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Transcript

February 8, 2024, 09:30am

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Liz Green (Public Health Wales)

I'm a Consultant in Public Health and Program Director of Health Impact Assessment at Public Health Wales and thank you very much for joining us this morning and I'm very excited with all the presentations and the focus of today's event and we are very grateful to all the presenters and workshop participants. So a bit of housekeeping.

So there will be an opportunity to post comments and questions in the chat throughout the morning. You can do this in both English and in Gymraeg, in Welsh. And we will endeavour to work through them and obviously we'll ask the presenters. You should have all the information, the agenda, etcetera, if you don't, can you please put that in the chat, and we will post it and upload it. We will be recording the session just for your information, so that you know and if you have any technical issues at all, hopefully you won't, please again put that in the chat and somebody will try and help you resolve them.

There will be a number of polls through the session and a couple of comfort breaks as well. So you won't necessarily be sitting down for several hours. There are opportunities for you to get up and move around. We've got some really great speakers today, and so I'm going to introduce the first ones. We will crack on with the day.

And so we have a Rob Wilkinson from Cardiff and Vale University Health Board. Rob is the Service Planning Lead for the Health Board, and he specialises in community infrastructure projects and he's currently working on developing the shaping our future well-being in the community strategy and that's place based setting and it's integrating it into the regional partnership board's Strategic Capital Plan. And joining him is Rebecca Hooper from Cardiff Council and Rebecca is the Operational Manager for Regeneration at Cardiff Council and the Capital Planning Lead for Cardiff and Vale's Regional Partnership Board. Rebecca is a chartered member of the Royal Town Planning Institute and an associate member of the Association of Project Managers. So both have extensive experience about managing and designing place-based approaches and regeneration strategies and programs.

So without further ado, I'm going to hand over to you. And if you can load your presentation, that would be fantastic.

0:2:55

Robert Wilkinson (Cardiff and Vale UHB - Strategic + Service Planning)

There we go. Sorry about that. Good morning, everybody. OK, sorry about the sticky start.

So, good morning, everybody. Welcome to our presentation, a partnership working for Plasdwr and it's a story about a Health Board, a Local Authority and a developer. And to give you a clue of what's to come, we've included a high-level design code illustration of the proposed district centre for Plasdwr. And you'll see that in the centre of the diagram, there's a triangular shaped building, and that's the subject of our presentation. Thanks, Rebecca.

0:3:57

Hooper, Rebecca (Cardiff Council)

Hi everyone. So yes, I'm Rebecca. I work at Cardiff Council and also work for the Regional Partnership Board. I've worked alongside Rob for the last probably three to four years. So yeah, we're kind of a bit of a Council and Health Board double act at the moment. And I think that's the theme of the presentation really. It's all about our kind of partnership approach to section 106 funding and developments across both organisations and with other organisations like the third sector.

So as a bit of background really to how we've come together. The Health Board and Cardiff Council have historically had quite a strong relationship in terms of capital assets and partnership working. Some of you might have been there, but the image on this slide is the well-being hub at the Maelfa in Llanedeyrn in Cardiff. That part of Cardiff has been subject to an extensive regeneration project over, well probably the last 15 years. So if any of you have been there, you'll see the changes that that we've been doing in partnership with lots of different organisations up there. And one of the final pieces of the jigsaw is the well-being centre, which is bolted onto our existing community hub up there. That was opened approximately 18 months ago. It's fully up and running. It's got the Llanedeyrn Healthcare GP practice in it, and it's got a whole suite of really lovely primary care offerings, rooms, group rooms, all of the ancillary things that that you need to make a successful well-being hub and it's joined on to our existing building with a cafe in the middle. So it's trying to bring together the kind of services that the Council provide around housing advice, benefits, library services. They've got a youth centre in there and really joining that seamlessly with health and wellbeing offering so that it creates basically a ginormous one stop shop for the residents of that area.

So that was our first really major partnership project and there's lots of background about how that happened and how long it took and all of the legalities and the finances around that, which we won't go into but if anyone does want to know the details, we're more than happy to share that experience.

We've done another couple of similar projects around the CRI and the Chapel now has a hub and a cafe in. And for those of you that know Ely, we're doing work on the next well-being hub which is on the former Parkview site joining to our early hub in Cardiff. So yeah, we're kind of well in the in the throws now of our partnership approach and this presentation really focuses on the next kind of tranche of joint projects that are coming forward, which the next one for us will probably be Plasdwr.

OK, so this site and I'm not expecting you to really understand it, but it just shows the size really of the site. It's Northwest Cardiff. It's four different application sites. For those of you that might have a planning background, it's interesting. It's lots of different pieces of land joined together. There's a huge application that was approved, I think it was back in 2016, for the site known as Plasdwr which is 5970 dwellings. It's got a district centre. It's got three local centres, a school, employment land and lots of open space. And the developer behind that application is Redrow. Interestingly, Redrow have been bought out by Barratts this week, so that could change some of our contacts at the developer side of things. But this is the site that we're talking about. There are houses being built there at the moment, quite a few actually. And we're mainly interested in the district centre and our kind of combined facility.

0:8:07

Hooper, Rebecca (Cardiff Council)

OK, so not everyone might be familiar with this, so we've done a very basic what is a Section 106 Agreement? So there are legal agreements between the local planning authority and a developer to

make sure that the project in question, the development doesn't have a detrimental impact on the local community. Both the new community that's being developed but also the surrounding communities that are potentially going to be impacted by this. Cardiff Council requests 106 funding for community facilities from all developments over 25 dwellings. So if someone in my team, Roz who's on the call today, she gets notified when we have planning applications coming in and she requests funding in line with something called supplementary planning guidance. And we've got lots of formulas in there and lots of background about how and what we can request from developers. The SPG obviously acknowledges that community facilities are really important to meet the needs of these communities. So what we're constantly seeking to achieve is not just massive, massive housing estates, you know, isolated poorly connected by public transport, not having enough shops or on-site activities. So community centres and health facilities, so really trying to create those sustainable communities. And so we work closely with our planning colleagues, myself and Roz are both planners so we've got quite good understanding of the planning system and how it works. We then join up with Rob and his colleagues and increasingly we're working closer and closer together to make sure that our requests through section 106 are aligned and we're basically sharing as much resources and asks from developers together so we can kind of have that critical mass really.

0:10:06

Robert Wilkinson (Cardiff and Vale UHB - Strategic + Service Planning)

So where have we got two so far? With the Council and the Health board, we've agreed through many sort of formal and informal meetings that we'll have a single integrated health and community and residential facility which will be built by the developer. It'll be owned by the Council, and it'll be subleased to the Health Board on a peppercorn rent. So from the health board's point of view, it's nice that we're avoiding capital budgets and we're sticking with revenue budgets.

So this next slide, it's a little bit complex and let me just explain where we're up to on this slide. The diagram in the middle that looks a little bit like a cross sectional MRI of the body scan, it outlines the concept of the facility. And just to keep you on your toes we've put the ground floor at the top and the upper floors at the bottom. And as you'll see, the ground floor is the most complex section. That's because it's the most shared, flexible and integrated floor in the concept. And just to run you through that, the pinky areas are the health areas, the blue is the community areas, the orange is the older persons housing areas, and the green is the shared community hub and health areas as well. The concept's been taken forward by the Council and put into an architect's outline document and the Health Board is catching up.

We've taken the approach of developing an ideal schedule of accommodation and then seeing how close we can get to it in reality. The type of rooms that we need are the easy bit, and they're the standard designs. So, for example, examination consulting rooms, treatment rooms, interview rooms and group meeting rooms. But it's the mix and the numbers of each that's the tricky bit. To get to the ideal schedule of accommodation we go through a process of determining the demand. And so what services we need to deliver is sort of brought together through stages or layers and we build each layer on top of the previous. So it's like a large sponge cake or even a wedding cake.

So looking at the layers on the right-hand side, we've got the existing services where we look to see what's already in the area in the cluster and then from the population needs assessment, we determine what the typical health conditions for the population and so add any extra services that are required. And as you can see, as we're building up the layers of the cake, then we look at the strategic programs and then we have a look at the General Medical Services and the cluster plans. This is where we liaise with the GP surgeries, the doctors' surgeries and also the other primary care

providers, all looking to see what services they require in their area and for them to deliver and therefore will be included in the integrated facility.

