

Health, wellbeing and regeneration in coastal resorts

Background information to accompany the health, wellbeing and regeneration chapter of the Coastal Communities Handbook.

An e mail survey was conducted as part of the Healthy Communities Programme's input to the Coastal Communities Alliance Regeneration Handbook; launched on 28 January 2010. The survey was briefly referred to in the final text. A more complete analysis can be found here. The survey was sent to all Directors of Public Health (DsPH) with the help of the Association of Directors of Public Health (ADPH), it was conducted by Ben Cave Associates on behalf of the IDeA. Work by the Healthy Communities Programme on coastal health issues forms part of the programme's thematic workstrand.

Survey

The survey aimed to develop an outline of public health issues in coastal resorts to help inform the Healthy Communities contribution to the handbook. The e mail survey also informed DsPH with coastal resorts in their area about the Coastal Regeneration Handbook and began to identify a group of DsPH with a particular interest in issues concerning coastal resorts.

Methodology

A rapid survey methodology was used in recognition of the fact that the Coastal Regeneration Handbook will be published electronically and updated periodically.

The survey focused on regeneration and the social determinants of health in relation to coastal and particularly seaside resorts. It did not explore health protection issues such as the quality of bathing water. The key public health issues contained in the survey were established through a rapid review of relevant literature and discussions with those leading the handbook's production. (These issues can be found in Table 4). The survey was structured so that respondents could answer with reference to the size of the coastal resorts.

Results

Unfortunately the response rate was relatively low (9 out of a sample of 47 coastal PCTs). We believe the swine flu outbreak played a part in this.

The survey was a mix of open and closed questions. The first part of the survey asked about the size of the coastal resorts and whether populations in coastal resorts face any particular challenges. Table 1 shows that responses to the survey cover approximately 19 coastal resorts, that the best-represented group is for populations of 20,000-49,999, and the second most represented group is smaller resorts with populations of 0-9,999: respondents were encouraged to answer for each of the resorts in their area.

For the purposes of the Coastal Regeneration Handbook and this survey a coastal resort was defined as having one or more of the following features:

- Tourism as the dominant industry
- A specialist tourist infrastructure (promenades, piers, parks etc)
- Housing stock that includes Houses in Multiple Occupation (HMOs) and caravan sites

Table 1: Size of population in coastal resorts

Population	Number of responses
0-9,999	4
10,000-19,999	2
20,000-49,999	9
50,000-99,999	1
100,000+	2
Do not know	0

Table 2 shows that eight out of nine respondents state that people living in coastal resorts face particular challenges due to their location. One respondent stated that coastal communities enjoy better access to health care and transport than the rural in-land communities (see Table 5). Regeneration work is being conducted in all the coastal resorts: Table 7 shows some of the effects that the regeneration work is having on health and wellbeing. Primary and secondary care is considered adequate and accessible given the needs of the population in coastal resorts although these answers were qualified (see discussion below and Table 8). Four of the closed questions were not answered.

Table 2: Closed questions

Question	Yes	No	Don't know	No answer
In your opinion do people living in coastal resorts face any particular challenges due to their location?	8	1	0	0
Is regeneration work taking place in your coastal resorts?	8	0	0	1
Is primary care adequate and accessible given the needs of the population in coastal resorts?	6	0	1	2
Is secondary care adequate and accessible given the needs of the population in coastal resorts?	7	0	1	1

We presented the list of issues in Table 4 and asked respondents to rank the five issues which affect the health of communities in coastal resorts. Figure 1 shows that responses were spread across most of the issues. Only two categories received no answers: these were *accessing (enjoying) the coast* and *emergency planning*. Figure 1 shows, for the coastal resorts represented in the survey, that *in-migration of older people* and the *misuse of alcohol* received equal highest number of answers as factors that affect people's health. *In-migration of older people* was the biggest factor for resorts of 0-9,999 and *misuse of alcohol* was the biggest factor for resorts of 20,000-49,999 (these were also the resort sizes that had the most responses). Taking the survey as a whole this was followed by *HMOs* and then *lack of opportunities for younger people* (these issues were joint top for resorts of 20,000-49,999).

