey indicated that 45% of respondents said they would use active travel to get to the current site if it is redeveloped.

Social Value- The existing site would allow 75% of respondents to feel part of the community and to socialise compared to 50% for the other 2 sites.

Health Profile

Bishop Auckland has 20% lower average compared to the rest of County Durham for the following:

- Dementia: QOF prevalence (all ages)
- Learning disability: QOF prevalence

71% of the MSOA's are in the 30% most deprived nationally. This is **higher** than CD average of 50%

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting children (IDACI). This is **higher** than CD average of 52%.

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting older people . (IDAOP). This is **higher** than CD average of 41%.

Overall, Bishop Auckland is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Availability to facilities

- Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults (Public Health England, 2018)
- Evidence has shown that when those in deprived areas lose access to leisure facilities, it would result in people not using the new facilities 3 miles away. It was considered too far to walk, and a car journey was not considered. (Rosimini, C. 2003)

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)
- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves

quality of life in adults with major clinical depression (World Health Organisation, 2020).

- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care, 2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. 61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Recommendations

- No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 for full details and considerations of a CMP). It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis.
- Ensure that the site selected allows the greatest proportion of the community to access the centre. Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions , County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award.
- Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction. A full list of alternative options should be collated and communicated to both members and non-members in the local area. Consideration should be given to a communications plan in the lead up, during and after the construction phase to keep members and non-members informed of alternative facilities, timescales, and any major changes.

Bishop Auckland College

Questions

Would a change in Local infrastructure impact through the leisure centre development have an impact on traffic levels and pollution?

Would a change in Local infrastructure impact through the leisure centre development have an impact during the building process on noise and air quality as well as a change in appearance of the area?

Will the development on a leisure centre at this site have an impact on Physical activity levels?

Will the development of the leisure centre at this site have an impact on the number of users using active travel?

Public Representation

Physical activity levels- 33% of non-member responses said that they would use the centre more with 15% of current members using it more. However, 25% of current members said that they would use it less.

Travel patterns-. There was concern from the public in regard to the potential traffic congestion it may cause, particularly as there are two busy secondary schools and a college next to the proposed site. Although it is walking distance for some, it is felt the access via public transport isn't as good

Loss of Green Space- There is concern from the public in regard to the loss of green space and outdoor facilities if the leisure centre is built

Health Profile

Bishop Auckland has 20% lower average compared to the rest of County Durham for the following:

- Dementia: QOF prevalence (all ages)
- Learning disability: QOF prevalence

71% of the MSOA's are in the 30% most deprived nationally. This is **higher** than CD average of 50%

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting children (IDACI). This is **higher** than CD average of 52%.

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting older people . (IDAOP). This is **higher** than CD average of 41%.

Overall, Bishop Auckland is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)
- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care,2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Loss of Green Space

- In adults, there is an association between nature in the urban environment and positive emotions – evidence also shows links

between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress (PHE, 2020).

- Use of green spaces is associated with a decrease in health complaints, improved blood pressure and cholesterol levels, reduced stress, improved general health perceptions and a greater ability to face problems (Kings Fund, 2018)

Recommendations

- Improve transport infrastructure to reduce reliance on cars and ensure that walking and cycling infrastructure to support active travel is enhanced including cycle storage.
- Ensure the leisure centre fits with the local design of the community
- No development including demolition works shall take place until a Construction Management Plan has been submitted to and approved in writing by the local planning authority.
- There should be consideration to work closer with Education colleagues from the college to ensure throughput and builds to create a facility that would be used by the college staff, students, and visitors.

Bishop Auckland Football Club

Questions

Would the building of a leisure centre in this area have an impact on the amount of traffic in the area?

Would the building of a leisure centre have an impact on accessibility for residents outside of Bishop Auckland?

Would a change in Local infrastructure impact through the development of the leisure centre have an impact on the mental health of the immediate community?

Will the development on a leisure centre at this site have an impact on Physical activity levels and the associated physical and mental health benefits?

Will the development of the leisure centre at this site have an impact on the number of users using active travel?

Public Representation

Physical activity levels- Public feedback stated it may increase accessibility to those living in areas surrounding Bishop Auckland. Feedback also showed that 41% of non-member responses stated that they would use the BAFC site more although 43% of current members said they would use it less.

Travel patterns-. It may increase accessibility to those living in areas surrounding Bishop Auckland. There were concerns around increased congestion in the areas around the proposed site. 77% of respondents said they would travel to the Bishop Auckland FC (BAFC) site by car with only 20% using active travel.

Health Profile

Bishop Auckland has 20% lower average compared to the rest of County Durham for the following:

- Dementia: QOF prevalence (all ages)
- Learning disability: QOF prevalence

71% of the MSOA's are in the 30% most deprived nationally. This is **higher** than CD average of 50%

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting children (IDACI). This is **higher** than CD average of 52%.

71% of the MSOA's are in the 30% most deprived nationally for deprivation affecting older people . (IDAOP). This is **higher** than CD average of 41%.

Overall, Bishop Auckland is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Air Quality

- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion (Public Health England, 2017).

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care,2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Accessibility

- Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults (Public Health England, 2018)
- Evidence has shown that those in deprived areas when a losing leisure facilities would result in people not using the new facilities 3 miles away. It was considered too far to walk and a car journey was not considered. (Rosimini, C. 2003)
- 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 (Dudley Metropolitan Borough Council, 2014).

Obesity

- Inactivity or sedentary behaviour is associated with poor health at all ages. Sedentary behaviour is not simply a lack of physical activity, as people can achieve recommended levels of physical activity but spend large amounts of the remaining time sedentary. The association

between inactivity and poor health has been found to be independent of the level of overall physical activity. Even among individuals who are active at the recommended levels, spending large amounts of time sedentary may increase risk of some adverse health outcomes (Public Health England, 2016).

Recommendations

- Improve transport infrastructure to reduce reliance on cars and ensure that walking and cycling infrastructure to support active travel is enhanced including cycle storage. Ensure there is links to the 'Borrow a Bike' scheme which is currently running in Shildon and link to any expansion of the scheme.
- The new centre must fit with local community design and appearance of the areas, whilst considering how it can also improve it.
- Consider promotion of the leisure centre to the retail and business park close by to the proposed site and encourage attendance from the local business park. This could be linked to the Better Health at Work award
- Due to the close proximity of fast-food outlets close by to the proposed site, consideration could be given healthy advertising policy in the area to restrict access and advertising of products high in fat, sugar, and salt.

Seaham (Existing site)

Questions

Would reducing availability to Leisure Centre (due to building work) have an impact on physical levels during the construction phase?

Would a change in environmental conditions associated with construction impact on noise and air quality levels?

Would a change in physical activity levels brought about more people accessing the leisure centre impact on community cohesion and social isolation?

Public Representation

Physical activity prevalence-Over 90% of all respondents said developing the current site will help them to remain physically active, help with their mental health and to socialise. The largest increase in use reported in the public survey came from keeping the site the same with nearly seven in ten stating it would do so. In general, respondents feel that the present site offers much more opportunity for multi-use development

Community Cohesion- Feedback was received that the current site is in central location with plenty of room for development. Feedback included that it was central within the community and has better parking facilities and a safe environment.