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Robert Wilkinson (Cardiff and Vale UHB - Strategic + Service Planning)

So we check with the Council's LDP and the Regional Partnership Board area plans, and then consult with the third sector looking for what they're projecting for their community involvement for social prescribing and community groups. And then finally, we run the public engagement sessions either in focus groups or drop-in sessions. Then we have is the list of services that are required and then we get to the difficult bit which is getting the clinical leads of each service to tell us how they want to run their clinics, but also then that'll lead on to what accommodation they need. And although the clinics are often led by sort of a senior nurse, it's the composition that's determined either by the Doctor who leads on it, or maybe the Consultant.

Here's a question for you. How long does it take you to get a doctor's appointment? And that's just for a 10-minute appointment. Can you imagine how long it takes us to get meetings for maybe an hour with each of the Senior Doctors or Consultants for all of these services that we've just listed and also their lead nurses and then to complete the forms dealing with these. So looking at the well-being hub at Maelfa that we were just looking at earlier, that has around about 40 services in it. So bring in all of those services together and their required accommodation brings us to the ideal schedule of accommodation. And to put a cherry on top of the cake, we need to get that signed off by the Clinical Boards. Let's have a look at the next slide.

So once we've got this ideal schedule of accommodation, the Council and the Health Board working together in partnership, were looking to prioritise, to cut down the duplication. So for example, the entrances will be common, reception rooms, utility rooms, all of those common rooms we are looking to prioritise to reduce those. And so also, we're looking to maximize the standardisation. So, for example, the health interview room is the same as the Social Care interview room, and the likewise with meeting rooms. So the more standard and flexible the design, the greater the efficiencies. Rebecca, do you want to look at the twin track approach?

0:16:02

Hooper, Rebecca (Cardiff Council)

Yes. So we've got a number, we're back to the cake theme here, we've got a number of different layers of work taking place at the moment. So we have obviously the live planning applications are coming in. This map area is far, far too big, but it just gives you a feel for the amount of live and agreed planning applications across Cardiff. Some of these are very big strategic sites. We've got Northeast Cardiff, we've got Plasdwr, we've got land over in junction 33 in Cruger and plotted alongside that, this is for our own Council benefit really, where all of our local community facilities and things that apply to our SBG. So we have the live planning process going on and running alongside that then we've got existing partnership arrangements around the shaping our future and the wellbeing Community agenda that Rob manages, which sets out a whole stream of health and wellbeing centres. And more recently, we've got a strategic capital plan for the regional partnership board that we've been working on which sets the scene for future well-being hubs and more partnership working.

The process that we're embarking on now is very much a place-based planning approach at a cluster level in Cardiff and the Vale of Glamorgan where we're going to be really drilling down to look at our existing assets across lots of partners. So the police, the fire service, health and the council, and to identify opportunities really for consolidating assets, improving assets, opportunities around our housing program in Cardiff, which is absolutely huge and really trying to get into the nitty gritty of

what's needed at that cluster level taking in lots and lots of data that we've got across health and community. So it's quite an interesting approach really. At the same time, we're trying to run the kind of live planning stuff that's going on on the ground, but then also the much more strategic place-based agenda. So we've got this, as Rob's put it there, a twin track approach really. We're also really keen on this design and specification. We're finding that the time scales, the triggers that we have in a lot of these agreements are huge. So we're talking about the Redrow site at the moment about Plasdwr, but the trigger isn't for another four years for formal work to start on site potentially. It's all linked to how many houses they're building and how fast that program is. So we need to ensure there's that flexibility in the design so that should you know our needs change in the next five years that we're not constantly asking a developer to redesign because they're not going to be prepared to do that. So kind of shared spaces and flexible spaces are key in this design really so that we can adapt it when the time comes and when it's being built.

0:18:55

Hooper, Rebecca (Cardiff Council)

And of course, we're learning all the time. We're currently negotiating with Taylor Wimpey on Northeast Cardiff, and we've got some lessons from the work on Plasdwr about really pinning down a developer in terms of the specification and what he needs to bring to us and how much time we have to respond to that. So there's quite tight timescales in the Redrow agreement that we have. We've realised that because of the cake layers that Rob showed earlier, we're really going to struggle to potentially gather everything in the timescales. So we're pushing those timescales on the next 106 agreement to be a bit more realistic. So it's a constantly evolving picture really which is interesting but also quite challenging, Rob, I think.

0:19:43

Robert Wilkinson (Cardiff and Vale UHB - Strategic + Service Planning)

Yes, that's right. And so can we say that they all lived happily ever after? Well, not quite. There are still some improvements to make to our processes, as Rebecca just outlined. So for example, we the Health Board, I'm sorry within the Health Board, we the planners need to work earlier with the locality teams, those who are on the front lines, the GP practices, the primary cares to cut down the time in making that cake. And also as the Regional Partnership Board matures and it leads on delivering its area plan, it draws the Council and the Health Board closer and strengthens the partnership and as our PAN cluster planning groups begin to grow their local knowledge, their expertise will be critical in switching from the perspective of sort of Health Board versus the Council across all of our teams. Because although Rebecca and I are working closely together and our teams are working closely together, when it comes down to actually working on the front line with all the pressures that are there and in the same building, it's not so easy to break down those barriers.

And so that brings us to yes, sorry about that. So we'll be happy to take any questions during the Q&A session at the end of the presentations and that's the end of our little story. So thank you both. Thank you very much.

0:21:20

Liz Green (Public Health Wales)

Fabulous, thank you. I love that and they all lived happily ever after at the end, but also the immense amount of work you've been doing. And those time frames and the complexity of it all is amazing. We've already got a couple of questions in the chat for you, so we'll come back to those afterwards. So thank you very much, diolch yn fawr iawn.

So we're going to move on now to Nicola. And Nicola Evans is from Welsh Government, and she is Head of Health Inequalities and Healthy Communities. And Nicola, I didn't realise you were procurement professional. I just always thought you were health and social care, so that was really

interesting and you're now working in the public health division within Welsh Government and you're responsible for the program of government to develop a national framework for social prescribing. So your work is really, really interesting, but today you're going to talk to us about the proposed HIA, Health Impact Assessment, regulations which are currently being consulted on so over to you. Thank you.

0:22:35

Evans, Nicola (HSS - Health and Wellbeing - Health Improvement)

Thank you Liz. I'll just see if I can share my screen. Hopefully that will come up. Is that OK? Great. And so, just good morning and bore da. My name's Nicola Evans. I'm Head of Health Inequalities and Healthy Communities in Welsh government and as Liz has just said, my team are responsible for developing regulations in relation to health impact assessment. So in today's session, I'm just going to do a very quick scene setting and background context. Just sort of give a very quick overview of how we've got to this point. And then just run through really quickly the different parts of the regulations. And then, as Liz says, there'll be a chance for questions afterwards.

So just as a way of context really, and it's not something that I really need to say to the audience here, but you'll be more than aware that someone's health is not just determined by their access to the health system. It really is dependent on where they live, where they play, and you know how they go to work. So those are the things that really impact on someone's health. Again as you'll all be aware, we've got a really strong legislative framework within Wales through the Well-being of Futures Generations Act to really embed a health in all policies approach. So when people are looking at their decision making, their policy, their strategic plans that they think about health in everything that they do. And so, you know, it's really fantastic and we are definitely the envy of a lot of other countries that we do have the Well-being of Futures Generations Act and we are constantly being asked about it.

But there is work going on within the health system itself as well. So our healthier Wales puts health inequalities, as you know, a key theme throughout its long-term plan and we are doing work to see how the health system can use its buy in power and its role as an anchor institution to also influence health as well on the wider determinants side. So it's really interesting to hear that the conversation earlier about how you know, Local Authorities and Health Boards are really working together to think about health in a really practical way. So it's really interesting to see that. So that's just a really broad introduction.

And then in terms of specific targets that we have in this area, again you, will all probably be aware that we have within the Well-being of Futures Generations Act there is a specific target around healthy life expectancy and reducing the gap between the least and most deprived areas. And there has in the last year or so a milestone been set, a really ambitious milestone to narrow the gap in life expectancy between the most and least by 15% by 2050. And that might not seem it, but that's a really challenging milestone because while life expectancy has increased since the war in more recent years that has started to dip and the gap between the least and most deprived areas within Wales is stubborn. It's just not shifting at the moment and so there needs to be a real concerted effort to meet that milestone going forward.

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Evans, Nicola (HSS - Health and Wellbeing - Health Improvement)

And so how are we hoping to do some of that? Well, you'll be aware that within the Public Health Wales Act there was a commitment for a number of things, but there was a commitment to do regulations for defining the circumstances by which health impact assessments should be carried

out. It was put on the sort of backburner for a little bit because even though the Act was sort of laid in 2017, since then there's been some major shocks to us in terms of, first of all, Brexit and then COVID in terms of giving the sort of capacity to sort of to move forward with these regulations, but it is something that the current Health Minister is a particular advocate of. She really sees this as a way in which, as a tool to help people think about the wider determinants of health in their policymaking. It's something that she is very committed to. She's made a number of public commitments around consulting on the regulations before Christmas and she's very keen to get those implemented. So there's a real sense of momentum behind the development of the regulations now.

