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ISLE OF ANGLESEY
COUNTY COUNCIL

Comprehensive Health Impact Assessment on Anglesey's Public Toilet Provision.

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Executive Summary

Local authorities have an invaluable role in ensuring individuals have adequate toilet facilities when they are away from their homes, but it doesn't necessary follow that they should be the sole providers of these services. The Public Health Act 1936 gives local authorities Powers to provide public toilets, but does not places them under any duty to do so. The Isle of Anglesey C.C. is not alone in considering its public toilet provision and the British Toilet Association (BTA) estimates that 40% of the UK's toilets have closed in the last 10 years.

Reacting to this tide of public toilet closures, the Welsh Government introduced a Public Health Bill in 2016 which would place a statutory duty on Local Authorities to prepare local toilet strategies based on the needs of their communities (The Bill was approved by the National Assembly on the 16 May 2017).

A proposal to undertake a Prospective Comprehensive Health Impact Assessment (HIA) was made to WHIASU, as part of the Author's HIA Competency Assessment. Given that the Bill also featured a requirement for public authorities to undertake HIAs, the author believed there was a strong argument for using this more engaging method of assessment to prepare (or assist in preparing) individual toilet strategies. The intention was to trial this by examining the specific circumstances found on Anglesey and the WHIASU Practical Guide (2012) (www.whiasu.wales.nhs.uk) provided the method of choice.

The assessment would include undertaking a literature review using Google and Google Scholar to search the health consequences of public toilet closures. Further sources would be pursued from the reference lists of reliable literature sources ("snowballing"). But the primary source of evidence was ultimately found to be Grey literature from organisations and governmental bodies rather than peer reviewed papers.

Qualitative evidence was gathered from various HIA / Public Health experts and stakeholders through both direct communication and a half-day rapid HIA participatory workshop (which engaged older people, parents with young children,

tourists, the provider service and community representatives). This resulted in a number of negative and positive health effects being identified, as shown in the following table, which were scoped into the further assessment:-

Vulnerable groups	Individual Lifestyles	Social & Community Influences on Health	Living & Environmental Conditions affecting health	Economic conditions affecting health	Access and quality of services	Micro-economic, environmental and sustainability factors
Older people, individuals on low incomes (and/ or homeless), people with certain medical conditions, people with learning, vision and hearing disabilities and tourists.	Dehydration – people (particularly elderly and drivers) avoiding drinking to reduce frequency of toilet stops.	Isolation and loneliness amongst older people or disabled who may be reluctant to go out because of a lack of public toilets to meet their needs.	Street fouling, particularly along the A55(T).	Impacts on tourism and peripatetic workers.	Reduction in amenities, alternative provision by private business and use of IT.	Policies.
✓	✓	✓	✓	✓	✓	✓

These issues were refined by further discussions with three separate focus groups [postal workers, haulage and coach/bus company (all of which employ a peripatetic workforce)] and telephone interviews with organisations responsible for maintaining the A55(T) and another that works on behalf of homeless people. Having considered all the sources of evidence (Community profile, literary evidence and stakeholder knowledge and experience) the HIA makes the following 10 recommendations:-

Table of Recommendations.	
1	The Local Authority should register all publicly accessible toilets on relevant toilet finding Apps and keep the information regularly updated.
2	The Local Authority should consider the implications on the Seaside Award Status, before considering the closure of public toilets at any beach.
3	The Local Authority should aim to secure the provision of Public Accessible toilets as part of the Dalar Hir Park and ride facility, should planning permission be granted.
4	The local authority should aim to encourage commercial establishments to signpost Publicly accessible toilets from outside stores and community toilets should be signposted in a similar way to public conveniences.
5	The local authority should allocate the currently un-hypothecated funding for the Community Toilet Scheme to extend the number of publicly accessible toilets having regard to the areas of need.
6	The Local Authority should promote the “Just Can’t Wait” card available upon application from the Bladder and Bowel Foundation
7	The Local Authority should consider the impacts of public toilet closures on the homeless and where no alternative provision is made, should consider allowing the homeless to have access to leisure facilities for washing and addressing their toileting needs.
8	The impacts of dwindling public toilet provision should be considered in terms of the loneliness and isolation action plan, rather than as a separate issue. Existing facilities should be mapped in order to avoid duplication of services and in order to maximise impacts of limited resources.
9	The local authority should attempt to influence the provision of publicly accessible toilets through planning decisions.
10	The Local Authority should have regard to the Well-being goals when considering public toilet closures and ensure alternative provision is in place.

The HIA concludes that there are inevitable consequences when a local authority closes public toilets. These range from Impacts on Seaside Awards and effects on the tourist economy, to the provision of services for the homeless. HIA enables a local authority to ensure that decisions on public toilet closures are not taken in

isolation and when closures are approved, enables the targeting of some of the savings to mitigate, or even negate, the impacts.

The HIA demonstrated that we have moved on from being solely reliant on public toilets and now face a wider concern regarding what we perceive to be “Publicly Accessible Toilets”. Whether they are operated by a local authority or a private organisation is of little relevance providing the facilities are of a good standard and open to people when they need them. The HIA raises the question whether there really is an issue of a lack of Public Toilets or if it’s merely a failure to tap into an as yet unrealised source of Publicly Accessible Toilets, which often meet higher standards.

1 Introduction

Introduction.

There has been growing concern about the closure of public toilets at a National level for a number of years. In October 2008 the House of Commons Communities and Local Government Committee published a report on the Provision of Public Toilets. A key recommendation suggested every local authority should be placed under a statutory duty to develop a strategy for the provision of public toilets in its area. In January 2009 the Government published its response and stated that it favoured a more flexible approach, preferring to devolve the matter to Local Authorities and Communities to decide rather than imposing a requirement.