Figure 1: Public health issues (as given in questionnaire): all answers by size of resort

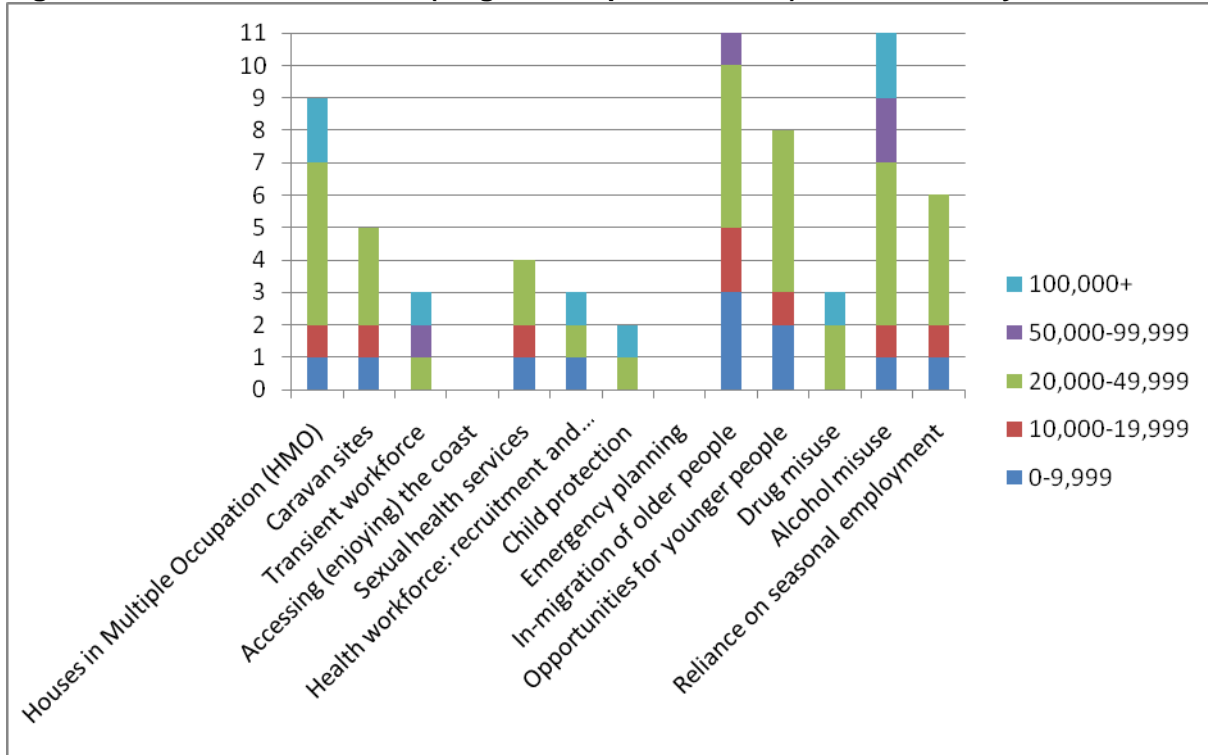
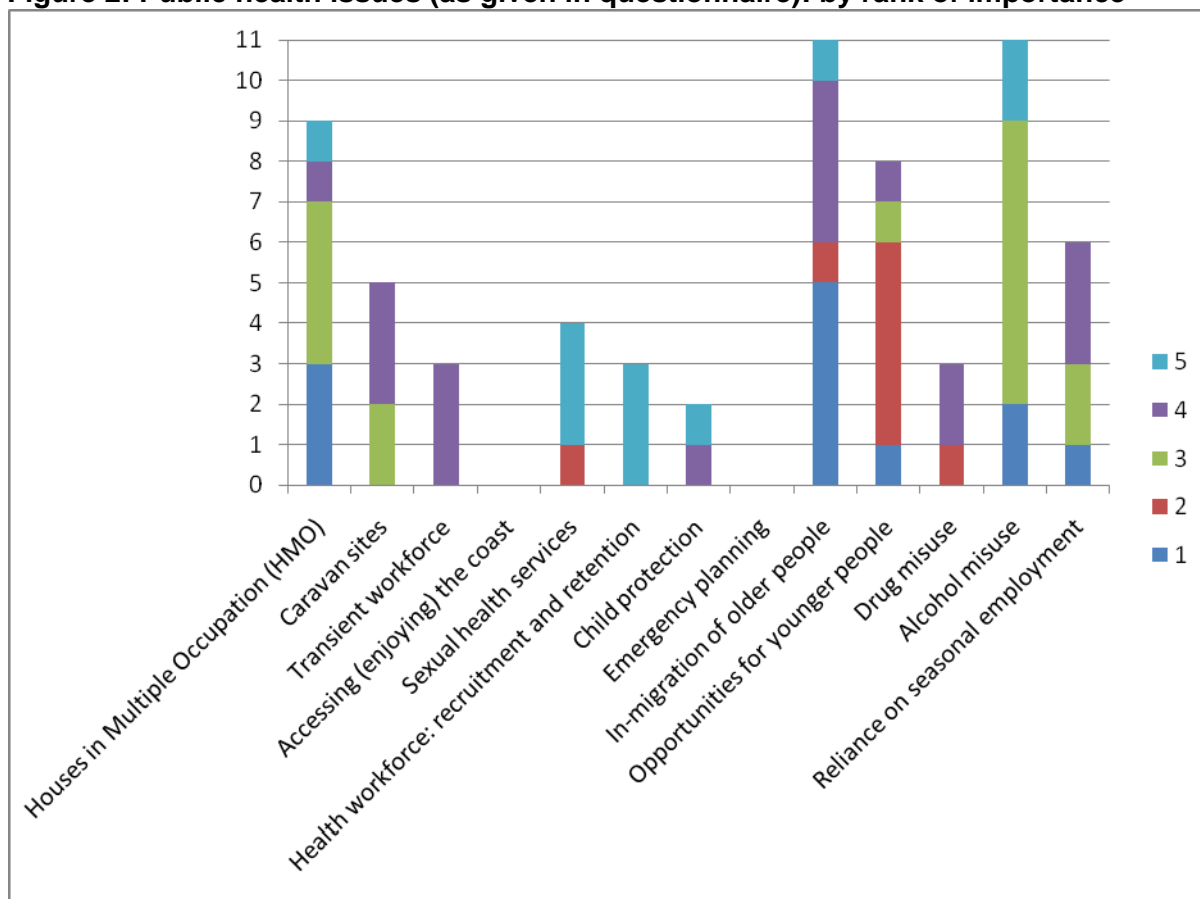