So the commitment was that we would, through the regulations, set out the circumstances by which people would undertake health impact assessments. So the first question was around who would be responsible for undertaking them. And in the first instance within the draft regulations as they currently stand, the who would be the people who are currently required to meet the requirements of the Well-being of Futures Generations Act. So the who mirrors that current requirement. There is work ongoing at the moment to expand the list of public bodies subject to the wellbeing duty and so as part of the consultation exercise, our question is whether we should continue to mirror the public bodies within who are required within the wellbeing duty so that continues. So that's the sort of first question in terms of who the regs would apply to.

The second question in terms of the regs is when should they apply? So there's been quite a lot of discussions about this particular circumstance in particular and how it should be reflected on the face of the bill. And there was a lot of debate in terms of how specific to be in this particular part of the regulations. And we've settled on, for the consultation exercise, to mirror that that's in the socio-economic duty so that we get that balance between those areas that absolutely need to have health impact assessments, but that we don't overburden people in taking some of that forward.

And of course we need to, through the guidance that I'll talk about shortly, to develop that so that it's a lot clearer for people for when they come to make those decisions about when it applies. But in the regulations, it was agreed at this stage to sort of settle on a definition that is sort of in parallel to the socio-economic duty.

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Evans, Nicola (HSS - Health and Wellbeing - Health Improvement)

And then the other consideration was how do people undertake health impact assessments. And again through, you know the really great work that Liz and her team are doing, there is an established procedure around how you undertake health impact assessments. But we needed to make sure that there was enough flexibility within that that allowed for people who might be carrying out integrated impact assessments in other ways or may have existing processes where they can strengthen those existing processes. But having enough clarity within them that they got that understanding about how they undertake health impact assessment. But doesn't bind them into a particular methodology. So again, it's about getting that balance between ensuring that we are specific enough to say that when it needs to be done and how it needs to be done and we give guidance in that area, but not so prescriptive that it ties people up in knots.

And as I've mentioned, within the Public Health Wales Act, there is a line that puts a role of Public Health Wales to support public bodies in delivering these regulations and we've put within the regulations a duty on Public Health Wales to provide guidance for the public bodies, which will help them in more detail to understand the circumstances and how to carry out the HIA. So within the guidance, there will be more information and advice and guidance on those two areas in particular, based on the principles that are set out within the regulations.

And then finally, there was a requirement to determine when they should be published and how they should be published. And so we've put in the draft regulations that they should be published in a manner which the public body considers to be most appropriate on, you know, likely to be on their website and as soon as reasonably practical. So again, it's about giving some flexibility to public bodies so that they can do it in a way that meets their needs rather than being entirely overly prescriptive in the approach. And then through the consultation exercises, the other things we've sort of asked to people to think about, we need to think about the impact on people living in rural areas, socio economic groups, children and young people etc, the protector characteristics. So as part of our regulatory impact assessment, we'll need to consider the impact on this. And so the information from the consultation exercise will help inform our thinking around that, the Welsh language etc. So we really appreciate anything that comes through the consultation exercise to help us think through those areas.

So those are my sort of main go-to's. As Liz mentioned, the health impact assessments are currently out for consultation at the moment. There's a link in the presentation, and I think Liz has put a link in the chat as well to the HIAs so really looking forward to getting in some responses.

0:35:03

Liz Green (Public Health Wales)

Marvelous thank you so much Nicola. Very, very nice clear presentation. Brilliant. Thank you. But some big questions to answer. So great. Thank you. So we'll take some questions. There's already a couple of questions in the chat already around that, so we'll take those questions in the QA. And so now we're going to move on to Lydia Orford. Nicola, can you take your presentation down please? Or his teams not playing ball? Uh, marvellous, thank you.

Right. So, Lydia, thank you. You load your presentation. So Lydia works in the Public Health Team at Betsi Cadwaladr University Health Board and is Principal Public Health Practitioner for Healthy Weight Healthy Wales systems working. And I know that Lydia's worked for many years with planners and Public Health Practitioners to try and focus on improving health and wellbeing through joint partnership working. And Lydia previously worked at Cheshire West and Chester Council, where you've had a large impact. So I'm very pleased that you're going to talk this morning. And so I can see your presentation. So if you want to crack on, that's great. Thank you.

0:36:35

Lydia Orford (BCUHB - Public Health)

That's great. Thanks, Liz, and good morning, everyone. It's great to join you at this annual event and to share with you the latest part of our planning journey since I presented to you at last year's conference. So today I'm going to share with you the work we've been doing in North Wales on the healthy food environment and the role of development management. So I'll start by setting the scene around the food environment. I'll then talk through the findings of a recent study carried out by Cardiff and Vale Public Health Team on fast food outlet density mapping and comparing figures from a 28 study to a study carried out last year, and a big thanks to Cardiff and Vale Public Health Team for letting me share those results with you today. And I'll then share a case study with you from the work we have been doing in North Wales.

So starting with the issues, health challenges both from overweight and obesity perspective and from a health inequalities perspective and how the food environment impacts on these challenges. We have limited access to healthy foods within our high streets with easy access to foods high in fat, salt and sugar. Many of the high streets across Wales have a concentration of hot food takeaways in a small area with the number of such outlets increasing year on year. But one of the problems is that

Health Boards and Public Health Teams are not an official consultant on planning applications and therefore are generally unaware of applications, particularly for food premises such as hot food takeaways, cafes and restaurants. So what did we do as a Public Health Team in North Wales as a response to this? So firstly, we engaged with planning colleagues from across the six local authorities in North Wales to see how we could work together and how we could contribute to planning applications for food premises. And it's great to see a number of those planners on the call today. Following this, we developed and implemented a new process for the Public Health Team for how we respond to planning applications. And we trained up all the Public Health Team members in this new process to build resilience of into the team.

And then in January last year, we started to proactively check the weekly planning list for all planning authorities in North Wales and started to respond to applications which were of public health significance, and this included those applications for food premises. And alongside this, we developed a series of response templates using the latest evidence base data, national and local policies to inform the response. And we've since developed spatial planning support packs to support this work and to support the areas and the local authorities across North Wales.

0:39:33

Lydia Orford (BCUHB - Public Health)

So this new process ensured that as a team we had a more consistent and timely response to planning applications. It was a nice process for the team to follow and this meant that we were making sure we weren't missing any planning applications that we would want to respond to that were of public health significance. And by proactively checking the weekly list, we were able to identify applications that we wouldn't normally have been consulted on as a Health Board but are of a public health significance, so such as hot food takeaway, change of use applications and other food premise applications. And we're starting to see the impact of our public health response in Case Officer reports and recommendations, and I'll talk through an example of this in a few slides time. But before I move on to the case study, I wanted to share the results of this recent study carried out by the Public Health Team at Cardiff and Vale at University Health Board. So the team used local authority level food hygiene data from the Food Standards Agency from two part time periods. So 2018 and 2023 were compared, and then the two points were compared. It's worth remembering that the 2018 data was prior to COVID-19, and 2023 data was following the COVID-19 pandemic. The study included outlets that sell energy dense, savoury food that can provide a quick available substitute meal outside the home. So that was the definition of what outlets were included and the businesses were filtered by business type. So takeaway sandwich shop all included, restaurants, cafes, canteens and then the outlets were classified and filtered further for their character combination. So fish, Indian, Chinese, pizza, burger, chicken, kebab, etc.

And the number of outlets remaining for each local authority were then divided by 100,000 of the population so we could compare the areas. And as I say, this methodology was carried out on both the 2018 data and then the 2023 data. So these two maps show the results of the study and the map on the left is from 2018, with the map on the right from 2023. And the darker the colour, the higher the concentration of fast-food outlets and remembering that this is per 100,000 of the population. And just to give you some highlights of the figures from these two studies, the mean density in Wales increased from 99.86 in 2018 to 111.79 in 2023. And what we can see from these two maps is that every area across Wales has had an increase in the number of fast-food outlets and this has increased more in areas of deprivation.

And if we look at the fast-food outlet density change between 2018 and 2023, which is what's shown on this map, what we can see is the lowest increase was in Torfaen by 0.03% and the highest

increase was in Merthyr Tydfil by 22.1%, and the median increase across Wales was 13.6%. This slide here just summarises that data that I've just gone through.