In March 2012 the National Assembly for Wales' Health and Social Care Committee produced a report on the "Public health implications of inadequate public toilet facilities – report of evidence". The Report was a summary of evidence gathered by the Committee and concluded that:-

*"In undertaking this work, the Committee set out to test the proposition that inadequate public toilet provision has a detrimental impact on public health in Wales. Based on the evidence received, the Committee is firmly of the view that the proposition is correct: the **public health case** for better public toilet provision is strong."*

The decline in public toilet appears to hinge on the fact that although the Public Health Act 1936 gives local authorities a Power to provide public toilets it places them under no duty to do so. The British Toilet Association (BTA) estimates that 40% of the UK's toilets have closed in the last 10 years alone and more are likely to follow (Kemp, 2012). The Isle of Anglesey County Council (IACC) is not immune from the financial pressures that have driven councils to close toilets and in December 2011 the Environment and Technical Services Scrutiny Committee (Isle of Anglesey, 2011) considered a report investigating the options for saving £30,000 annually from the £340,000 public conveniences budget; but in a way that would have the minimum

detrimental effect on people's lives. Despite historically always being significantly overspent (the over spend in 2010/11 was around £49,000), potential savings circa £60,381.03, were identified.

Prior to the report, the Council managed 35 public toilets, a figure which had remained relatively unchanged since 1998. During the same period, the situation in Wales had been far starker, with a reported decline from 806 to 565 (30%) (National Assembly for Wales, 2012). Anglesey appears to have been among one of the last authorities to face the harsh reality of cutting the Public Toilet budget. Nevertheless, it is evident that this was a difficult decision for members and it will become increasingly apparent, in the remainder of this document, why public toilet closures are such an emotive subject.

Rather than instigating wholesale closures, the Committee considered alternative methods of delivery; this included reduced opening times, charging, and transferring ownership to local community councils or organisations. Closures were primarily considered where alternative provision was available through, for example, the Community Toilet Scheme. At that time, 35 businesses across the Island had signed-up to offer their toilets for general public use. Funded by Welsh Government, each participating organisation received an annual recompense payment of £500. The Scheme reimbursed local authorities up to a maximum of £17,500 per authority and evidently, Anglesey recruited the maximum number possible with its £500 contribution per business. In 2014/15 a total of £200,000 for all the local authorities in Wales was transferred to the Revenue Support Grant in what was seen as:-

“... a move to increase flexibility of funding to local authorities. It is now for each local authority to decide how this funding is utilised to deliver its range of services, in order to meet the needs and priorities of its communities”.

This un-hypothecated funding could be spent on whatever a local authority felt was most deserving, which may or may not be public toilets:-

“...as these funds are not hypothecated there is a risk that due to financial pressures, local authorities could prioritise spending in areas other than toilet facilities.” Welsh Government (November, 2016)

In 2014 the Welsh Government published a White Paper ‘Listening to you: your health matters’ and proposed a Public Health Bill with a requirement for all local authorities to produce local toilet strategies, which is explained further in paragraph 238 of the Explanatory memorandum (2016):-

“The duty to prepare a local toilets strategy will not in itself require local authorities directly to provide and maintain public toilets, but will require them to take a strategic view across their area on how these facilities can be provided and accessed by their local population. In doing so it is envisaged that local authorities will consider a full range of options for making facilities available to the public. An illustration of this process is if a public toilet is not available at a park but a local authority identifies a need for one, then the local authority should consider different ways of ensuring that the need is met. This could be by the local authority directly providing the facility, but equally could be met in other ways, such as the local authority working with a private business within or near to the park to make their facilities available to the public.”

Furthermore, paragraph 243 stated that guidance would be issued to which local authorities must have regard:-

“The topics which will be covered by the guidance include how local authorities will address toilet availability on highways (for example trunk roads like the A470), and how the facilities provided in settings which are already in receipt of public funding such as sports centres, libraries and other similar amenities can be made available to the public. The statutory guidance will also address how local authorities promote public awareness of the toilets that are available in their area for use by the public, including their location and availability to those residing, visiting and passing through the area”

There appeared to be strong justification for compelling local authorities to create strategies, because measures put in place in an attempt to halt the decline were

clearly not having the desired effect. In its Explanatory Memorandum to the Public Health Bill, the Welsh Government (November 2016) estimated that 7 local authorities had either suspended or were in the process of suspending their Public Facilities Grant Scheme in 2014/15, with a further 5 having never taken part. This was leading the Welsh Government to consider re-hypothecating the grant, with all 22 local authorities expected to take part and use their grant allocation. Although this would ensure approximately 18 business premises with toilets would be available to the public within each local authority area, it was feared that this could result in the funds currently used for public toilets being transferred to other competing priorities. Consequently, the Welsh Government's preferred option was for the funding to remain un-hypothecated and for Local authorities to undertake an assessment of the need for toilets in their areas through toilet strategies. These would be compiled following engagement with local communities and stakeholders regarding their perception of need, and considering other factors such as appropriate methods for publicising facilities.

Given that a requirement for public authorities to undertake HIAs also features in the Public Health Bill, the author believed that there was a strong argument for using this more engaging method of assessment to prepare (or assist in preparing) individual toilet strategies and the intention was to trial this by examining the specific circumstances found on Anglesey.

2 What is Health Impact Assessment?

The European Centre for Health Policy (1999) Gothenburg Consensus is widely accepted as the seminal definition of Health Impact Assessment and defines it as: 'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'. However, alternative definitions have recently been proposed (Elliott et al. 2010) as the practice of HIA has evolved: '...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population'.

The Welsh Government is committed to developing the use of HIA as a key part of strategies to improve health and reducing inequalities. HIA is not currently a statutory requirement in Wales or anywhere else in UK, but the Welsh Government increasingly regards it as best practice to consider health and well-being specifically in non-health domains. Technical Advice Note (TAN) 21 (February 2014) for waste advises that:-

“Undertaking a health impact assessment at an early stage may be valuable with regard to health and wellbeing concerns, however, the actual and/or potential impacts on human health arising from a proposal should be identified as part of undertaking an environmental impact assessment.”

Paragraph 4.72 TAN 21 Waste.