Figure 2 shows that *in-migration of older people* and the *misuse of alcohol* jointly received the highest number of responses as the most important public health issues for communities in coastal resorts, this is followed by *HMOs*. *Lack of opportunities for younger people* was noted as the third most important factor for public health.

Figure 2: Public health issues (as given in questionnaire): by rank of importance



We also invited respondents to note any issues that affected the health of communities in coastal resorts that were not included in the list (see Table 3). Some of these develop issues offered in the survey and some add to an already broad agenda.

Table 3: Public health issues as identified by respondents

Issue
Second homes
Mental health
Teenage pregnancy
Strength of economy
In-migration of people on low income
Pool of cheap rented accommodation
Smuggled alcohol and cigarettes
Unemployment
BME and asylum seeking population
Eastern European migrants including Polish
Elderly population

Discussion

The survey was a pragmatic exercise to develop a picture of issues faced by coastal resorts. It does not provide a comprehensive, or representative, picture of public health in coastal resorts. Its shortcomings include: the speed with which it was designed and issued; the short response time; the absence of piloting; the small sample size; and minimal explanation and guidance. It was issued in June 2009 when PCTs were addressing the swine flu epidemic.

The results are indicative of the kind of public health issues facing coastal areas but should not be taken as conclusive.

One of the clearest results from our survey is the importance of the in-migration of older people to coastal resorts. In their study of the seaside economy Beatty and Fothergill (1) look at why people move to the coast. They concentrate on seaside towns with populations over 8,000: looking at the working age population they report substantial net in-migration to seaside towns among both men and women from age 35 up to state pension age (1971-1991). Ages 35 to 65 were divided into three groups and each group had similar numbers of in-migrants: this suggests that a higher proportion of older people move to the coast. In interviews with recent migrants they found that many people move to the coast because they want to live there. Work-related reasons for moving were cited less often. Beatty and Fothergill suggest this may owe something to a stock of suitable housing. Evidence from the case study in Mablethorpe (see Coastal Regeneration Handbook), a smaller resort than those considered by Beatty and Fothergill, suggests that people also move to the seaside because it is good to be by the sea, it is good for general wellbeing.

Respondents to our survey did not note positive aspects of living by the coast as a public health issue. Mental health was noted as an issue in the responses to the open questions for example regeneration was indirectly linked to improved perceptions of wellbeing and improvements to the physical environment were linked to improved mental health and community cohesion. Neighbourhood identity is important and change can be stressful: the HIA of the Herne Bay AAP expressed concern that development could create tension between opponents and supporters of change (see Coastal Regeneration Handbook). The importance of social support for those at risk of isolation or suffering from mental health concerns is demonstrated within the HMO case study.

[Central St Leonards/Hastings HMO Case Study](#) – IDeA website.