0:43:14

Lydia Orford (BCUHB - Public Health)

So I now want to move on to share with you a case study for when development management has had an impact on the healthy food environment. So this here is an application from one of the local authorities in North Wales and it involved a change of use from retail A1 to food and drink A3. So as a Public Health Team we responded with concerns regarding the location to a number of educational settings, both from a primary and secondary perspective, the proximity to existing hot food takeaways, and existing restaurants selling food predominantly high in fat, salt and sugar, and also the health challenges within the local area related to overweight and obesity.

The result of the application was that the application was approved but with a condition added that no hot food should be sold or provided for consumption off the application premises. So this ensured the unit could not be used for hot food takeaway or restaurant cafe selling hot food that would be consumed off the application premises. So that helped, one with the current provider, but helped future proof that site as well. Obviously, any change to that would need to go for further planning permission. And this is just one example of where our comments as a Public Health Team have contributed to the outcome of an application. And we're seeing more and more of these as we're working through the process.

So this work has helped to raise the profile of public health with planners and the impact that health can have, the impacts sorry, that planning can have on health and wellbeing. It's also contributing to national strategy priorities, so the healthy environment priority within the Welsh Government, Healthy Weight, Healthy Welsh strategy and it also contributes for us in North Wales to our local whole system priority and subsystems.

So diolch, thank you. Thank you for having me present again to you today. I hope this presentation has given you an insight into the role of development management within a healthy food environment. Many thanks for listening and please do get in touch if you'd like to discuss so thanks again and back over to you, Liz.

0:45:36

Liz Green (Public Health Wales)

Thank you, Lydia. Those maps were amazing. They're mind-blowing aren't they.

0:45:43

Lydia Orford (BCUHB - Public Health)

So privileged to be able to present them to you today. So a big thank you to Cardiff and Vale Public Health Team.

0:45:48

Liz Green (Public Health Wales)

Yes very, very interesting. As you know, I'm a spatial planning and health geek and written a book with Michael Chang from England on it. Fascinating stuff, thank you. So we've now got a break, a quick comfort break for you. So we're going to give you 10 minutes to come back. So if you come back at 10:30. Jamie, I believe you've got some polls for us that you're going to put up on the screen so that everybody can engage on the topics. So the actual polls themselves will be, are they there? I can't see them at the moment. Jamie, are you doing your fantastic tech stuff in background?

0:46:48

Marie Griffiths (Public Health Wales - No. 2 Capital Quarter)

I can see them, Liz.

0:46:50

Liz Green (Public Health Wales)

Can you? It must be me. Teams is have having one of those days obviously on my laptop. So yes, thank you for that. And so if you can just answer them. There are three. So one is about are you aware of the HIA regulations? One is about fast-food outlets etc. So we'd be really, really grateful if you could complete them and then be back at 10:30 and we will continue with our presentations and the Q&A then. So thank you.

0:47:29

Liz Green (Public Health Wales)

So welcome back and I hope you had a quick cup of coffee and something healthy or a chocolate biscuit in my case. We have the poll results for you. We can't present them on the screen, but we will circulate them and include them in the report afterwards that we will compile. So very interesting, many of you are from local authorities or the NHS, both within Wales and outside Wales so welcome to everybody. 59% are aware of the Health Impact Assessment regulations so that's good news and I'm sure that will be driven up today by Nicola's great presentation. And then question 2 was what would help spatial planners and health professionals to limit control any further increase in the density of fast-food outlets particularly in disadvantaged communities. And overwhelmingly the responses were 31% in guidance included in national planning policy and then guidance included in local planning policy at 29% and then the rest were sort of in the low teens or single figures. So thank you very much, we will have some more polls later. And so now I'd like to invite Darrell and Rulan to present to you all.

0:49:15

Darrell Gale (East Sussex County Council)

Good morning, bore da. I'm going to present and Rulan is going to help me answer any questions that come our way, so I hope my slides are just coming up?

0:49:31

Liz Green (Public Health Wales)

They are, we need them in slideshow. Do you want me to introduce you formally or would you like to do that?

0:49:39

Darrell Gale (East Sussex County Council)

I'm quite happy to introduce myself and Rulan. So the presentation is about new project in spatial planning and public health that's been managed by the Association of Directors of Public Health (ADPH). We exist to represent, advocate and campaign on behalf of all Directors of Public Health in all of the four nations of the UK.

So I'm Darrell Gale, I'm the Director of Public Health in East Sussex over on the South Coast of England and I'm also the Chair of the new planning and health Advisory Group of the ADPH. I've got a probably quite a unique background in that I originally trained as an architect and then because of not being able to do good things as an architect at the time and also the decline of the building industry in the early 90s I fell back on voluntary work I was doing in HIV and AIDS and of course that led to a passion for public health and inequalities and that's how I got here and where I am today.

And Rulan is Head of Special Projects, and she really is the kind of working behind the scenes on all the details of his particular program so she will have a lot more in terms of detailed answers to questions. So let me go to the next slide.

0:51:08

Darrell Gale (East Sussex County Council)

So why public health and planning? Well the predecessors to directors of public health, medical officers for health were clearly in the 19th Century involved in the implementation of the public health acts and we had public health acts because of conditions like this. The slums were causing so much early death, pain and misery to the majority of the working populations. And those first public health acts were really around air quality, sanitation of course and things like fire safety but it was the medical officers for health based in the local authorities who were out there actually looking at whether development, whether housing, whether the conditions that people were paying rent for were actually up to the standards.

We've kind of had a rebirth of the interest in public health and planning but back in the 80s and 90s it came to public health sideways. It came through things like regeneration and particularly looking at crime and community safety and using data as we do in public health on those things to identify that actually many of the places that had high crime rates had particular types of planning, particular types of earlier regeneration schemes and obviously an effort was then made to perhaps repair some of those projects or rebuild them.

So the ADPH's received funding from the Health Foundation to undertake this three-year program. It's a collaborative with a wide variety of Partners and really the importance of those Partners is that they come across the wider determinants of health. And the idea is to produce outputs that local directors of public health in any of the four UK nations can actually use on the ground with their understanding of their health needs, with understanding of the planning policies and frameworks in their locations.

0:53:10

Darrell Gale (East Sussex County Council)

It's about health places and if you Google search for what a healthy place looks like you quite often get an image like this, people engaging in lots of physical activity, lots of green space, clean air etc. In reality of course, this is an example from the Netherlands, you actually get this type of place. Something that's probably been a little bit retrofitted with more greenery in the space, certainly a relaxation of the highway so that it becomes a place where people can play, people can walk, and cycle and the car is really very much a third or fourth grade consideration in these sorts of places. So these are the healthy places that we're looking at.

The project is focussed as we've been working it through now on health impact assessments and obviously, we heard Nicola's great presentation earlier about why this is important in planning. We're going to be working very closely with our colleagues in the Association of Directors of Environment Economy Planning and Transport (ADEPT) because they're the professional organisation that look after those directors who are involved in making the big decisions around planning. And as we go through, we'll be doing some joint, collaborative workshops etc.

In terms of health impact assessment, health impact assessment is incredibly useful for big pieces of infrastructure. So using on things like big bridges, big roads, big rail projects etc. but also has been used on local development planning frameworks. It can be used on policies such as policies around things like living streets but also perhaps where there's a conflict between the natural environment

and the need for green power production. Health impact assessment can really help with some of those. So we're really pleased that the project is going to have that sort of focus.

What we are going to be doing in the projects is to advocate for public health to be a consideration in planning at national and local levels across the four nations. And again going back to Nicola's presentation we can start to see how the Welsh Government have really picked that up and of course the Future Generations legislation we are in awe of in England and would love to see something similar in our country.

0:55:46

Darrell Gale (East Sussex County Council)

We still need to strengthen the collaboration between planning and public health although I'm sure most of you on this call are already collaborating very, very significantly. But it's not everywhere and there are still directors of public health, still directors of planning that really don't get it that we need to work together. We'll be developing skills and knowledge exchange between public health professionals and the planning systems and really support that relationship between the leaders in public health and planning. And of course your planners have the technical understanding, particularly things we don't understand in public health such as the legal frameworks. What does viability mean? Ask a director of public health and they'll probably have one of those kind of comedy question marks above their head. We also need to understand far better from the planners about the whole economics of development of developers and building, hopefully successful collaborations with the private sector.

And of course in public health we're bringing the skills around epidemiology, the focus on inequalities and the focus on determinants of health. So we're building those partnerships, promoting the importance of public health in planning, emphasising prevention and tackling health inequalities and that whole systems approach. And I was looking in the questions earlier around the food environment and people were saying you need a whole system approach to obesity, a whole system approach to food so very much fitting in with that way of working.