The recent Welsh Government consultation document on the Public Health (Wales) Bill (Welsh Government, 2016) proposes that the Welsh Ministers will make regulations to require public bodies to carry out health impact assessments in specified circumstances. The aim is that the:-

“Assessments should be limited to policies, plans and programmes which have outcomes of national or major significance, or which have a significant effect at the local level on public health”.

Also, to ensure alignment with the Well-being of Future Generations (Wales) Act 2015, it is proposed that all of the public bodies covered by that Act will be covered by the requirements to carry out HIAs. Consequently, there appears to be increasing commitment and expectation that HIA is the appropriate method for assessing the impact of proposals on health.

Within this HIA, “Health” is considered to fall within the World Health Organisation’s (1948) definition:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

The wider social determinants of health are most frequently represented by the model developed by Dahlgren and Whitehead (1991).

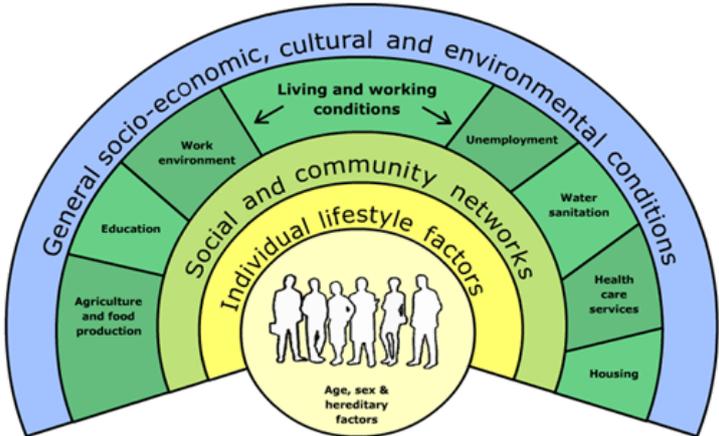


Figure 1: The Determinants of Health (Dahlgren and Whitehead 1990)

This model illustrates how various factors may impact in different ways on different groups of people, with a particular focus on an individual’s personal context. Some impacts on health determinants may be direct, obvious and/or intentional, whilst others may be indirect, difficult to identify and unintentional. Unequal distribution of these social determinants results in inequity in health. HIA tries to anticipate and mitigate for these effects. It is a tool to support decision making and as such can inform decision makers and communities of the potential health and well-being impacts, but it is not the means of making the decision.

Amongst the benefits of a HIA is that it increases awareness across all sectors of how decisions may affect health, building in health improvements or mitigation

thereby potentially reducing demands on health services and promoting greater equity. HIAs should systematically consider inequalities and their impacts and distribution on a range of vulnerable groups, whether age or income related, or socially disadvantaged groups. In order to make best use of a HIA the WHIASU Guidance (2012) recommends that it is undertaken Prospectively - undertaken late enough in the development process to fully understand the nature of the development but early enough to influence its design.

3 Screening – Deciding whether to undertake a HIA.

By the summer of 2016 IACC had worked successfully to transfer a number of public toilets into the responsibility of town and community councils, with the number directly managed by the Council having fallen to 17. Only 6 of these were open all year round:-

2011	2016
<p>Aberffraw (Llys Llewelyn); <u>Amlwch, Lôn Goch</u>; Beaumaris – Archway and School Lane/Castle; <u>Benllech – Square and Wendon Beach</u>; Brynsiencyn; <u>Bull Bay</u>; Cemaes - High Street and Beach Car Park; <u>Church Bay</u>; Holyhead – <u>Breakwater Park</u>, Penrhos Nature Reserve, Swift Square, South Stack, Newry Beach and Penrhos Beach; <u>Llanddona</u>; <u>Llaneilian</u>; <u>Llanfairpwll</u>; <u>Llangefni</u>; Llanerch-y-medd; Menai Bridge – <u>Library/Wood Street</u>, Bowling Green/Beach Road and the Pier/St Georges; <u>Moelfre</u>; Newborough; Porth Nobla; <u>Porthdafarch</u>; <u>Red Wharf</u> <u>Rhoscolyn</u>; Rhosneigr; <u>Traeth Bychan</u>; <u>Trearddur Bay</u>; Valley</p>	<p>Porthdafarch, Holyhead Breakwater Country Park, Holyhead Car Park, Trearddur Bay Beach Car Park, Rhoscolyn Car Park, Church Bay Bull Bay, Amlwch Lôn Goch, Amlwch Llaneilian, Amlwch Car Park, Llanfairpwll Lôn y Felin, Llangefni Library, Menai Bridge Llanddona Beach, Llanddona The Square, Benllech Beach Car Park, Benllech Red Wharf Bay, Pentraeth Car Park, Moelfre Traeth Bychan, Marianglas</p>

Table 1: List of Public Toilets Managed by IACC in 2011 and 2016 (Toilets in bold open all year as opposed to seasonally 15 March - 30 September).

Although Anglesey's public convenience budget had fallen to £187,740 by 2016 it was once again coming under pressure. In a Council press release dated the 20th May 2016, town and community councils were offered the opportunity to run the remaining public toilets and Anglesey's Head of Highways, Waste Management and Property, stated:-

"We're going to have to make many more tough decisions on funding priorities before our next budget and as there is no legal obligation on the County Council to run public toilets, they're once again under the spotlight."

"No one wants to see public toilets close and, in recent years, we've worked hard with local councils and other partners to safeguard many of them. We hope that there will be significant interest in this new offer and that we'll be able to work with communities to ensure that as many public toilets as possible stay open."

The Council wrote to all relevant local councils offering them an opportunity to run public toilet(s) as a community resource for residents and visitors alike. Expressions of interest were sought by the 1st July 2016 and the Council was looking to transfer responsibility from the 1st April 2017. An incentive was offered to help any transfer and this was similar to that adopted at other sites.

It was evident from the above that there appeared to be a strong desire by the County Council to keep facilities open. Irrespective of whether or not their decisions were correct, the appraisal process was not being conducted in terms of a toilet strategy; indeed it could not be, because the relevant guidance had not yet been produce. Therefore, in the absence of official guidance on the structure of a toilet strategy there appeared to be a strong justification for following a HIA method.