Traffic- Respondents state that moving the site from the existing site would cause issues with parking and traffic congestion in the local area.

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Health Profile

Seaham has 20% higher average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence
- Osteoporosis: QOF prevalence (50+)

25% of the population aged 60 receive income support, income-based job seekers allowance, pension credit or child tax credit claimants aged 60 and over and their partners. (IDAOP). This is lower than CD average of 27%.

Overall, Seaham is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Availability to facilities

- Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults (Public Health England, 2018)
- Evidence has shown that when those in deprived areas lose access to leisure facilities, it would result in people not using the new facilities 3 miles away. It was considered too far to walk, and a car journey was not considered. (Rosimini, C. 2003)

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In

particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)

- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care,2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities.61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Travel Patterns/ Active Travel

- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).

- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction(Public Health England 2017).

Community Cohesion

For cohesion, sport and culture can bring different people together and build strong relationships and community spirit through involvement in shared interests and pleasure. They can also be used to tackle conflict and reduce anti-social behaviour. Participation in sport and increased social capital are linked at national and individual level – those who participate in sports are more likely to vote, contact a politician, sign a petition, have higher levels of social trust and life satisfaction (Department for Communities and Local Government. (2009).

The evidence review found that sport and physical activity can lead to social and community development through:

- building stronger communities by bringing people from different backgrounds together via participating, volunteering and spectating
- improving community links, levels of cohesion and social capital
- improving residents' sense of belonging in an area
- feeling more connected to your neighbourhood or community
- increasing levels of social trust (Sport England, 2020).

Social Isolation

Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care. (2019).

Recommendations

- Ensure that the current site continues to offer access to existing facilities to promote physical activity whilst new site is under construction. Provide a wide range of facilities and activities on offer to ensure accessibility
- Focus on the development of community cohesion and preventing social isolation with the development of a new leisure centre in the hub of community.

- No development including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority Main road infrastructure is in place, consider new road layout to enable more access without causing too much disruption

Dock Top Site

Questions

Would a change in environmental conditions associated with construction impact on noise and air quality levels?

Would a change in the appearance of an area due to the building of leisure centre impact on mental health of local residents?

Will a potential increase in traffic around the area due to the leisure build impact on air quality and respiratory health?

Would a change in physical activity levels brought about more people accessing the leisure centre impact on community cohesion and social isolation?

Will the loss of Green Space impact the community's health and wellbeing?

Public Representation

Physical activity prevalence- A third of current members said that they would use the leisure centre less if it was rebuilt at the Dock Top site.

Traffic- Feedback from the public survey was that the site is not centrally located and will have reduced parking facilities which may cause increased congestion in that part of the town. Other feedback indicated that relocating to the centre to the dock top would result in over half of respondents travelling by car.

Green Space- It is a smaller site and will have reduced space for facility development with the potential of taking away

Health Profile

Seaham has 20% higher average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence
- Osteoporosis: QOF prevalence (50+)

25% of the population aged 60 receive income support, income-based job seekers allowance, pension credit or child tax credit claimants aged 60 and over and their partners. (IDAOP1). This is lower than CD average of 27%.

Overall, Seaham is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Availability to facilities

- Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults (Public Health England, 2018)
- Evidence has shown that those in deprived areas when a losing leisure facilities would result in people not using the new facilities 3 miles away. It was considered too far to walk and a car journey was not considered. (Rosimini, C. 2003)

Air Quality & Noise

- There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss (WHO, 2018)
- During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times (London Borough of Barnet, 2018)
- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).

- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

- Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression (World Health Organisation, 2020).
- Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation (Department of Health and Social Care, 2019).
- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. 61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

Travel Patterns/ Active Travel

- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).
- An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction(Public Health England 2017).

Green Space

In adults, there is an association between nature in the urban environment and positive emotions – evidence also shows links between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress (Public Health England, 2020).

Green spaces may provide health benefits through being linked to better sleep, improved immunity, greater social interaction, and physical activity. Less green space in a living environment is associated with a greater risk of

anxiety and depression, feelings of loneliness and perceived shortage of social support. People living in urban areas with larger amounts of green space show significantly lower mental distress and higher well-being (Sport and Recreation Alliance , 2017).

Recommendations

Consider how the site could include outdoor, open space facilities to ensure residents are able to access green space - potential links to other areas. Work with communities to develop this

No development including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority Main road infrastructure is in place, consider new road layout to enable more access without causing too much disruption

Ensure walking and cycling infrastructure to support active travel is enhanced. Think about incentives to encourage active travel e.g. promotion of good access by public transport, safe cycle parking and walking routes.

The new centre must fit with local community design and appearance of the areas, whilst considering how it can also improve it.

Provide a wide range of affordable facilities to ensure a large proportion of the community can access the centre. Consider cost of transport / parking at the site

St Johns Square

Questions

Would building a leisure centre at this location have an impact on health inequalities and ensure equitable access for residents?

Would a change in the appearance of an area due to the building of leisure centre impact on mental health of local residents?

Would an increase in the use of active travel to get to the leisure have an impact on excess weight?

Public Representation

Physical activity prevalence- Only 69% of respondents, which was the lowest out of all three sites, agreed that this site would help them to remain physically active.

Traffic- Respondents state that moving the site would cause issues with parking and traffic congestion in the local area. This may have a potential impact on air quality.

Active travel - Over half of respondents said they would use active travel to get to St John's square

Green Space- There was concern from the public that building at this site may cause the loss of some green space.

Health Profile

Seaham has 20% higher average compared to the rest of County Durham for the following:

- COPD: QOF prevalence (all ages)
- Learning disability: QOF prevalence
- Osteoporosis: QOF prevalence (50+)

25% of the population aged 60 receive income support, income-based job seekers allowance, pension credit or child tax credit claimants aged 60 and over and their partners. (IDAOP). This is lower than CD average of 27%.

Overall, Seaham is in line with the County Durham average for levels for many health indicators including life expectancy (at birth), Cardiovascular disease prevalence, adult obesity and excess weight for children and young people.

Evidence

Air Quality

- Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality (PHE ,2018).
- Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al, 2014)

Benefits of Physical Activity

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- Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. 61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020).

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- Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes, keeping the musculoskeletal system healthy and promoting mental wellbeing (NICE, 2012).
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Green Space

In adults, there is an association between nature in the urban environment and positive emotions – evidence also shows links between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress (Public Health England, 2020).

Green spaces may provide health benefits through being linked to better sleep, improved immunity, greater social interaction, and physical activity. Less green space in a living environment is associated with a greater risk of anxiety and depression, feelings of loneliness and perceived shortage of social support. People living in urban areas with larger amounts of green space show significantly lower mental distress and higher well-being (Sport and Recreation Alliance , 2017).

Recommendations

No development including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority Main road infrastructure is in place, consider new road layout to enable more access without causing too much disruption

The new centre must fit with local community design and appearance of the areas, whilst considering how it can also improve it.

Provide a wide range of affordable facilities to ensure a large proportion of the community can access the centre. Consider cost of transport / parking at the site

Ensure walking and cycling infrastructure to support active travel is enhanced. Think about incentives to encourage active travel e.g. promotion of good access by public transport, safe cycle parking and walking routes.