Many of you will be aware of this diagram. This really, I think does focus our minds for planning and public health because this diagram I think shows all the determinants of health in a way that's understood across disciplines particularly useful in local authorities because local authorities are managing many of these activities and environments perhaps far more so than other part of the health systems, the NHS Boards, the Trusts etc. So I always like to refer to that as our description of the wider determinants.

So the scope really, we're going to look at health impact assessments, we recognise that they're not a formal requirement. That's not equal across the four nations and that there are different ways that different agencies have to undertaking those health impact assessments as well, yet we want to try and get a commonality there and a common understanding that health impact assessments can have.

0:58:41

Darrell Gale (East Sussex County Council)

Thinking about healthy places, our focus is on mixed use plans so rather than the smaller we're thinking of like the example from Plasdwr, if I've pronounced that correctly, earlier in the call. And this is another example of an inner-city mixed-use development. This is in Stockholm. You can see there the quality of thinking brought into that landscape, the flood alleviations work also acts as good green space, good blue space, as a green lung for that development. And health impact

assessment can help us understand what's going on around spaces for redevelopment to enable what goes into the spaces to be of far greater benefit based on the health needs of the population.

So the project will facilitate collaboration, produce outputs such as explainers. Directors of public health, we don't have a lot of time to be doing a lot of the work ourselves. Having an explainer, a factsheet, a resource that tells us these are the things to look for, this is what you need to include in your health impact assessment and of course we need to disseminate that through workshops and the refinement of the tools that we are producing so that planning professionals and public health professionals can look at the situation with each other's lenses.

1:00:12

Darrell Gale (East Sussex County Council)

So we've set up an advisory group that's chaired by myself. We've got representatives from Quality-of-Life Foundation, from ADEPT, from Chartered Institute of Environmental Health, Royal Town Planning Institute, and Town and County Planning Association. And we're steering and providing the support to the program as it's undertaken. As one of the early outcomes from his next month we'll be hosting a workshop with ADEPT bringing together the directors of public health and directors of Place. This workshop marks the beginning of the program and I understand that we have now opened that up to include chief planning officers and others from the planning side so that we'll try and match equally across planning and public health to start off our conversations and our discussions.

And I went backwards there sorry. And essentially that's it in a nutshell. Hopefully I've given you a flavour of what we're attempting to do and obviously Ruland and I will be available for questions afterwards, thank you.

1:01:29

Liz Green (Public Health Wales)

Fabulous, thank you. So we've got a couple of questions already for you in the chat but if I can invite all the other speakers as well. The chat has been really, really busy which is great. I love it, I can't keep up with it though. So we have got some questions for you all. So I'll take them in turn through the presentations. So for Rob and Rebecca we've had a number of questions for you and I'm just going to pick on one really.

Mark Jones has asked, in relation to section 106 requirements and the implications of development do you engage in the draft LDP e.g. the preferred strategy and the deposit plan with the likely needs as the sites are being considered and brought forward for allocation?

1:02:32

Rebecca Hooper (Cardiff Council)

That's a very planning question isn't it. I'm probably a bit of a lapsed town planner to be honest because I focus on project management but yes. In fact Cardiff are working on a replacement LDP at the moment so Roz on the call is working with our colleagues in planning policy to ensure that our SPG is up to date, that we've got everything we want in there to justify our section 106 request. And yes, in terms of the strategic sites, part of our desire in Cardiff Council around that strategic district centre approach and those combined facilities is well known by colleagues in planning and it's a very early doors discussion with the developers when those strategic sites have come in and/or are being allocated so I think it's safe to say we're all quite on page and along the same lines for those big developments. I think someone else had asked in the chat about the triggers for those big facilities and they're right. We only request the larger facilities on sites over 500 dwellings so we're not expecting any more of those big sites to come in, there's none allocated. But what we are doing is,

on areas of Cardiff so say Bute town and Grangetown, we've got lots of smaller schemes coming forward. We're consolidating our financial contributions across health and the council and joining them up because we know we can get more for our money if we join up on our contributions because obviously our financial ask isn't always what we end up with. We quite often request £2million and then through the whole planning process and viability we probably end up with half a million pounds so between us we then join them all up and create one facility or invest in a facility so it's not always new ones.

1:04:37

Liz Green (Public Health Wales)

Thank you. So you're looking at those smaller developments cumulatively which is a great approach.

1:04:42

Rebecca Hooper (Cardiff Council)

It's interesting because the Health Board are only consulted on the major schemes so one of the commentaries that we're doing with planning colleagues in the replacement LDP is we're trying to revisit that because obviously the cumulative impact in lots of parts of Cardiff, there's been lots of pockets of you know 50 here, 100 here, homes but that cumulative impact on the health service and on our facilities really is adding up in certain parts of Cardiff so we're going to potentially try and relook at those triggers for when they're consulted because you haven't been getting financial contributions for health on lots of the smaller sites.

1:05:23

Liz Green (Public Health Wales)

Great, thank you. Thank you very much. Nicola I've got a lot of questions for you but I'm aware of time and also what we've got. So the first one is a very practical one. Emma Gladstone asked what is the timescale going forward after the consultation on health impact assessment regulations or the final regulations being prepared and coming into force please?

1:05:53

Nicola Evans (Welsh Government)

The plan is to get them laid by the end of 2024-2025 financial year but the decision on when they will come into force won't be made until after the consultation exercise.

1:06:10

Liz Green (Public Health Wales)

Great, thank you and then second one if you don't mind is somebody has asked about, I mean I don't know how frequently you interact with planning policy or planning authorities, but should the requirement for the HIAs also identify certain types/sizes of developments and projects that would require a health impact assessment because Andrew Wallis is saying this would enable planning authorities to inform its decision making. Would that fall under the strategic decision?

1:06:50

Nicola Evans (Welsh Government)

I think we've been careful in the face of the Bill not to be too prescriptive of specific circumstances because of course the regulations apply to a whole host of organisations not just local authorities so it could apply to fire service, National Trust, so having something that is broad enough to cover a whole host of public bodies was really important to us. We've started to identify within the consultation some examples of circumstances where they could apply, and I think through the guidance that is being developed more detail will come through that around specific circumstances here they might apply but again it's quite a tricky question. We've had a conversation in the past

about what is an appropriate number because an appropriate number for Cardiff would be very different for Powys so again it's about the regulations are they for when they must be undertaken. There is remedy if it's not undertaken in those circumstances but that's not to say that HIAs can't be undertaken in other circumstances. Even though in the regulations it's quite broad, it's broad for a purpose but through the work or the guidance you do already Liz in terms of supporting people, there's opportunities to look at it more broadly but the regulations has to be for those circumstances where they must apply in the first instance.

1:08:36

Liz Green (Public Health Wales)

I completely understand and we will continue to encourage those voluntary health impact assessments as you say so thank you very much.

1:08:48

Nicola Evans (Welsh Government)

Did you have any more questions for me Liz, it's just that I need to shoot off soon if that's ok?

1:08:53

Liz Green (Public Health Wales)

No that's marvellous, thank you. Diolch yn fawr iawn, thanks very much Nicola.

1:08:56

Nicola Evans (Welsh Government)

I'm really interested in the work that Darrell is doing so if he wants to make contact later, if anyone else wants to make links with me outside of this then I'm more than happy to.

1:09:07

Liz Green (Public Health Wales)

Fabulous, thank you. Hwyl fawr. Have a good day.

So the next questions are for Lydia. Nerys Edmonds has asked does your engagement with planning also extend to other health and wellbeing priorities such as air quality and mental health and wellbeing?

1:09:31

Lydia Orford (BCUHB - Public Health)

It certainly does yes Nerys. It certainly does and we're very much that link between the planners and the public health team as well and the health board as well, wider as well so definitely.

1:09:46

Liz Green (Public Health Wales)

Lovely thank you and I can see you've had quite a bit of interaction in the chat as well Lydia.

1:09:50

Lydia Orford (BCUHB - Public Health)

I thought it would be easy to answer some of those questions as we go along as well.

1:09:56

Liz Green (Public Health Wales)

No, that's marvellous. And then Rick has asked do you have any planning policies in place with your planning authority's development plan to support your comments and I think I saw you'd said that you'd used the SPGs quite effectively.

1:10:11

Lydia Orford (BCUHB - Public Health)

Yes and obviously that wording therefore needs to be in the local development plan as well so obviously there's one using what you've already got within your local development plan but also working with your planning colleagues to make that you get those embedded within the local development plans or the local plans where you can.