A significant amount of evidence already existed to indicate a strong link between public toilet closures and unintended health consequences. The National Assembly for Wales alone had collated a significant amount of evidence on the subject. This was contained in the Health and Social Care Committee's report "Public health implications of inadequate public toilet facilities – report of evidence" (2012). The

public health and environmental costs of inadequate toilet facilities highlighted by the [inquiry](#) included:-

- effects of inadequate provision of public toilets may include stress, isolation, depression, reduced mobility, effects on bladder and bowel function, dehydration, urinary tract infections and spread of infection;
- there may be a consequential impact on the NHS and on other services;
- the effect of declining provision of public toilets is likely to be disproportionate, affecting certain groups more than others, for example older people, those with certain health conditions, disabled people and parents or carers with young children;
- inadequate provision may also have a negative effect on strategies intended to increase walking and other outdoor pursuits, and to allow older or disabled people to remain independent and mobile.

Consequently, In December 2015 the author submitted a proposal to WHIASU for undertaking a Comprehensive Health Impact Assessment on Anglesey's Public Toilet Provision. The Aim of the HIA would be examine whether there was a need for continued provision of public toilets on Anglesey, with the intention that this would support any forthcoming Toilet Strategy Needs Assessment, introduced by a future Public Health Bill.

4 Scope and Methodology – Determining the focus and work plan.

In scoping this Health Impact Assessment the Local Authority had regard to the guidance contained in the WHIASU Practical Guide (2012) available on the WHIASU website (www.whiasu.wales.nhs.uk).

The Proposal

The decision to undertake a Prospective Comprehensive Health Impact Assessment (HIA) was proposed to WHIASU, as part of a Competency assessment. Although the author's service (Public Protection) was not responsible for delivering Public Toilet provision on Anglesey, many of the unintended consequences such as street fouling or isolation (e.g. of vulnerable groups who feel unable to go out without assurance of access to public toilets) were familiar public health themes. Furthermore, the work could support the Needs Assessment of the public toilet strategy proposed by the Public Health Bill. The assessment would include:-

- Undertaking a literature review using Google and Google Scholar to search the health consequences of public toilet closures, and pursuing further sources (“snowballing”) from reference lists of reliable literature sources. [Ultimately, the primary source of evidence was found to be Grey literature from organisations and governmental bodies rather than peer reviewed papers]. The evidence is considered within the main narrative of the assessment in section 7.
- Contacting various HIA and Public Health experts including Welsh Government, to seek literary evidence.
- Arrange a half-day rapid HIA participatory workshop to engaging with key stakeholders such as older people, parents with young children, tourists, the provider service and community representatives. The workshop would be used to determine the scope of the more detailed comprehensive HIA – discussed further in section 6.
- Identify the community profile, examining quantitative evidence.

- Conduct focus groups with organisations employing peripatetic workforces e.g. Postal Service, haulage and coach/bus company to obtain qualitative evidence of possible impacts.
- Telephone interview and follow-up email discussion with organisations responsible for maintaining the A55(T) and an organisation working with homeless people to obtain qualitative evidence of possible impacts.

Resources.

No specific funding was provided to undertake the HIA and the Environmental Health Section would draw upon its own resources to provide administrative and authorship responsibilities, while a limited number of other services within the Council were expected to support this role by allowing specific officers to attend periodic meetings of the HIA Steering Group and participatory workshop. The following individuals from within the authority were asked to participate in the steering group.

- Huw Arfon Thomas – Environmental Health Operations Manager (Environmental Protection).
- Ms Carys Roberts – Senior Waste Management Officer (Officer responsible for Public Toilet provision on Anglesey).
- Mr Nigel Clark – Principal Building Surveyor, Property Section.
- Mr Dewi Lloyd – Representing Economic and Tourism section.

A specialist from Public Health Wales was also invited to attend the steering group, although this would be on a more ad-hoc basis than that provided by other steering group members. After the first Steering Group meeting on the 11th February the following scope was agreed.

Timescales.

Initially it was estimated that the HIA could be completed by July 2016, although the eventual deadline was extended to 31st December 2016. An indicative programme for the original deadline is given in Appendix 1, but mid-way through this programme (on the 16th March 2016) the Public Health Bill failed to gain the necessary Assembly approval. This had huge potential impacts on the policy context and outcome of the HIA, which placed the whole exercise in doubt. Fortunately, within the extended

timescale, the Public Health Bill was redrafted and the Statement of Policy laid before the Assembly on the 7th November 2016. Consequently, once again, the HIA could be considered against the background of the likely introduction of the need for public toilet strategies in the near future.

Graphical boundaries.

The HIA would be limited to the area of the Isle of Anglesey County Council and would consider public toilets run and operated by both County and Community Councils. Apart from businesses participating in the Welsh Government funded Community Toilet Scheme, private conveniences in shops and cafes that were available for public use were not included within the scope of the HIA.

Community Participation.

In the initial proposal, the intention was to devise a simple questionnaire based upon a version developed by the Welsh Senate of Older People's P is for People Campaign (2011). It would be used to engage with the community and organisations that had an interest in Public Toilets, including professions e.g. Truck and taxi drivers etc. However, this approach was eventually swapped for targeted focus groups with Postal Workers, Haulage and Coach Company because it was considered to provide better feedback, particularly when supplemented by a half-day workshop with wider stakeholders.

5 Community Profile

5.1 Anglesey's Demography

The last census for England and Wales took place on 27th March 2011. During the last 20 years Anglesey's population has remained relatively stable. In the mid period between 1996 and 2006, the population increased by only 0.4% compared to 2.6% in Wales overall (National Assembly for Wales, 2008). A 49% Male to 51% Female split was comparable to the Welsh average (Conwy County Borough Council, 2011).