Monitoring

The recommendations in this HIA must be considered once a site is selected for each geographical location at Seaham, Chester le Street and Bishop Auckland. From the recommendations outlined in this document, periodic monitoring is paramount to ensure that the health of the wider and immediate community is supported. Throughout the duration of the site development, the steering group and relevant partners are recommended to re-group and assess the implementation and impact of the recommendations.

Conclusion

Assessing the health impacts of the proposed locations and different sites and collaborations between the steering group partners has helped to ensure that health considerations are integrated into the final site selection of the leisure centre. This will ensure that health benefits are realised when considering a site for a new leisure centre in Seaham, Chester le Street and Bishop Auckland.

Although the HIA process has proposed recommendations for each site have been put forward (as outlined in this report), the general recommendations outlined in appendix 7 should be considered to help support health of the communities in the three geographical locations.

Appendix 1

a) **Approach 1: Refreshing the existing offer:** This would take place in four of the existing leisure centres:

- Consett
- Newton Aycliffe
- Wolsingham
- Teesdale

(b) **Approach 2: Refurbishment / new installations:** Five of the current leisure centres are to be refurbished and / or change their programme to introduce new activities. The five being:

(c) **Approach 3: The replacement of Leisure Centres facilities.** This would impact on three current sites:

Whilst Consett is a new centre and Newton Aycliffe has been recently refurbished, there are opportunities to refresh the offer and attract different and additional residents to access the opportunities available. Wolsingham is to be transferred into Culture, Sport & Tourism management in September 2020 and will require some refresh work, whilst Teesdale would benefit from a refreshed 'look and feel' along with the introduction of the Thrive branding throughout the centre.

- Abbey
- Freemans Quay
- Louisa Centre
- Peterlee
- Spennymoor.

These centres will require a range of works from the installation of new equipment to substantial refurbishment to accommodate new and/or additional activities.

- Woodhouse Close
- Chester-le-Street
- Seaham.

(d) **Approach 4: Retain a leisure offer and create greater links with other services and the community:** Two leisure centres would benefit from this approach:

(e) **Approach 5: A partnership development.** One leisure centre has the opportunity to become part of another organisation's infrastructure:

The current layout, condition and location of these centres requires consideration regarding the replacement of these facilities to maximise health and wellbeing benefits for the population of County Durham and the economic vibrancy of the leisure offer.

Health impact assessments (HIA) would be undertaken on each of the proposed new locations to determine the maximum health gain opportunities and to ensure the transformed leisure offer would be seen as adding value to the wider physical activity infrastructure.

- Meadowfield
- Shildon.

There are opportunities to either expand service offers within these buildings and develop closer links with the community. This would make the buildings more viable from a cost effectiveness perspective and increase footfall due to the co-location of services and greater community involvement.

- Riverside.

To work in partnership with Durham County Football Association and other key users would improve opportunities for the population to gain access to increased coaching opportunities and increase uptake in the use of facilities overall.

Appendix 2

Terms of Reference

Leisure Transformation Programme - Health Impact Assessment Steering Group

Aim

The group members will be responsible for the delivery of the Health Impact Assessment (HIA) of the Leisure transformation programme for County Durham which will work to improve health and wellbeing outcomes for residents and further build the leisure economy.

Remit

The group will plan and deliver agreed actions to ensure that the six steps of a Health Impact Assessment on the leisure transformation programme are completed comprehensively and on time. The following set of principles will be adopted:

- A holistic definition of health and wellbeing is adopted (physical and mental health)
- Ensure preventing ill-health (primary prevention) and creating conditions for good health is given a priority.
- Aim to develop positive working relationships across service groupings and support the development of HIA skills amongst members
- Ensure meaningful engagement and participation of our communities
- Promoting HIA as a product to add value to other key policies and plans in the future

Objectives

- To undertake a HIA on each of the proposed new leisure centre locations to determine the maximum health gain opportunities and to enhance opportunities for positive health impacts and reduce negative impacts via the leisure transformation programme.
- To determine what impact the transformed leisure offer would have on the wider physical activity infrastructure

- Ensure that there is comprehensive consideration of health inequalities throughout the leisure transformation HIA process.
- Determine the impact of the proposed leisure transformation programme has on environmental and socio-economic benefits for County Durham including reduction of health inequalities.
- Deliver a set of clear recommendations to the Leisure Transformation Programme Board.

The steering group will work to complete the following stages of the leisure transformation HIA:

1. **Scoping & Screening** - Establish the relevance of leisure transformation to health, the process for undertaking the HIA and identify the key issues and important health impacts.
2. **Assessment** – Identify and describe potential impacts (positive and negative) for the wider population and individual communities and groups for County Durham.
3. **Reporting and recommendations** - Present findings with recommendations (if appropriate)to mitigate any negative impacts on health as well as any suggestions for improvement.
4. **Decision Making** - Assessment of the quality of evidence used in the HIA, how the recommendations have been implemented and whether any negative impacts on health (after mitigation) are acceptable.
5. **Monitoring and Evaluation**- Full evaluation of the leisure transformation programme HIA to include Evaluation of the proposal, the health impact, the process, and any lessons learnt which will impact future HIA's.

Membership

Membership of the group will consist of representation within Durham County Council from:

- Public Health
- Culture Sport & Tourism
- Area Action Partnerships
- Spatial Policy Team
- Research and Intelligence

Where permanent members feel that expertise or topic specific knowledge is required, experts may be invited to sit on group for a limited period.

Members are expected to act as a two-way conduit for information and actions.

Working arrangements

- All permanent members will be given protected time from their line managers to deliver against their designated tasks
- Group meetings will be at least fortnightly and weekly when required
- Each meeting will consider an action log against the agreed work plans
- The action log will form the agenda and will be circulated two working days before the meeting
- If members are not able to attend, a fully briefed representative will attend on their behalf
- The group will be chaired by Chris Woodcock, Public Health Strategic Manager. A vice chair is to be nominated following the first meeting.

Accountability arrangements

- The Leisure Transformation Programme HIA steering group will be accountable to the Leisure Transformation Programme board.
- Reports will be submitted in a timely manner to the Leisure Transformation Programme Board to meet the deadlines agreed in the HIA scoping report.