1:10:28

Liz Green (Public Health Wales)

Fabulous, thank you. Darrel and Rulan, really interesting project with my HIA geek hat on. I'm always fascinated by these things, so I'll be interested in your outcomes of your work. Johnny Louie has asked how much knowledge of planning do we think public health wider determinants leads need to know in order to influence the planning agenda. So for example in addition to special spatial/ health posts?

1:11:08

Darrell Gale (East Sussex County Council)

Well not every borough or county will have the specialist planning posts so I think a talk through a flowchart of the planning system on local plan individual applications, all of those sorts of things. Section 106 still comes up a lot because I think many people think that that's a magic wand that you can just say well, we need another swimming pool, can't the development pay for that? And then someone else will say in the ICB we've got a whole lot of GP surgeries that are unfit for purpose, and they'll probably be completely in areas away from the development where it's happening. So I think actually the constraints you're working under are huge and the expectation of the public on planners I think is massive that you must get everything looking and acting and solving as many problems as it possibly can, and you're really constrained. And I think really understanding, for public health officers to understand those constraints, but to understand the bits where we can work together on. So a public health response to a planning application that starts talking about the local needs, talking about inequalities and those wider determinants. Some more sensible discussion on what you'd like to see from section 106 on the ground. It's not just all about GP surgeries and things like that. It's about access to green space, blue space. It's about when you look on your map of your area you might have bits of gaps in your cycle infrastructure, and it would be really helpful if that can link to the new development to use that a bit further down the line to plug the gaps and to help that. So not a great of detail but I would obviously encourage because I've got an excellent team myself is getting your specialist when you can make changes. There's a growing workforce out there and they're well networked. It's a new workforce, we're learning and that's really exciting.

1:13:20

Liz Green (Public Health Wales)

Yes, and particularly about developing the skills, knowledge and competencies for this cross partnership working. If the WHIASU team we've been very fortunate over years we've had planning, qualified planners, who also understand public health come work in the team. We've had this event to try and make these connections over the years, so I think that's really interesting. Andrew Buroni has posted Darrell, Sir Michael Marmot is doing a similar round table discussion, it would be good to get him in your meeting.

1:13:57

Darrell Gale (East Sussex County Council)

If we can. I'm not sure exactly what he's doing. I wonder whether it's linked to the Marmot cities because there's a network of Marmot cities now around the UK of places that have accepted a lot of

the Marmot thinking and working in a different way. We can attempt to find out, Rulan and I can make the links I'm sure, and see if he can come and support our work as well, thank you.

1:14:27

Rulan Vasani (Association of Directors of Public Health)

We are actually already quite linked in with him so we're on his project advisory group meeting for local plans for health self-assessment, his resource project. So probably informs some of our outputs of a project for example of what good looks like. So yes, we are quite well linked already.

1:14:41

Liz Green (Public Health Wales)

Fabulous and what are the time frames on your project? I know you're having your first workshop in March. I know somebody from the team is coming.

1:14:51

Rulan Vasani (Association of Directors of Public Health)

Yes, so that first workshop is in March and that's very much about facilitating that connection between planners and public health. There seems to be quite a big language barrier as well as a data barrier, so I guess it's our first step in breaking down those barriers and we've invited planning officers to attend with their director of public health just to get that specialist knowledge into the conversation. So that's our first workshop and then I guess from there we will probably set up some sort of collaborative group for planning officers and public health professionals to continue having that dialogue. And then in terms of next steps that will become clearer probably after that in terms of where we can fill a gap and what people want and need to really get that collaboration to be a long-term thing, I guess.

1:15:43

Liz Green (Public Health Wales)

Marvellous, thank you. I think there's definitely something there about the translation piece. Darrell referred to viability and the economics and again it comes back to the constraints that understanding the boundaries that spatial planners and planning officers and development management have and what we can do and what we can't do. I think that's really important. So thank you very much. Diolch yn fawr iawn everybody for those fascinating presentations. And now we are going to move on to our first workshop.

I'd like to invite Hywel Butts to come forward and present. Thank you very much Hywel for coming today and I know you and I have worked on and off together for a number of years, so I'm really thrilled that you've actually agreed to come and do this.

Hywel works for Welsh Government and is a Chartered Town Planner and he's Head or leads on development management policy and planning casework so over to you Hywel.

1:16:59

Hywel Butts (Welsh Government)

Thanks Liz. Yes, it's been 20 years since I've been in Welsh Government and been lead for environmental impact assessment over the years, so I've had many a conversation with Liz about how EIA fits with HIA and she's had to put up with some of my complaints or moans about certain policy fashions as I call it.

So the title of this is takeaways in towns but what we're talking about is any food outlet, whether that's a supermarket, whether it's a bakers, a butchers and we're going to be asking ourselves this

question. Where should we locate food uses? What I'm going to do is just to set out why that question has come about. But up front I want to be clear that a lot of what I say is probably going to come across quite negative right but the reason for this is to turn that negativity into positive placemaking through the workshop discussions. It's to challenge Lydia, her teams and other public health professionals to understand where the planners are coming from, the constraints they work within, and allow that public health message to be tailored so a spatial planner, a forward planner or a development management professional can just pick that up and then run with it and really take the agenda forward.

Over the past 20 years a lot of my job has been dealing with Welsh Government colleagues. We can write a good strategy in Welsh Government, a really good strategy. When it comes to delivery, delivery is challenging and what they tend to say is I want to deliver my policy through the planning system, and I have the unenviable job of saying well actually it's powerful but it's not as powerful as you think it is. It comes with limitations and it's about understanding those limitations and how we work through them.

1:19:17

Hywel Butts (Welsh Government)

So the background to this Healthy Weight Healthy Wales, this is how we had colleagues coming forward and saying obesogenic environment, the planning system has to take note, this has got to do things about it and if you look in the strategy, was it Darrell who put up the determinants of health, how the environment affects our health, that's the background to this and one of the sections within the healthy weight Wales is active environments. And I'd argue that actually certainly four points I've got listed here, that planners are doing this I think quite well. It's issues they understand, delivering active travel, delivering green space and landscapes, delivering infrastructure that we need for our developments going forward. They are on familiar ground here. I think where they are not on so familiar ground is in relation to the food environment and understanding what that means.

But if we look at national planning policy, by the way edition 12 of Planning Policy Wales issued this week, it wasn't a total rewrite. I think chapter 6 has been amended and there have been a few other adjustments made but throughout Policy Wales you've got health embedded within that policy. So it is very much for the planners to take forward promoting healthier places as part of a comprehensive placemaking approach looking at things in the round in totality. The issue we've got with advancing the health agenda is about evidence and causal links. I think it's causal links has been one of the things that sort of troubled me and it makes it difficult to take a few things forward, I'll come back to that. But Planning Policy Wales does require the preparation of a local development plan or a strategic development plan to be founded in evidence. It requires the evidence to be prepared to bring forward that plan and Public Health therefore has to be prepared to bring forward that evidence, to put it in the mix because planning is balancing the economic, social, and environmental aspects of life as well as the health aspects of life and it's all got to be put into that melting pot.

So this is the bug bear that Liz is fed of me going on about, there are a couple of people on the call that have heard me go on about this in the past, but what's really got me I suppose is the policy about not having hot food takeaways around schools whether that's 400 metres around schools or whatever. Don't get me wrong, I'm not criticising any authority that's taken that forward, what gets me I suppose is the potential blanket application of this policy because people, politicians for example, there's a vague bit of common sense in that. Everybody else is doing it, let's do it in our area without really understanding what is the problem that we're trying to solve. That's the bit that gets me and it's to what extent can planning actually solve the problem. The logic with this policy is if you don't put takeaways around schools, children as they walk to school, as they go home from school, during lunchtime if they get out of school then they can't access the energy dense food that

Lydia was talking about earlier. And there is logic in that undeniable logic about that. I think the issue is, is planning the best mechanism to actually deal with that because for instance school times you just lock the gates and keep the kids in during lunchtimes, don't you? Planning is not involved in that. The issue with going home at night, the issue there is of course well I'll come on to new establishments in a minute, but you can only deal with new establishments through the planning system so there is already establishments around schools which the planning system can't touch so the planning system isn't dealing with those. Whereas a licencing system, if you had to licence hot food takeaways for instance and they had to close between 3pm – 4pm would have limited economic impact to those businesses but it would deal with your policy problem that you were setting out to solve. Now don't get me wrong, a new licencing system? Huge legal, political, cost ramifications, who enforces it etc. but it's how you are looking to deliver your policy.