Census Year	Males	Females	Total
1991	33,568	35,581	69,149
2001	32,817	34,989	67,806
2011	34,274	35,477	69,751

Table 2: Anglesey population 1991 – 2011 (Conwy County Borough Council (2011))

The 2011 Census data revealed that 22.4% of the Island's population was over 65 years old, the current normal retirement age for both men and women. Despite this, 65% of the population was classed as economically active in 2011. Given that 60.6% of the population was between 16 – 64 (Conwy County Borough Council, 2011), this indicates that a significant proportion of the island's population find themselves either needing or wanting to work well into normal retirement years. The Welsh Government Local Authority Population Projections for Wales (2016) estimate that between 2014 and 2039, Anglesey's population is projected to fall by almost 2,000 (or 2.6 per cent). Whilst this fall is primarily confined to younger age groups, the number of people aged 75 or over is projected to increase by around 5,500.

The Public Health Wales Observatory (2010 – 2014) estimates that Anglesey's life expectancy is 78.6 for males and 82.9yrs for females compared to 78.3yrs and 82.3yrs respectively for Wales.

The Regional Economic & Labour Market profile – North Wales (November 2016) indicated that the benefit claimant count rate for the Isle of Anglesey was the highest in North Wales at 2.8% and the unemployment rate was 4.9%, the same rate as Gwynedd. Although the unemployment rate is the highest in North Wales, it remains marginally below both Wales (5%) and UK (5.1%) levels. The Gross Value Added per head as a per cent of the UK average was 53.5% in Anglesey in 2014, the lowest in North Wales. Despite this, Anglesey had the highest average weekly earnings (108.2%) in North Wales and the highest gross disposable household income at 90.4%, suggesting that the GVA level of £13,162 per head in Anglesey is affected by residents commuting off the island to work and table 3 below provides a breakdown of employment by sector on Anglesey in 2011 (Conwy, 2011).

Industry of Employment	Number	%
Agriculture, forestry & fishing	932	3.1%
Mining, quarrying, energy, water	1236	4.1%
Manufacturing	2335	7.7%
Construction	2687	8.8%
Wholesale & retail	4380	14.4%
Transport & storage	1597	5.2%
Accommodation & food services	2086	6.9%
Communication, finance, property	1136	3.7%
Professional, scientific, technical	1091	3.6%
Administrative & support services	978	3.2%
Public administration & defence	2754	9.0%
Education	3401	11.2%
Health & social work	4553	15.0%
Other	1265	4.2%

Table 3: Employment on Anglesey by industry sector (Conwy County Borough Council, 2011)

The following figure 2 from the Public Health Wales Observatory shows the percentage of households living in poverty in 2007/08 across North Wales, “poverty”

being described as having less than 60% of the UK Median net equivalised household income (Betsi Cadwaladr University Health Board (April 2012)).

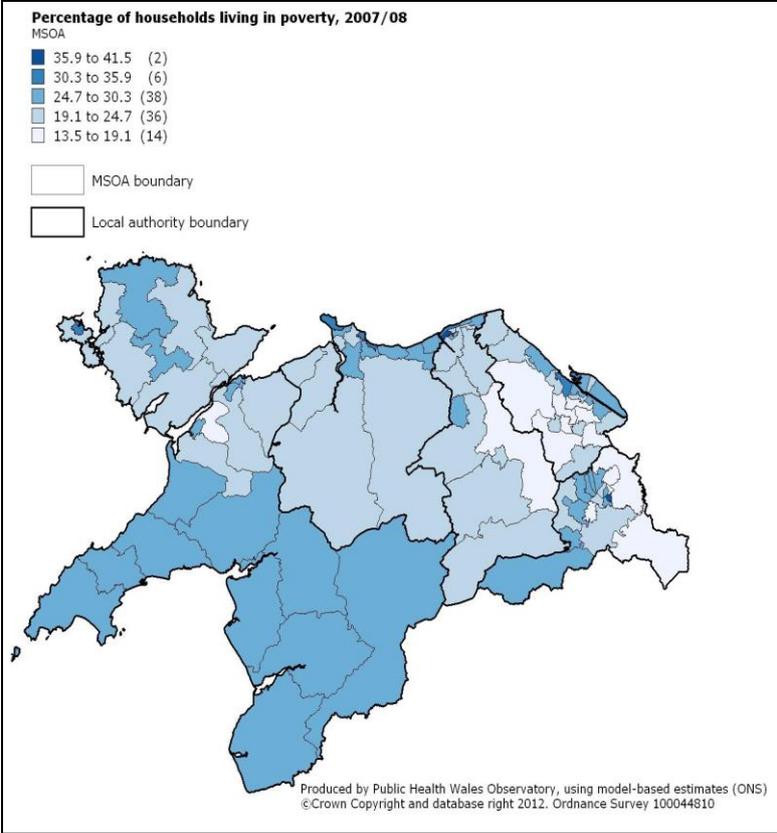


Figure 2: Map showing distribution of poverty across North Wales.

The illustration shows that a large part of the central region of the island (including the town of Llangefni), has as many as 24.7 – 30.3% of households who fall within this “poverty” definition,

5.2 Travel profile.

The Anglesey and Gwynedd Joint Local Development Plan, Sustainability Appraisal Scoping Report (July 2011) states that

“The number of cars per household on Anglesey is higher than the national average, which reflects the rural nature of Anglesey and a dependency on the private vehicle. The car is the preferred mode of transport for travelling to work, however Anglesey does have a higher number of people working from

home than the national average. Approximately 85% of the Islands households lie within walking distance of public transport, however there is often limited frequency to public transport services in certain areas.”

The report goes on to state that if the working from home category is removed, those travelling to work by car in 2001 accounted for 80.9% of the working population whilst the national average was 77.7%. This reliance upon the car means a large proportion of Anglesey’s residents travel significant distances to work. Bangor is a major hub of employment with its large hospital, University and regional offices for Government Agencies such as Natural Resources Wales. These, together with the many commercial/retail businesses may account for a significant proportion of these commuters.