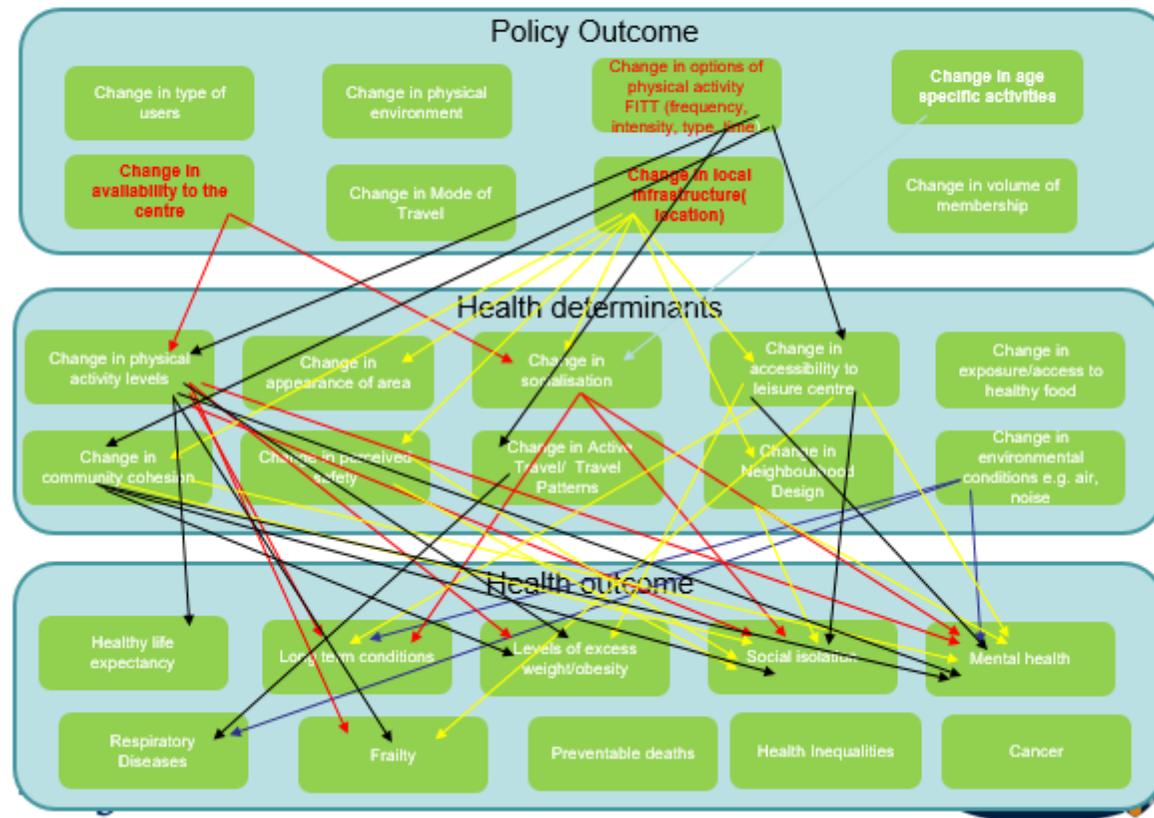
Date agreed: 13th August 2020

Appendix 3

Policy Name Policy Number		Phase 2 Business Plans				
		For HIA	Against HIA	Yes	No	not sure
Health Impacts	Does the initiative affect health directly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Does the initiative affect health indirectly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Are there any potentially serious negative health impacts that you currently know of?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Is further investigation necessary because more information is required on the potential health impacts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Are the potential health impacts well known and is it straightforward to suggest effective ways in which beneficial effects are maximised and harmful effects minimised?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Are the potential health impacts identified judged to be minor?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
Community	Is the population affected by the initiative large?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Are there any socially excluded, vulnerable, disadvantaged groups likely to be affected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Are there any community concerns about any potential health impacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
Initiative	Is the size of the initiative large?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Is the cost of the initiative high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Is the nature and extent of the disruption to the affected population likely to be major?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
Organisation	Is the initiative a high priority/important for the organisation/partnership?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
	Is there potential to change the proposal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not sure
Total (count ticks)		10				4

Appendix 4

Scoping Woodhouse Close, Chester Le Street, Seaham



Appendix 5

Policy Outcome: Change in Local Infrastructure

Access/ Proximity to Facilities

Gold Standard

1. Increase access to facilities and amenities: Long distance trips have been identified as having a potentially negative impact on walking and cycling and social engagement. Mixed land use developments that prioritise access to schools, recreational centres and social amenities may increase physical activity among children, adolescents, and older adults. The provision of local amenities may improve mobility and social engagement among older adults

Other sources of evidence

2. Improving access to leisure facilities is likely to lead to greater mobility of the population, as well as improving health, mental and physical wellbeing.
3. 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.
4. Evidence has shown that those in deprived areas when a losing leisure facilities would result in people not using the new facilities 3 miles away. It was considered too far to walk and a car journey was not considered.
5. Proximity and easy access to community assets can motivate individuals to engage in activities that can reduce social isolation.

References

1. Spatial planning for health: an evidence resource for planning and designing healthier places Public Health England (2018)
<http://eprints.uwe.ac.uk/31390/1/>
2. MOTT Macdonald Limited South Wales Metro - Rapid Health Impact Assessment," 2017:
https://tfw.gov.wales/sites/default/files/documents/Rapid%20Health%20Impact%20A%20assessment_2.pdf
3. Health impact assessment of the proposed closure of Brierley Hill leisure centre (2004).Dudley Metropolitan Borough Council
4. Rosimini, C. (2003) Benefits of Swimming Training for Children and Adolescents with asthma. Unsystematic literature review & algorithm for exercise prescription cited in a health impact assessment of the

proposed closure of Brierley Hill leisure centre (2004). Dudley Metropolitan Borough Council

5. A Prospective Health Impact Assessment of the proposed new leisure facilities to replace existing Church Farm leisure centre in East Barnet ward of the London Borough of Barnet (2015)

Mental Health

Gold standard:

1. Physical activity had positive mental health outcomes for children and youth, specifically for reduction in depression/depressive symptoms and improvements in physical self-concept, a self-esteem sub-domain. PA appears to be an effective intervention for reducing depression/depressive symptoms and improving physical self-perceptions
2. Physical activity has benefits for mental health, delays the onset of dementia, and can contribute to general well-being. It also improves quality of life in adults with major clinical depression.

Other sources of information

3. Access to sports and leisure centre will provide opportunities to improve health and wellbeing of carers and individuals living with a mental health conditions.
4. There is strong evidence that exercise has a positive impact in reducing the stress, anxiety, and depression.
5. When you exercise it releases 'feel good' chemicals called endorphins in our brain. It also affects chemicals called 'dopamine' and 'serotonin' which are related to depression and anxiety. Exercise can help brain cells to grow. In your body, regular exercise makes your heart, muscles, and bones stronger and work better. Activity can help you feel more in control which helps when you are worried or stressed. You can even make new friends and have fun when you exercise with other people.
6. Green spaces may provide health benefits through being linked to better sleep, improved immunity, greater social interaction, and physical activity. There are trends in reduced hospital admissions for mental illness associated with more green space, even after controlling for levels of deprivation and population density. Less green space in a living environment is associated with a greater risk of anxiety and depression, feelings of loneliness and perceived shortage of social support. Contact with nature has been linked to a number of mental health benefits, including improved mood and reduced stress, anxiety, and severity of children's symptoms of attention deficit hyperactivity disorder (ADHD). People living in urban areas with larger amounts of green space show significantly lower mental distress and higher well-being.
7. Sensitivity analyses revealed large or moderate to large antidepressant effects for AE ($12 \leq 30\%$) among trials with lower risk of bias, trials with short-term interventions (up to 4 weeks), and trials involving individual preferences for exercise. Subgroup analyses revealed comparable effects for AE across various settings and delivery formats, and in both outpatients and inpatients regardless symptom severity.