1:22:18

Hywel Butts (Welsh Government)

I've got on this side evidence of a correlation because I think one of the issues with the planning system is the balancing that it has to do and I'll come back to that as well but I was quite influenced by the work that Sue Toner and Stuart Williams from Cardiff Council showed me must be about 10 years ago now or so, and they were mapping what takeaways were around the schools in Cardiff and I think at that time there was one primary school in Cardiff that didn't have a takeaway around it. All other schools already had takeaways around schools but when you overlay the data in terms of childhood obesity on to that map then there wasn't that link between schools and obesity and hot food takeaways, it was actually deprivation. It was areas of deprivation has the greater incidents of childhood obesity and what I said to Sue and Stuart at the time was well look it's fine for the planning system to react to this, but you might not be better off looking at the link between schools and fast-food takeaways but looking at deprivation and fast-food takeaways. That's where the causal link happens to be.

So what are the planning system limitations that we're up against? I've mentioned it already, it only deals with new developments so if you've already got a takeaway next to a school it's still going to be there. You can only deal with material changes of use. So you can't have that specific, no, there's a focus on use classes and use classes don't always just restrict the change, I'll come back to that. More importantly though hot and cold food, that's where planning makes a distinction, it doesn't go into any more detail than that and that's something that we might want to pick up in the workshops. Planners don't count calories. So if a planning enforcement officer goes out there, how do they know the difference between calories in a pasty versus a bag of chips. You're asking the wrong professional. And the last point before Liz cuts me off is planning is not necessarily good for safety regulation because if you set a limit to say that's not a safe limit you can deal with that through safety regulations. When you get to a point you can say no more of that. But with planning it's a balance so although there may be causes of obesity through fast food takeaways being around schools, to what extent is that causal link there compared to the town centre benefits of having the economic benefit of that use being there.

So this is where you all come in. If we're not putting fast food takeaways around schools, then where are we? What are the unintended consequences? Are we going to be putting them in peripheral locations where we're increasing people driving to them with increased road safety risks, pollution, the greenhouse gases that are coming from them, where should they go? If we start from scratch from a new town for instance, keep it simple, describe where should we have these food uses? They've got to go somewhere, haven't they? If you're talking about banning them there will be people out there that say we don't want any more McDonalds, and this is where the density issue comes in, how do you go into need? How do you actually quantify whether we have enough takeaways and how do you go into that? I'd rather you answer the question first Where should we

locate food uses in towns first. Get your reasons documented with your facilitators and then perhaps tackle the density uses after that.

1:29:41

Liz Green (Public Health Wales)

Fantastic, the chat is on fire Hywel. There is a lot of conversation going on in the chat, so you've definitely sparked, excuse the pun, food for thought there. I do before we quickly move into the workshops for 25 minutes and then have a quick break, I have got a question for you that is in that chat and it's around the use of class, the change of class use so are they likely to be amended at any point in the future?

1:30:13

Hywel Butts (Welsh Government)

I saw it in the chat earlier. There was the hot food takeaway class, I think that's the easy one. I think the problem we've got with the rest of the food classes relates more to the sandwich bar type approach because you've got restaurants, you've got pubs, how can you differentiate between those but also, I think what we really, and I didn't stress it perhaps I didn't get round to it in the presentation there, was the town centre first policy. If you've got a school in a town centre which gives? Town centres these days are being supported by their restaurants, café culture that you know traditional shops are leaving and they are being replaced by cafes. How do you differentiate between a good café and a bad café as such you know a takeaway so it would be good to explore that through the workshops. I think that's open for discussion Liz.

1:29:41

Liz Green (Public Health Wales)

Marvellous, thank you and thank you very much for attending. Right so we are going to all go into breakout groups now preassigned. At the end of the 25 minutes or so we've allocated we will have a quick break, again another quick comfort break and then if you all come back for 11:50 for the final debater which is Andrew Buroni and then the workshops that would be marvellous. There will be another poll as well which Jamie will put up in the break so over to the Public Health Network Cymru to put us into our breakout groups and I'll see you on the other side, thank you.

******Break for workshop 1******

1:32:16

Liz Green (Public Health Wales)

Andrew ready for your presentation to kick off the workshop. So I hope you've all had a good quick break and we're now into the final phase of the event. So we've had a poll up particularly focusing on section one agreements which is what Andrew is going to talk about. What more is needed to enable healthcare professionals to engage with spatial planners in accessing section 106 contributions and actually it is pretty evenly spread between training 18%, more access to data 15%, more resources/tools/case studies 10%, joint projects and training between planners and health services 16%. So Andrew I think it's pretty evenly spread before you start discussing that so I will handover now to you and then at the end of your presentation we'll all be moved seamlessly into our breakout groups and then at the end of that we'll all be magically transported back into the main room. We won't have time for feedback or Q&As for the workshops but we are collating all the information and then I'll talk about the next steps. So Andrew, over to you thank you.

1:33:54

Andrew Buroni (Savills)

Hi there. I do apologise this is just floating in the middle for some reason so let me just get rid of that.

We'll just work with that, I do apologise. First off, thanks for having us on here I appreciate we're the only private sector presenting today and the value there is I think we can give you additional insight into the other side of the table, what they're up to at the moment and I should say that actually I think you'd be surprised because we're having the same discussions, we're seeing the same opportunities and we're seeing the same barriers so my objective is to raise awareness as to the opportunities to build health in and I've referred to that as a carrot. I want to cover section 106 contributions but to really hit home that that should be seen as the stick. If they're not building health in the section 106 is more or less a last chance to actually get that investment in. I then want to go through some of the legal tests, the barriers and the opportunities to it and I've got a couple of case studies that I was going to leave you with as the final task.

More importantly than that, I think it was Darrell who said that Wales is leading the world on this, and they are so I'm not here to teach you how to suck eggs it's really not that and I do apologise if anything that I'm saying at any point does sound a little bit facetious or sarcastic, it's not intended that way. So we found that the biggest issue of building health into planning is actually getting planners and health practitioners talking. They have the same objectives they just don't speak the same language and more often than not the timing is off so it might be too late to actually put health in and you end up doing that more reactive assessment and planning contribution afterwards.

1:36:01

Andrew Buroni (Savills)

So when you are talking to planners or developers try and make the definition of health which is a complex multidisciplinary subject into a far more palatable concept for them. I tend to use public health definition, which is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society. That definition is also the definition of planning, that's what planning is, that's what planning is for and when you're framing with them always think health protection, health promotion, health care. What is your project going to do well supporting all of those four. If it's not doing health protection and health promotion, then you can actually push more in the way of health care.

We realise now that the influence of planning on health is significant. Just with physical activity you can design out 30% of cancer, cardiovascular disease, you can actually reduce dementia by 30% and given the ageing population that in itself is essential just to manage the status quo. So when engaging with developers get that point across. As little as 10% of population health and wellbeing is healthcare. The rest is the places that we shape and how they shape us in return. And one of the interesting things is design is one aspect you can design thing in and this graph, this tab here is actually behaviour. Unless you actually consider human behaviour and what the barriers are, and activities are to interact with that you might not actually influence health and the health legacies that we leave through planning good or bad they endure. The urban design that we put in place that's going to be there well after I've retired, my kids have retired, their great-grand kids have retired. So the health legacy you leave, good or bad, is paramount.

And that leads me to the Wellbeing of Future Generations Act. I mean again you're leading the world on this and what I find particularly compelling is how you've actually simplified it. You've actually got health and health determinants woven throughout and you're making it easier for developers to actually recognise the benefits they can bring. The reason why that's important and some of the challenges that we're facing and if you just look at the ageing population by itself health promotion isn't just the most ethical approach, sustainable approach, it's actually the only affordable approach

we've got going forward. If you look at the demand on all health and social care, it increases with age. As does the complexity, the comorbidity and the cost. So we know that demand is increasing but we also that inflation has been increasing and on the top right there you can see that's the number of residential homes and nursing home beds that we've had for the last decade. And year on year, despite a growing population, despite an ageing population, inflation has meant that we've actually seen a year-on-year reduction in the number of beds.

1:40:41

Andrew Buroni (Savills)

That means that supply is reducing, and staff are also being hit by those inflationary issues were if you work in local authority, in fact if you work in retail, you'll have inflation, and your salary will follow closely behind it. If you work in any aspect of the public sector, health, health care, social care, that divide is far greater, so people are leaving and also people are leaving because of working conditions. If you look at GP surgeries, it was mentioned earlier, some of them might not be appropriate anymore or even address the health care models that we want to apply not. It's not just GP surgeries, they're health hubs, they're Allied Healthcare Practitioners and they're even social prescribing and that's moving more to health promotion.