5.3 Deprivation profile.

The Welsh Index of Multiple Deprivation (WIMD) 2014 is the Welsh Government’s own official measure of assessing the relative level of deprivation of small areas. The Index is constructed from a weighted sum of the deprivation score for each domain. The weights reflect the importance of the domain as an aspect of deprivation, and the quality of the indicators available for that domain. The domains and their weights for WIMD 2014 are:

Income	23.5%	Geographical access to services	10%
Employment	23.5%	Community safety	5%
Health	14%	Physical Environment	5%
Education	14%	Housing	5%

Table 4. Welsh index of Multiple Deprivation Domain Weightings, (ONS 2016)

The WIMD Guidance (2014)¹ document explains that Deprivation:-

“...is the lack of access to opportunities and resources which we might expect in our

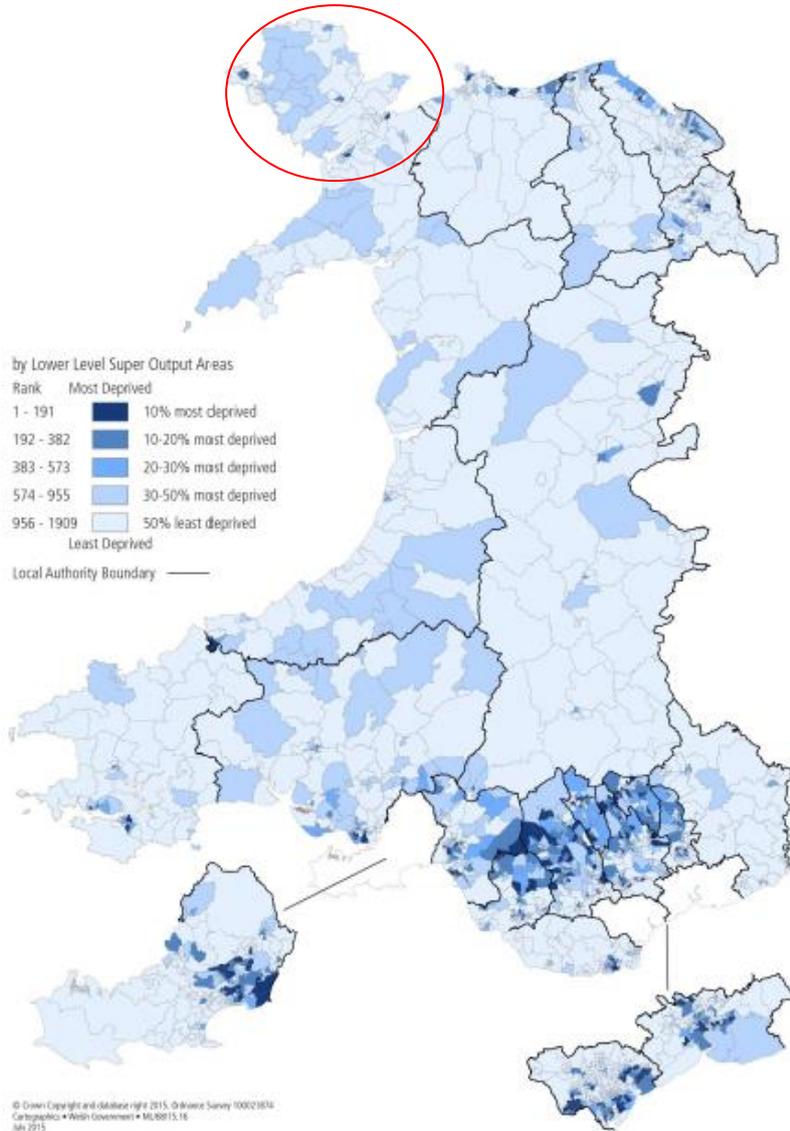
1. <http://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en>

society. The domains listed above relate to both material and social aspects of deprivation. Material deprivation is having insufficient physical resources – food, shelter, and clothing – necessary to sustain a certain standard of life. Social deprivation refers to the ability of an individual to participate in the normal social life of the community.”

The Index is produced as a set of ranks, from 1 (most deprived) to 1,909 (least deprived). Each Lower-layer Super Output Area is intended to have an average population of 1,600 people. LSOAs were designed by the Office for National Statistics to have consistent population sizes and stable geographies, so that statistical comparisons of small areas over time could be carried out. On Anglesey, the LSOAs equate roughly to the Community Council Wards. The Welsh Government has used the index ranks to identify the 10% most deprived areas in Wales. These correspond to those LSOAs ranked 1 – 191 (inclusive). However, it should be noted that not all deprived people live in the most deprived areas and only around 1 in 5 of those households who claim income related benefits live in the most 10% deprived areas in Wales. The following figure 3 shows the most deprived areas in Wales as ranked using the WIMD. In Anglesey, 2.3% of the 44 LSOAs are in the 10% most deprived in Wales, 15.9% are within 20%, 18.2% within 30% and 45.5% within 50%.

Welsh Index of Multiple Deprivation 2014

Welsh Index of Multiple Deprivation



Note

This map was revised on 12 August 2015 following provision of revised data by the Department for Work and Pensions (DWP).

Figure 3: Welsh Index of Deprivation 2014.

The Access to Services domain provides an indication of the length of time taken by people living in specific LSOAs to reach services required for day to day living. The domain covers both material deprivation (for example not being able to get food) and social aspects of deprivation (for example not being able to attend afterschool activities). It measures travel times to a range of services as a proxy for wider access to services, but does not take into account whether individuals are able or wish to access these services. The domain is calculated from the following indicators:-

- average travel time by public and private transport to a food shop;
- average travel time by public and private transport to a GP surgery;
- average travel time by public and private transport to a primary school;
- average travel time by public and private transport to a secondary school;
- average travel time by public and private transport to a post office;
- average travel time by public and private transport to a public library;
- average travel time by public and private transport to a leisure centre;
- average travel time by public and private transport to a pharmacy; and
- average travel time by private transport to a petrol station.