8. 6 reviews examining depression (n = 16), anxiety (n = 2), and self-esteem (n = 14). Half of the eligible reviews were considered to be of low or critically low quality (n = 13). PA had positive mental health outcomes for children and youth, specifically for reduction in depression/depressive symptoms and improvements in physical self-concept, a self-esteem sub-domain. PA appears to be an effective intervention for reducing depression/depressive symptoms and improving physical self-perceptions.
9. Low PA was associated with increased odds for more severe SCC (Subjective Cognitive Complaints) in middle-aged and older adults in Low and Middle Income Countries (LMICs) Given the particularly rapid increase in dementia in LMICs, more longitudinal research is warranted from this setting to understand the utility of PA promotion in the prevention of cognitive impairment.

References

1. Physical activity and depression, anxiety, and self-esteem in children and youth: An umbrella systematic review. *Mental Health and Physical Activity* Volume 16, March 2019, Pages 66-79
2. World Health Organisation. (2020). Guidelines on physical activity and sedentary behaviour. <https://apps.who.int/iris/bitstream/handle/10665/336656/9789240015128-eng.pdf>
3. A Prospective Health Impact Assessment of the proposed new leisure facilities to replace existing Church Farm leisure centre in East Barnet ward of the London Borough of Barnet (LBB) (2015)
4. Takács J (2014)- Regular physical activity and mental health. The role of exercise in the prevention of, and intervention in depressive disorders.
5. Royal College of Psychiatrists. Physical Activity and Mental Health <http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/physicalactivity.aspx>
6. Sport and Recreation Alliance. 2017. Reconomics Plus. <https://www.sportandrecreation.org.uk/pages/reconomics-plus>
7. Morres ID, Hatzigeorgiadis A, Stathi A et al. Aerobic exercise for adult patients with major depressive disorder in mental health services: a systematic review and meta-analysis. *Depress Anxiety*. 2019;36(1):39-53.
8. Physical activity and depression, anxiety, and self-esteem in children and youth: An umbrella systematic review. *Mental Health and Physical Activity*. Volume 16, March 2019, Pages 66-79

9. Exercise and Nutrition in Persons with Dementia Review Article Volume 21, Issue 10, p1415-1422.E6, October 01, 2020. Physical Activity and Exercise in Mild Cognitive Impairment and Dementia: An Umbrella Review of Intervention and Observational Studies"

Noise

Gold standard

1. There is a strong evidence that exposure to high levels of noise (as expected during the construction time) has a negative health impact. In particular noise causes annoyance and sleep disturbance and in severe cases can lead to hypertension, ischemic heart disease and even hearing loss.

Other Source Evidence

2. During the construction phase of leisure centre development, noise is likely to increase which can affect people living or working next to or near the site. There is also added risk that even after the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times.

References

1. World Health Organisation. Environmental Noise Guidelines for the European Region, 2018.
2. A Prospective Health Impact Assessment of the proposed new leisure facilities to replace existing Church Farm leisure centre in East Barnet ward of the London Borough of Barnet (LBB) (2015)

Air Quality

Gold Standard

1. Epidemiological studies have shown that long-term exposure to air pollution (over years or lifetimes) reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to elevated levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality.
2. An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion
3. Perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport.
4. Road transport accounts for 31% of nitrogen oxides (NO_x), 19.5% of PM_{2.5} and 18% of PM₁₀ UK emissions
5. A review by the World Health Organization concludes that long-term exposure to air pollution reduces life expectancy by increasing deaths from lung, heart, and circulatory conditions.

Other Source of Evidence

6. The construction of new leisure centre will cause increased dust and pollutants emitted from the building process and traffic. The provision of multiple car park spaces to the new site may increase traffic flow in the area and ultimately affect air quality. Once the construction phase is completed, a new leisure centre may increase the traffic flow to local area (more people travelling via cars) and hence generate noise, air pollution and traffic congestion during peak times.

References

1. PHE Guidance, Health Matters: Air Pollution
<https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution>
2. Public Health England, "Spatial Planning for Health An evidence resource for planning and designing healthier places," 2017
3. Annear et al (2014) Environmental influences on healthy and active ageing: a systematic review. Ageing and Society 34(04):590-622
4. NICE and Public Health England, "Air pollution: outdoor air quality and health," 2017. [Online]. Available: <https://www.nice.org.uk/guidance/ng70/resources/air-pollution-outdoor-air-quality-and-health-pdf-1837627509445>

5. Joint air quality unit , “UK plan for tackling roadside nitrogen dioxide concentrations an overview,” [Online]. Available:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/633269/air-quality-plan-overview.pdf
6. A Prospective Health Impact Assessment of the proposed new leisure facilities to replace existing Church Farm leisure centre in East Barnet ward of the London Borough of Barnet (LBB) (2015)

Access to Green Space

Gold Standard

1. In adults, there is an association between nature in the urban environment and positive emotions – evidence also shows links between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress.

Other Sources of Evidence

2. Use of green spaces is associated with a decrease in health complaints, improved blood pressure and cholesterol levels, reduced stress, improved general health perceptions and a greater ability to face problems
3. The likelihood of being physically active may be up to three times higher in residential environments that contain high levels of greenery, and the likelihood of being overweight or obese may be up to 40% less

References

1. Improving access to greenspace: A new review for 2020 . Public Health England.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf
2. The King's Fund, "Time to think differently," 2018. [Online]. Available: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health-parks-green-spaces>.
3. The institute of Public health in Ireland, "Health Impacts of the Built Environment a review," 2006. [Online]. Available: https://www.publichealth.ie/files/file/Health_Impacts_of_the_Built_Environment_A_Review.pdf.

Active Travel

Gold Standard

1. Increasing how much someone walks or cycles may increase their overall level of physical activity, leading to associated health benefits. These include: Reducing the risk of coronary heart disease, stroke, cancer, obesity, and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing.
2. An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction.
3. Traffic calming measures, including speed humps, speed tables, cushions, and roundabouts, are associated with increased walking behaviour and a reduced risk of pedestrian injury
4. An increase in walking or cycling can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion, reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction.

Other Sources of Evidence

5. Evidence has shown that those in deprived areas when a losing leisure facilities would result in people not using the new facilities 3 miles away. It was considered too far to walk and a car journey was not considered.

References

1. NICE, "Physical activity: walking and cycling - Public health guideline [PH41]," 2012.
2. Public Health England, "Spatial Planning for Health An evidence resource for planning and designing healthier places," 2017
3. Public Health England, "Spatial Planning for Health An evidence resource for planning and designing healthier places," 2017
4. <https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations#benefits-of-walking-and-cycling>
5. Rosimini, C. (2003) Benefits of Swimming Training for Children and Adolescents with asthma. Unsystematic literature review & algorithm for exercise prescription cited in a health impact assessment of the proposed closure of Brierley Hill leisure centre (2004).

Social Isolation

Gold Standard Evidence

1. Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation.