Populations that are older, deprived and/or hard to reach place heavier demands on health services. Beatty and Fothergill found that the older population were more likely to be out of work and, if child-care is not counted, that ill-health or injury was the single most important cause of job loss for both men and women (1). The patient list at the Mablethorpe Health Centre has three times the national average for conditions such as obesity, hypertension, coronary heart disease and diabetes (see Coastal Regeneration Handbook). Caravan park residents in Withernsea (see Coastal Regeneration Handbook) were found to have poor health yet low levels of GP usage. Hard to reach groups use primary care less, they tend to present late and with more serious conditions and they tend to use Accident and Emergency services more often. Emergency plans need to take special account of an older population

[Environment Agency Case Study: Caravans and campsites: protection from, and preparation for, flooding](#) – IDeA website.

A coastal resort was defined as having one or more of the following features:

- tourism as the dominant industry;
- a specialist tourist infrastructure (promenades, piers, parks etc); and
- housing stock that includes Houses in Multiple Occupation and caravan sites.

While this captures some of the features of a coastal resort it is not clear that it will be useful as a definition: the survey results include responses about ongoing work in two port towns – the results were not excluded as these towns may not have tourism as the dominant industry but they both report results for HMO's. Can a park be defined as specialist tourist infrastructure? The size and characteristics of settlements on the coast vary considerably: there are small rural towns and villages, traditional 'seaside resorts', and sites of industrial

activity. Many witnesses to the Communities and Local Government Select Committee Inquiry into coastal towns commented on the risks inherent in any generalisation about coastal towns, given their differing social and economic profiles (2).

The IDeA was happy to support the coastal regeneration handbook and hopes that the local health and wellbeing community will continue to discuss the health inequality challenges at the coast and share experiences via the Healthy Communities Community of Practice www.communities.idea.gov.uk.

Table 4: Public health issues for coastal populations

Issue	Pathway	Main source
Houses in Multiple Occupation (HMO)	Poor housing Predominantly single, older men Poor diet Smoking	(2)
Caravan sites	Older population in poor accommodation Pre-existing health conditions Not registering with Primary Care Social isolation	(3)
Accessing (enjoying) the coast	Beneficial to mental health and wellbeing to be by the coast Importance of the bodily, sensory experience of being on the coast	discussion with John Walton
Sexual health services	Predominantly younger population – both visiting, and resident at, coast	(4)
Health workforce: recruitment and retention	Similar to rural isolated practices	discussion with Patrick Browne
Child protection	Cities placing children (and vulnerable adults) in coastal towns. No link between the placing authority and the receiving authority	(2)
Emergency planning	Flooding of caravan sites Mental health Risk to life Vulnerable population Temporary population who may be unfamiliar with local area or have mobility problems.	Case study: ... Environment Agency caravan and campsite and flash flooding
In-migration of older people	Older age profile of coastal towns	(2)
Opportunities for younger people	Out-migration of younger people	(2)
Drug misuse	Visitor Resident 24-hour economy	(5) Case studies: ... Brighton & Hove ... Blackpool
Alcohol misuse	Visitor Resident 24-hour economy	(5) Case studies: ... Brighton & Hove ... Blackpool

Issue	Pathway	Main source
Reliance on seasonal employment	In-flux of people in summer months Increased competition for employment opportunities for local residents Fewer opportunities in off-season	(2)
Transient workforce	Poor access to services including failure to register with Primary Care Poor working conditions Poor diet Misuse of drugs and alcohol	(2;6)

Table 5: Do people living in coastal resorts face any particular challenges due to their location?

Comment	Population					+
	0-9,999	10,000-19,999	20,000-49,999	50,000-99,999	100,000	
Although the smaller resorts are in general fairly affluent this is because of many second homes within the resorts with the accompanying difficulties for the indigenous populations	✓					
Poor housing – availability and quality	✓	✓	✓			
Seasonal unemployment	✓	✓	✓			
Low paid seasonal employment. Living permanently in what was intended to be low quality holiday accommodation. HMOs. Being "on the edge" geographically - away from things.	✓		✓			
In particular inter-generational tension, disproportionate numbers of older people and very older people, poor housing stock, high levels of social exclusion, movement of looked after children from urban areas (especially London boroughs) for care in seaside towns.	✓	✓				
Services are likely to be more limited because coastline restricts catchment area	✓	✓	✓			
Economy is seasonal	✓	✓	✓			
Social isolation; facilities for young people where older population is greater than national average; low numbers of affordable housing/ high numbers of flats and few family homes; worklessness/low income/debt; access to services/transport; fuel poverty; income poor/asset rich; transient population problems (including drug, alcohol misuse) for access to provider services; mental health (eg older population following bereavement)		✓	✓			
They generally have better access to healthcare, transport etc than the rural in-land areas. Our highest deprivation is generally in the coastal areas: [4 towns named]. Because the county is so large and generally rural those living away from the coastal strip generally have worse transport links/ access to acute care. The main hospitals are in [town] and in [town].				✓		
The main hospitals are located within the two main coastal towns.				✓		
Deprivation, worsening economy, transience						✓
Warm weather, casual jobs, bedsit accommodation all attract substance misusers, encourage alcohol misuse and attract mental health clients						✓
Easy access to the continent bring issues around smuggling of cigarettes and alcohol						✓
Having a recruitment area of only about a 90 degree arc as the other 270 degrees is water significantly limit recruitment of staff and limit patient choice of providers compared with inland cities and towns						✓

Table 6: Examples of work that seeks to improve the health of communities in coastal resorts.