Increased travel time to services is often seen as a consequence of living in a rural area and Anglesey is no exception. When enquiries were made with the local authority's Principal Building Surveyor (Property Services Section) 7 Council Office premises, 4 leisure centres, 3 libraries and 1 art gallery were identified as having toilet facilities which were available for public use:-

<u>Offices</u>	<u>Leisure centres</u>
HQ Llangefni, Shire Hall Llangefni (Registrar), Business Centre, Bryn Cefni, Llangefni. Archives Building, Llangefni Industrial Estate. Canolfan Byron (Mona Industrial Estate) Jimmy O'Tool Centre Holyhead. Jesse Hughes Centre Holyhead	Plas Arthur Leisure Centre Holyhead Leisure Centre David Hughes Leisure Centre Amlwch Leisure Centre
<u>Libraries</u>	<u>Gallery.</u>
Menai Bridge Holyhead Llangefni	Oriel Mon

Table 5. Council premises with public toilets.

Given that many of the above premises (including leisure centres and libraries) provide alternatives to public toilets and many other private facilities are located within retail establishments, this domain offers a good proxy measure for public access to toilets. 11 of Anglesey's 44 LSOAs (a population of approximately 17,600 people) are within the top 191 (10%) most deprived areas based on Access to Services in the WIMD 2014, with Rhosyr falling just outside at 193. Table 6 is a list of the most deprived LSOAs on Anglesey based on Access to Services and Figure 4 shows the overall situation in Wales.

LSOA Name	Access to Services
Llannerch-y-medd	44
Llanfaethlu	56
Llangoed	69
Mechell	77
Trearddur 1	123
Bodorgan	150
Llanddyfnan	152
Llanfair-yn-Neubwll 2	168
Bodffordd	175
Llaneilian	179
Pentraeth	186

Table 6. Most deprived LSOAs on Anglesey based on Access to Services

Many of those living in the central area of Anglesey who would require regular access to public toilets will have great difficulty doing so while out and about in their

local communities. Those without access to their own transport and reliant on public transport could be significantly more disadvantaged, as they may be more dependent upon their local area for services and exercise opportunities. Nevertheless, many of these areas have not had public toilets in recent memory, or as in the case of Llanerchymedd, have been affected by recent public toilet closures.

Welsh Index of Multiple Deprivation 2014
Access to Services Domain

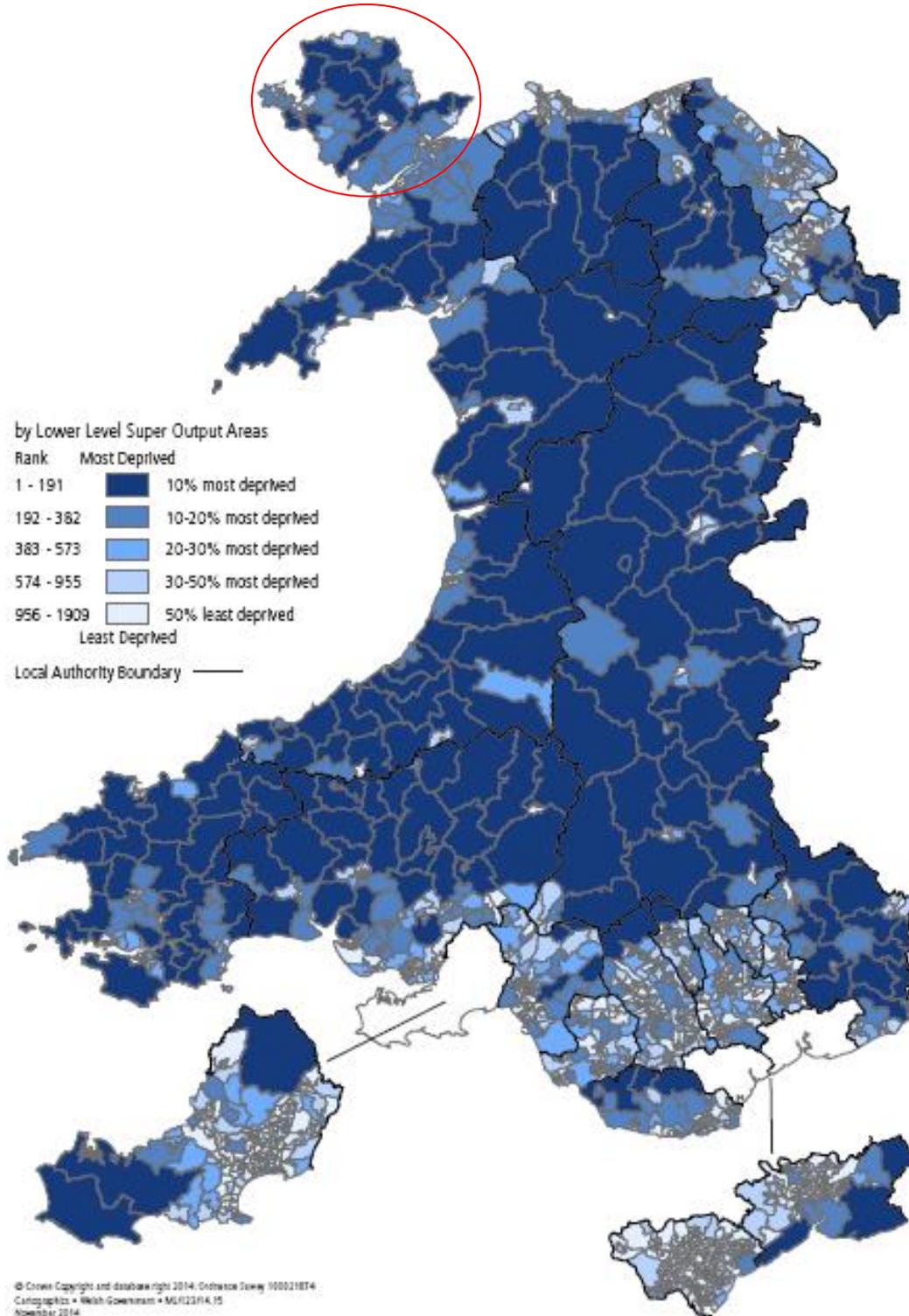


Figure 4. Access to Services Domain.