Then there's also the resources. Individuals are getting onto the housing ladder later in life so if you're not getting onto the first rung by 40 or 42, you'll actually have less to fall back on when it comes to retirement, if you get onto the ladder at all. So all of this is moving to an unmanageable, unsustainable approach to treating the symptom rather than actually addressing it. And that's why local authorities are going belly-up. The most recent one was Birmingham, they've gone into administration and that means that the cuts that they are making they were already challenging decisions but now they've been taken away from them and it's given to an accountant, and they're making those cuts with no understanding of local priorities or needs, it's just a numbers game now. Somerset is falling into the same issue at the moment. They have to make £100 million a year saving, and adult social care and children's services look like it will be chopped first.

That is happening in Wales as well. This is just for Bridgend but it's unsustainable. But planning is actually the solution. We can actually build in options and opportunities to address that but a big challenge to that is actually understanding what you need. And that's why I was so taken back by Rob and Rebecca's wedding cake where the content, the opportunities and the effects, that's what developers are doing right now. They are applying health impact assessment in a front-loaded way. So rather than wait until a design has actually been finalised, they're using health impact assessment to gain health care and health intelligence and then inform design interventions.

And we know we can actually address a lot of the existing burdens of poor health so Healthy Independent Living for Longer, we've already mentioned green space, but also trim trails and strategic trim trails at that that connect residents to social amenities facilities and opportunities for social physical health and wellbeing. Age and Dementia Friendly Design is now common. It's a common principle in all the strategic projects but there's often a disconnect with engaging with health stakeholders and health and wellbeing boards. Neurodiversity Friendly Design likewise and Adaptive/Resilient Design, intergenerational homes for instance, there's very little policy on it out there because they're still quite a new concept but if it's helping people get onto the housing ladder where those who are on the ladder move into a property where they can have their kids look after them and they can look after their grandkids it means that you're addressing social mobility but you're also reducing pressure on adult social care later and you've got that additional family support network.

1:44:24

Andrew Buroni (Savills)

So these are all things that we're building in and then there's infrastructure solutions. You can actually kids going into children's placement entirely. A lot of the time kids fall into care not because of abusive family relationships but because families just can't afford to look after their kids or there isn't the ability or means to support them in that process. We've mentioned community health hubs and how that can actually, you know you can place complimentary care there, you can actually have Allied Health Care Practitioners, you can have it adaptable as well because health care changes. Pre 2019 it was very different to what we need now so having something that can change, adapt and evolve with the population is important and it's the same for community hubs. The way we work has changed so having hubs where people can go there, actually work remotely but still interact with people is essential. And even key worker homes. We're building that in to address staff leaving. We can't do anything about their salary, but we can reduce their overheads and developers are looking for these features and I would say that's very much the carrot approach.

This is just a slide to show what that can look like and what we have on the left is a spatial layout that's geared for boardwalks so you can actually have greater physical activity irrespective of your age demographic. Here you've got links to social and residential space and then you can actually embed things like community orchards in it as well which again addresses options. You might not be able to design out fast food outlets, but you can build in natural publicity. This is a cherry tree, this is an apple tree, this is a pear tree. They're free, they're healthy and it gets kids involved. The image on the right, we're driving developers into actually not only high SEND capable schools but SEND libraries.

1:46:37

Andrew Buroni (Savills)

Anyway, moving onto the section 106, this is your stick. If you can't get developers to build it in, then you can hit them with that riding crop to address those issues. The issue with section 106 is it's to address an impact. It has to meet those regulation 122 tests and that's something to get your head around because if it's not necessary to make a development acceptable in planning terms, if it's not directly related to the development and it's not fair or reasonable then it's not a planning contribution it's buying an application or a bribe. And if you do it to late in the process it can even be seen as a bit of an extortionate approach where you've not been involved in the design, you've not been involved in the planning application, but you've dumped section 106 at the last minute which could scupper the project, so you need to protect yourself and make sure it's always compliant with that 122.

We've got a case study to go through and you're more like to get involved in section 106 if it's a development of national significance or housing. I'd say those are the two areas that you're most likely to do it. So we're going to use housing and I should say there are both pros and cons to section 106. The pros are it's a great fallback. For the smaller developments they can't build health in, you still have an opportunity to actually get a contribution. The cons are they tend to be more reactive. It's delayed and you can have a phasing issue particularly where you've got four delivery parts. It can be challenged and if you don't use it as you said you were going to use it can be demanded back. The other issues that really hit home was it's only there to consume its own smoke so that means that the opportunity to go beyond, to push the boundaries of what can be achieved, that's limited. Do remember that housing doesn't create people and NHS funding is something also there.

I see Liz nodding and I can see that I'm probably chewing into my time so what I'm going to do is I'm going to move straight through to the issues and the challenges. Don't just rely on a section 106. Try and build it in. Do think timing, the earlier you get involved the more opportunities to build it in, the

later the less opportunity. There are two approaches to section 106. There's the healthy urban development aspect which looks at GP space per population and then there's actually far more bespoke ones where if you know what you want and it falls back to that strategic capital plan you can actually give them, well this is the buildout cost, and you would like this proportion of it. Moving into opportunities I would say engage. The more you can set out local health circumstance of need and the more that developers can actually say well yes, we can deliver that as part of our projects then they'll jump at it. If you say well, we actually have a poor GP surgery here and it's growing, and we want new models for healthcare you'll have developers fighting over it to deliver it.

1:49:54

Andrew Buroni (Savills)

So moving into the breakout session we've got three questions to actually hit on here and it's very much along the lines of we'll present a hypothetical situation and then have you worked on a similar case? Were you able to build health in or what section 106 contributions did you actually manage to get out and actually justify? And I really want to understand what your barriers are, the challenges and the solutions to that because the greater we recognise that the actually greater collaboration we can achieve.

So as a case study assume 1,100 homes, mixed tenure so one, two, three, four bedroom, 40% of it is affordable homes in a time of a housing crisis. We've got commercial and community uses and there is an existing small GP surgery near to the site but it's at capacity, it's old building, it's got poor maintenance, it's got trouble recruiting staff and high energy costs. There's insufficient inadequate housing like I said the housing crisis, kids are moving out and elderly moving into care. So the host community is also an ageing population, and it has a high burden of poor health with low levels of physical activity. So with that in mind think about how it worked on something like this and what were the opportunities to enhance the development or what did you do to get that section 106.

So I'll leave that to, who's going to pass that over Liz?

1:51:32

Liz Green (Public Health Wales)

Well thank you very much, you've set the scene rather nicely. I'm sorry for the technical issues and for rushing you at the end but we're now going to, we won't take any questions for you Andrew, you'll get off on that one on a technicality. But you do present some interesting things. So we're now going to move into the breakout groups and then after about 15 minutes of discussion some of the issues that Andrew has highlighted particularly around the challenges and opportunities, then we'll come back into the main session and then we will wrap up so thank you very much Andrew. Diolch yn fawr iawn. We'll all be moved seamlessly over now.

*****Break for workshop 2*****

1:52:19

Liz Green (Public Health Wales)

Well everybody thanks very much. It's been an interesting morning and I've just come from the breakout group where section 106's where Andrew you definitely sparked a debate it has to be said, you definitely did. And we all agreed it was a very interesting presentation particularly around the test and the words consume your own smoke will be forever, you know that 122 test has definitely sparked people's thoughts.

1:52:57

Andrew Buroni (Savills)

If I could encourage you to do one thing, the section 106, that's the last thing you should be trying to do. It's building it in because if you build it in, you're not consuming your own smoke, you're actually pushing the boundaries on the benefits. If you're reliant on that you've actually made a mistake, that's the last step and yes so everything before then great, that should be that riding crop at the end.

1:53:27

Liz Green (Public Health Wales)

Yes, you definitely sparked a good conversation so thank you very much for coming and presenting and the housing development scenario is actually a very good one because they are the ones that I know for example you work on and tackle quite a lot so that's great. Thank you very much. Right so we are now at the end of the session, so I'd like to thank all of the presenters for your interesting and thought-provoking presentations and all the speakers. The feedback from the breakout groups will be transcribed. Everything will be collated and then we'll produce an evaluation feedback report, and we will disseminate it if you are interested. All of the presentations and the event itself will be posted on the Public Health Network Cymru website and again we'll send a link to all of that to you.

As a final ask, we do have a word cloud and another poll for you just to see how you found this morning and we've got a feedback form because how can we improve, are there any other subjects and burning issues you'd like to talk about when we hold the event next year because it's an annual event. So any information is good. I know we all, with best will in the world want to fill in these forms, but if you would it would be really helpful to us and any comments or things that we might want to consider going forward.

So that's it really. Diolch yn fawr iawn pawb, thank you very much everybody and hwyl fawr, goodbye.