Other Sources of Evidence

2. Over half of disabled people (53%) report of feeling lonely. Common barriers to reducing social isolation were problems with mobility and being able to get to community facilities
3. Proximity and easy access to community assets can motivate individuals to engage in activities that can reduce social isolation. Community facilities can be particularly important in promoting social inclusion as well as offering a range of valuable services. If a community facility is proposed to be lost, its impact on the community should be considered.
4. Improving neighbourhood walkability, and access to recreational and non-recreational destination (such as grocery stores, schools, and other amenities) can also impact positively upon social interaction among older adults.
5. Improving access to leisure facilities is likely to lead to greater mobility of the population, as well as improving health, mental and physical wellbeing. The Institute of Public Policy Research (IPPR) estimates that nationally, almost one in five over 75-year olds say that they 'felt lonely much of the time during the last week'. The report also suggests that more than one million older people feel trapped in their own home.⁶¹ Furthermore, a report by disability charity, Sense, found that over half of disabled people (53%) report of feeling lonely. Common barriers to reducing social isolation were problems with mobility and being able to get to community facilities

References

1. Department of Health and Social Care. (2019). UK Chief Medical Officers' Physical Activity Guidelines.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
2. MOTT Macdonald Limited South Wales Metro - Rapid Health Impact Assessment," 2017:
https://tfw.gov.wales/sites/default/files/documents/Rapid%20Health%20Impact%20A%20assessment_2.pdf

3. A Prospective Health Impact Assessment of the proposed new leisure facilities to replace existing Church Farm leisure centre in East Barnet ward of the London Borough of Barnet (LBB) (2015)
4. South Tyneside Physical Activity Strategy :2019-2022.
[file:///C:/Users/philip.ray/Downloads/South_Tyneside_Physical_Activity_Strategy_2019%20\(8\).pdf](file:///C:/Users/philip.ray/Downloads/South_Tyneside_Physical_Activity_Strategy_2019%20(8).pdf)
5. South Wales Metro - Rapid Health Impact Assessment 2017
<https://tfw.gov.wales/sites/default/files/documents/Rapid%20Health%20Impact%20Assessment>

Frailty

Gold Standard Evidence

1. Regular physical activity effectively helps older adults improve or delay the loss of physical function and mobility while reducing the risk of fall-related injuries. These important public health benefits underscore the importance of physical activity among older adults, especially those living with declining physical function and chronic health conditions.
2. In older adults, physical activity confers benefits for the following health outcomes: improved all-cause mortality, cardiovascular disease mortality, incident hypertension, incident site-specific cancers, incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression), cognitive health, and sleep; measures of adiposity may also improve. In older adults, physical activity helps prevent falls and falls-related injuries and declines in bone health and functional ability.

Other Sources of Evidence

3. Frailty is more prevalent among older adults who exhibit insufficient levels of physical activity combined with a great amount of time spent in sedentary behaviour, even when adjusted for sociodemographic factors

References

1. https://www.researchgate.net/publication/333535404_Physical_Activity_Injurious_Falls_and_Physical_Function_in_Aging_An_Umbrella_Review
2. World Health Organisation. (2020). Guidelines on physical activity and sedentary behaviour. <https://apps.who.int/iris/bitstream/handle/10665/336656/9789240015128-eng.pdf>
3. da Silva, V.D., Tribess, S., Meneguci, J. et al. Association between frailty and the combination of physical activity level and sedentary behaviour in older adults. BMC Public Health 19, 709 (2019). <https://doi.org/10.1186/s12889-019-7062-0>

Community Cohesion

Gold Standard Evidence

1. For cohesion, sport and culture can bring different people together and build strong relationships and community spirit through involvement in shared interests and pleasure. They can also be used to tackle conflict and reduce anti-social behaviour. Participation in sport and increased social capital are linked at national and individual level – those who participate in sports are more likely to vote, contact a politician, sign a petition, have higher levels of social trust and life satisfaction.
2. The evidence review found that sport and physical activity can lead to social and community development through:
 - building stronger communities by bringing people from different backgrounds together via participating, volunteering and spectating
 - improving community links, levels of cohesion and social capital
 - improving residents' sense of belonging in an area
 - feeling more connected to your neighbourhood or community
 - increasing levels of social trust
3. People are more likely to be active if it is seen as 'normal', and if their friends and peers are also active. Large, community-wide campaigns have been effective in increasing physical activity, but only when supported by local level community activities.

Other Sources of Evidence

4. Both an individual's extent of social inclusion and the contextual effect of the overall level of social cohesion in his or her community are positively associated with physical activity. These findings indicate that improvements in an individual's sense of cohesion in the local community and the overall level of social cohesion of that community could both be associated with increases in physical activity

References

1. Department for Communities and Local Government. (2009). Guidance for local authorities on how to mainstream community cohesion into other services.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7619/1303527.pdf
2. Sport England's Sport Outcomes Evidence Review (2020)
<https://www.sportengland.org/know-your-audience/demographic-knowledge>
3. Public Health England. 2014. Everybody active, every day

4. Calvin Yip, Sisira Sarma, Piotr Wilk, The association between social cohesion and physical activity in Canada: A multilevel analysis, *SSM - Population Health*, Volume 2, 2016, Pages 718-723

Long Term conditions

Gold Standard Evidence

1. Evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. 61% of people with long-term conditions and 68% of people with multimorbidity are not content with their physical activity levels and wish to be more active. (PHE, 2020). Both exercise and physical activity are seen as “not for people like me” amongst inactive participants with multiple long-term conditions. However, research has found that the majority of people with a long-term health condition want to be active."
2. Physical activity can confer health benefits for adults and older adults living with the following chronic conditions: for cancer survivors – physical activity improves all-cause mortality, cancer-specific mortality, and risk of cancer recurrence or second primary cancer; for people living with hypertension – physical activity improves cardiovascular disease mortality, disease progression, physical function, health-related quality of life; for people living with type-2 diabetes – physical activity reduces rates of mortality from cardiovascular disease and indicators disease progression
3. Regular physical activity is associated with a reduced risk of a range of diseases including some cancers and dementia. There is also evidence that it can help to prevent some and manage many common chronic conditions and diseases, many of which are on the rise and affecting people at an earlier age, such as:
 - some cancers
 - obesity
 - type 2 diabetes
 - cardiovascular diseases (CVD) including coronary heart disease and stroke
 - hypertension
 - osteoarthritis and lower back pain
 - mental health conditions including depression and anxiety
 - dementia
 - chronic obstructive pulmonary disease (COPD) and asthma
 - musculoskeletal (MSK) conditions

4. Physical activity is as good or better than treatment with drugs for many conditions, such as type 2 diabetes and lower back pain, and has a much lower risk of any harm.

Other Sources of Evidence

N/A

References

1. Public Health England. (2020). Health matters: physical activity - prevention and management of long-term conditions.
<https://publichealthengland.exposure.co/health-matters-physical-activitynbsp>
2. World Health Organisation. (2020). Guidelines on physical activity and sedentary behaviour.
<https://apps.who.int/iris/bitstream/handle/10665/336656/9789240015128-eng.pdf>
3. Public Health England. (2020). Health matters: physical activity - prevention and management of long-term conditions.
<https://publichealthengland.exposure.co/health-matters-physical-activitynbsp>

Return on Investment

Gold Standard

N/A

Other Source of Evidence

1. When measured against costs of engagement and providing opportunities, for every £1 spent on community sport and physical activity, a return on investment (ROI) of £3.91 was created for individuals and society.