Comment	Population				
	0-9,999	10,000-19,999	20,000-49,999	50,000-99,999	100,000 +
Not a chance in a box this size	✓		✓		
Coastal health trainers	✓	✓	✓		
Coastal health improvement programme	✓	✓	✓		
Research into coastal health	✓	✓	✓		
[Town] Health & Inequality Group – Transform project		✓			
Three new primary care centres in [Town].				✓	
[Town] had high teenage pregnancy rates but local multiagency work has taken place and we have seen a reduction.			✓		
The full range of public health interventions that would be expected in an urban environment. There is nothing with a specific coastal town focus. The difference is often in scale. Coastal town needs tend to be intense but diffuse because such towns are smaller in size than say large inner London boroughs. The isolation of coastal towns reinforces limited outlooks and poverty of ambition.			✓		
Joint working (eg via LSP and neighbourhood management): eg benefits, issues re alcohol eg with fire service; Age Concern working with caravan populations, Help Direct; [Project name] ([Town] Low waste and Energy); alcohol work with young people; work to reduce hate crime. Health trainer service targeted where coastal resort = area of disadvantage. Children’s centres. Be Well project in [town]. 3 joint posts with Police and Fire service. [Name] community needs assessment.			✓	✓	
Lots of health promotion and social marketing - happy to go into more detail if you are interested					✓

Table 7: Examples of the effect that regeneration work in coastal resorts has had on health

Comment	Population				
	0-9,999	10,000-19,999	20,000-49,999	50,000-99,999	100,000 +
Too early to say and also to ascribe to the regeneration	✓		✓		
[Name of specific project]			✓		
Difficult to quantify benefit at present, but regeneration has been directly linked to the development of new health services and there are indications of improved perceptions of wellbeing among local people.	✓	✓	✓		
Please see Health Impact Assessment of one coastal town linked to an Area Action Plan of the local authority to regenerate the centre of a coastal town.			✓		
Neighbourhood Management reduced local crime and improved the local environment. Physical improvements to built environment has effect on wider determinants. Impact on mental health/ community cohesion; improvement in access to training/life skills; access to affordable/improved accommodation, improved access to facilities eg leisure; working closer with faith sector to engage with communities (spiritual health)			✓		
Good economic and physical regeneration to date but social regeneration lagging behind.					✓
[Town] regeneration project has increased awareness of major health threats and of preventative lifestyle approaches		✓			

Table 8: Specific concerns around service provision to coastal resorts and/or examples where you have sought to address such issues

Comment	Population				
	0-9,999	10,000-19,999	20,000-49,999	50,000-99,999	100,000 +
Relatively isolated with older populations due to in migration and also lots of second homes. This can make access to services very difficult.	✓				
Not service provision but uptake could be better and this reflects on design and "style" of services on offer.	✓		✓		
Care is accessible, but distances are relatively large. Locally we are working to have more care close to home with development of community teams. There is a specific issue regarding people migrating to the area but retaining GP registration in their former home area.	✓	✓	✓		
[Town] is a large container port, a more deprived population, but the issues of seasonal work etc are not there because of the large port workforce			✓		
Not service provision but uptake could be better and this reflects on design and "style" of services on offer..	✓		✓		
Health service provision is varied in terms of its quality. In some coastal towns it is excellent. However in other coastal towns primary care services are operating in the 1950s with excessive numbers of single handed practices. Indeed such areas tend to attract practitioners who struggle to work in partnership.			✓		
Equitable access and walk-in provision is being planned and developed where area in need. Improved primary care services through localised dentistry, podiatry ie services for older population;			✓		
Need for more preventative services to reduce future demands on acute services.			✓		
Local perceptions on provision and access variable and complex.			✓		
No[ne] – the access is generally poorer away from the coastal strip				✓	
Need extra resources and finance to tackle wider determinants of health					✓
Service provision to coastal towns is of concern, especially given those in isolated locations. An example of how this is being addressed is through neighbourhood renewal projects and development of multi-agency approaches to health improvement.	✓	✓	✓		

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