References

1. Sport England. (2020). Social and Economic Value of community sport and physical activity in England.

Obesity

Gold Standard

1. Inactivity or sedentary behaviour is associated with poor health at all ages. Sedentary behaviour is not simply a lack of physical activity, as people can achieve recommended levels of physical activity but spend large amounts of the remaining time sedentary. The association between inactivity and poor health has been found to be independent of the level of overall physical activity. Even among individuals who are active at the recommended levels, spending large amounts of time sedentary may increase risk of some adverse health outcomes.
2. Data suggest a growing concern for the risk sedentary behaviour may have on the current and future health of children and adolescents, as well as adults. The main body of literature available has pursued the relationship between overweight and obesity and sedentary behaviour. A combination of electronic media use and screen time are thought to be related to obesity and other long-term health outcomes.
3. Today, around two-thirds (63% of adults are above a healthy weight, and of these half are living with obesity. We have 1 in 3 children leaving primary school who are already overweight or living with obesity with 1 in 5 living with obesity. Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese as their peers living in the richest areas. This is sowing the seeds of adult diseases and health inequalities in early childhood. Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease, and obesity can impact on mental health.
4. A wealth of evidence shows that an active life is essential for physical and mental health and wellbeing. A number of diseases are currently on the increase and affecting people at an earlier age. They include cancer and diabetes, and conditions like obesity, hypertension, and depression. Regular physical activity can guard us against these.

Other Sources of Evidence

5. The increase in obesity epidemic is occurring against the background of continuous decline in the energy expenditure required for daily living. Increasing PA most certainly can create energy deficit through increased energy expenditure. For this reason, PA, and exercise hold potential as part of the solution for the ongoing obesity epidemic.
6. The stats on levels of obesity in children paint mixed but worrying picture. 9% of children in England are obese by the ages of 4-5 and levels of obesity stay high as they get older – 24% of adults in England now classed as obese and a further 36% as overweight. Children in the

most deprived areas of England are more than twice as likely to be obese. Among reception (age 4-5) children, 5.7% of those in the least deprived areas are obese compared with 12.0% of those in the most deprived areas. By the time children in the most deprived areas reach year 6 (age 10-11) a quarter of them are obese, compared to 11.5% of children in the least deprived areas.

References

1. PHE. Physical inactivity: economic costs to NHS clinical commissioning groups. London: Public Health England; 2016
2. Sedentary Behaviour and Obesity Expert Working Group (2010). Sedentary Behaviour and Obesity: Review of the Current Scientific Evidence. London: Department of Health.
3. Department of Health and Social Care. Tackling obesity: empowering adults and children to live healthier lives. 2020.
4. Public Health England. 2014. Everybody active, every day. An evidence-based approach to physical activity.
5. Petri Wiklund, The role of physical activity and exercise in obesity and weight management: Time for critical appraisal, Journal of Sport and Health Science, Volume 5, Issue 2, 2016, Pages 151-154, ISSN 2095-2546, <https://doi.org/10.1016/j.jshs.2016.04.001>.
<https://www.sciencedirect.com/science/article/pii/S2095254616300060>"
6. House of Commons Library. Childhood obesity an inequality issue. 2016. <https://commonslibrary.parliament.uk/childhood-obesity-an-inequality-issue/>

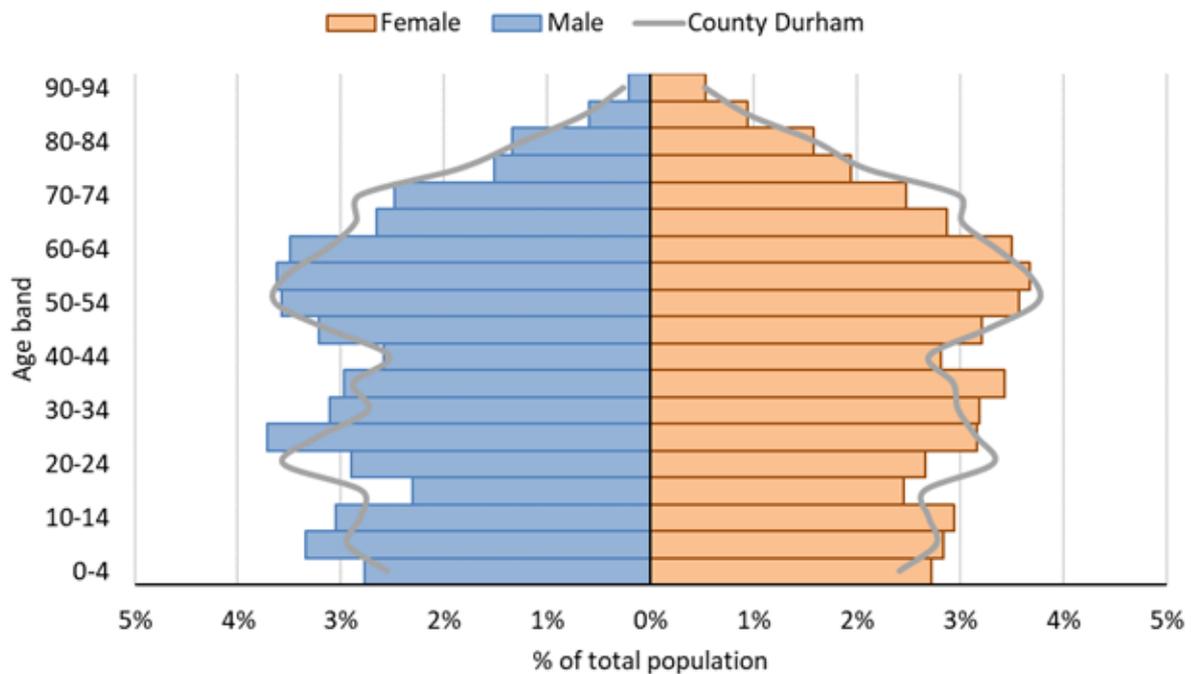
Appendix 6 Health Profile

	20% higher than County Durham Average
	20% lower than County Durham Average

		Seaham	County Durham
Area	Population	34,100	530,094
	Number of MSOAs	4	66
IMD - MSOAs in 30% most deprived nationally	Overall	50%	33
	IDACI	50%	34
	IDAOP1	25%	27
Life expectancy	Life expectancy at birth, (upper age band 90+) (female)	81.1	81.3
	Life expectancy at birth, (upper age band 90+) (Male)	78.0	78.1
GP registers	% reporting a long-term mental health problem	15.6	14.1
	% reporting a long-term MSK problem	24.1	24.1
	% with a long-standing health condition	61.2	60.1
	Asthma: QOF prevalence (all ages)	7.2	7.3
	Cancer: QOF prevalence (all ages)	3.5	3.4
	CHD: QOF prevalence (all ages)	5.1	4.5
	COPD: QOF prevalence (all ages)	4.2	3.1
	CVD-PP: QOF prevalence (30-74)	1.2	1.4
	Dementia: QOF prevalence (all ages)	1.0	0.9
	Depression: QOF incidence (18+) - new diagnosis	2.0	1.8
	Diabetes: QOF prevalence (17+)	8.5	8.1
	Estimated smoking prevalence (QOF)	18.7	16.4
	Hypertension: QOF prevalence (all ages)	18.2	17.0
Learning disability: QOF prevalence	1.2	0.7	

	Mental Health: QOF prevalence (all ages)	1.1	1.0
	Obesity: QOF prevalence (18+)	17.5	15.4
	Osteoporosis: QOF prevalence (50+)	1.2	0.8
	Older people Living alone	19.5	19.4
Childhood obesity (NCMP) (3-year average)	Children with excess weight Reception	23.1	24.6
	Children with excess weight Year 6	37.9	37.4
	Obese children Reception Year	10.4	10.7
	Obese children Year 6	24.4	22.6

Population Profile



Location of existing members



Appendix 7
Summary of recommendations

Impact	Recommendation
Limited or no availability to facilities	<ul style="list-style-type: none"> • Ensure that the current site continues to offer access to existing or alternative facilities to allow residents to be physically active whilst the new site is under construction. Allowing access to all other DCC leisure centres so users can visit all other council venues as well as offering free or subsidised transportation should be considered. Consideration should also be given to subsidised membership fees if a centre has to fully close for any duration. A full list of alternative options should be collated and communicated to both members and non-members in the local area. • Consideration should be given to a communications plan in the lead up, during and after the construction phase to keep members and non-members informed of alternative facilities, timescales, and any major changes.
Noise and air quality impact due to construction	<ul style="list-style-type: none"> • No construction including demolition works shall take place until a Construction Management Plan (CMP) has been submitted to and approved in writing by the local planning authority (see appendix 8 of the full report for full details and considerations of a CMP). • It is important that these construction management plans are enforced and will require monitoring by the DCC Planning Enforcement Team on an ongoing basis. • Planning approvals should include a standard condition regarding operational hours for construction as to minimise the impact to the community.
Change in Physical	<ul style="list-style-type: none"> • Consider the outcome of the public consultation to determine which sites are likely to increase usage and the associate health benefits such as improved physical health, mental health, and social value. For Bishop Auckland, 90% of respondents stated that they would use the existing site the same amount or more with 86% stating it would help them remain physically active. For Chester le Street respondents stated that 95% would use the

<p>Activity Levels</p>	<p>existing site and 93% the civic centre more or the same with 90% stating both sites would help them to remain physically active. For Seaham, respondents stated that 93% would use the centre more or the same with 86% stating that it would help them to remain physically active.</p> <ul style="list-style-type: none"> • Ensure that the site selected ensures equitable access ensuring that those of greatest health need and underrepresented of the community are supported to access the centre. • Link to local organisations and partners to increase use and knowledge of the centre such as third sector organisations, schools, colleges, and workplaces. This could be supported by an engagement strategy (including marketing and comms plan) including links to current assets such as community champions , County Durham Together and existing schemes. For example, consider recommending to all businesses in the vicinity to take part in the Better Health at Work Award. • To ensure equitable access to the leisure centre links should be made to the DCC poverty action group to help poverty proof leisure centres across County Durham. This will help to engage with communities and groups that are less likely to be engaged in physical activity and attend a leisure centre.
<p>Increased Traffic / Active Travel</p>	<ul style="list-style-type: none"> • To maximise health impact, consider how active travel can increase connectivity and be encouraged to enable leisure centre users and residents to use this form of transport to avoid increased car use, parking issues including congestion and pollution. This can be done by improving and building safe walking and cycling infrastructure to support safe active travel and a desirable mode of transport. Ensure appropriate signage and appropriate lightning is used and ensure regular maintenance is carried out on the infrastructure to encourage continued use to ensure associated benefits. • Each centre to have a sustainable travel plan prior to its opening and to be reviewed on a 6-monthly basis with relevant DCC colleagues.

	<ul style="list-style-type: none"> • Infrastructure should be in line with 'Gear Change, the government's new plan for cycling and walking. Establish whether any funding from government for infrastructure could be used /applied for. Funding from Government will now require local highway schemes to deliver or improve cycling infrastructure following the Government's new Local Transport Note (LTN) 1/20 Cycle Infrastructure Design guidance. Therefore, all walking and cycling infrastructure should be designed in line with the Cycling and Walking Infrastructure Design Training delivered to DCC staff in December 2020. Work with relevant colleagues in DCC, such as Transport, to ensure infrastructure good practice is adhered to. • Any new roads should be designed to ease potential traffic congestion and the associated levels of air and noise pollution. • Where possible link to the local walking and cycling infrastructure plans (LCWIP) locally and the align to the current County Durham walking and cycling strategy as well the development of the physical activity strategy for County Durham. To encourage more people to cycle, the roll out of the ' Borrow a Bike' scheme could be considered around each of the sites as well as safe cycle storage.
Change in appearance of an area	<ul style="list-style-type: none"> • It is recommended that once a site is selected, the leisure transformation team commence a period of engagement work with communities, during the planning phase, to consider appearance of the new centre and how it can maximise positive improvements for the appearance of the local area. • Ensure early engagement with the Local Planning Authority, through the Design Review process, to ensure conformity with the policy requirements of the County Durham Plan and develop a high-quality design. • Ensure proposals link with DCC priorities to support health and climate change for example maximising the amount of green and blue space. Explore possible links to projects such as the DCC clean and green team

	<p>planting trees across the county as part of the wider Forestry Commission's Urban Tree Challenge, a funded project to increase tree coverage in urban areas.</p>
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Appendix 8

Construction Management Plan

The Construction Management Plan shall include as a minimum but not necessarily be restricted to the following:

- A Dust Action Plan including measures to control the emission of dust and dirt during construction.
- Full specification and details of all non-road mobile machinery (NRMM) so as to inform their potential air pollution emissions.
- Details of methods and means of noise reduction.
- Where construction involves penetrative piling, details of methods for piling of foundations including measures to suppress any associated noise and vibration.
- Details of measures to prevent mud and other such material migrating onto the highway from construction vehicles (inclusive of wheel washing).
- Designation, layout and design of construction access and egress points.
- Details for the provision of directional signage (on and off site).
- Details of contractor's compounds, materials storage, and other storage arrangements, including cranes and plant, equipment, and related temporary infrastructure.
- Details of provision for all site operatives for the loading and unloading of plant, machinery, and materials.
- Details of provision for all site operatives, including visitors and construction vehicles for parking and turning within the site during the construction period.
- Routing agreements for construction traffic.
- Details of the erection and maintenance of security hoarding including decorative displays and facilities for public viewing, where appropriate.
- Site Waste Management - inclusive of a waste audit and scheme for waste minimisation and recycling/disposing of waste resulting from demolition and construction works.
- Detail of measures for liaison with the local community and procedures to deal with any complaints received.
- Details/commitment to ensure that the annual average daily demolition/construction vehicular trips will not exceed 25 HDV movements per day over the demolition/construction period in its entirety.

The Construction Management Plan shall have regard to BS 5228 Noise and Vibration Control on Construction and Open Sites during the planning and implementation of site activities and operations. The approved Construction Management Plan shall also be adhered to throughout the construction period

and the approved measures shall be retained for the duration of the construction works.