5.4 Anglesey Health Profile.

The Welsh Health Survey 2011 (Welsh Government 2012) revealed that 14% of Welsh adults reported that they were currently being treated for a respiratory illness, 11% for mental illness and 9% for a heart condition other than high blood pressure. The 2011 Census in England and Wales found that 5.6% of residents in England and Wales reported their general health status as bad or very bad. The reported figure for Wales was 7.6% and this was higher than any of the English regions (Betsi Cadwaladr UHB, 2013). Although Anglesey featured much lower than the Welsh Average (Particularly the South Wales Valleys and Merthyr) the reported level of 6.3% remains higher than many regions in England.

Figure 5

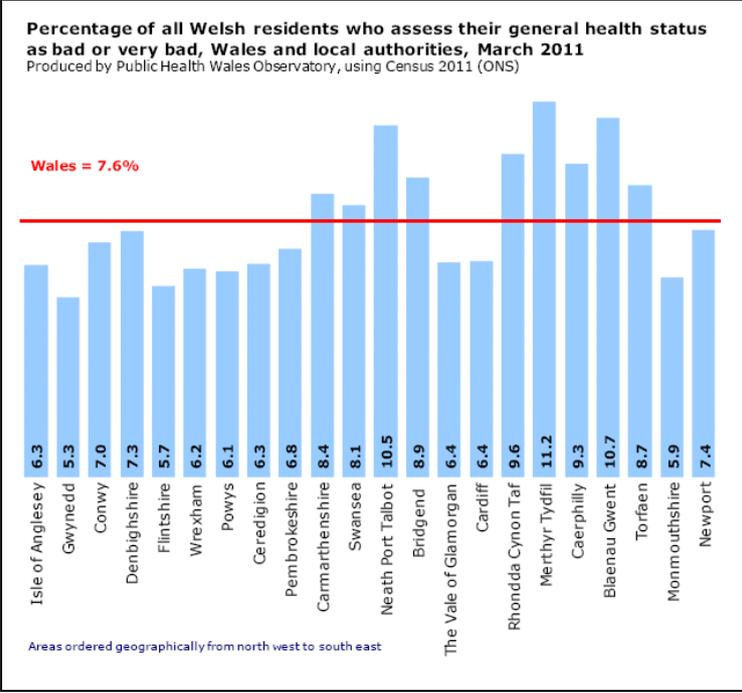
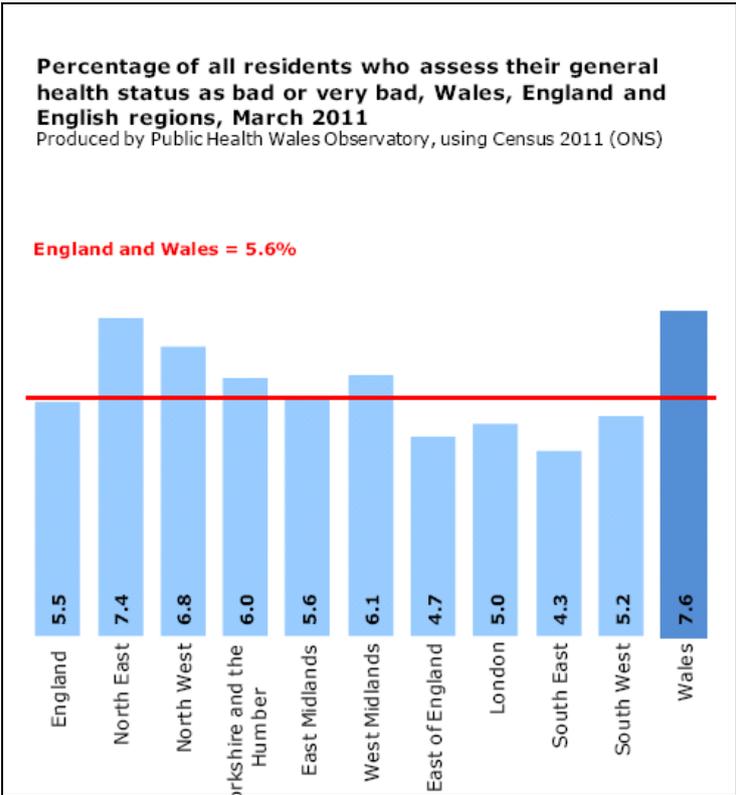
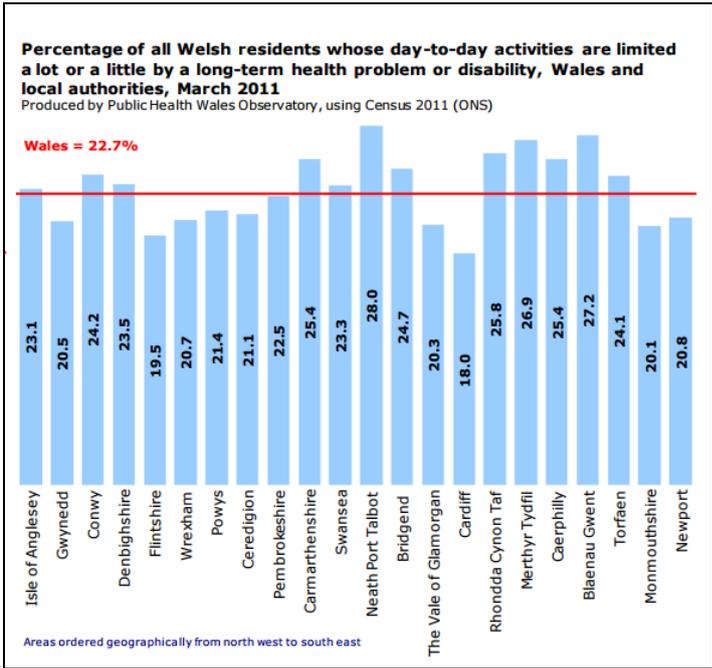


Figure 6.



In terms of the percentage of residents whose daily activities were limited by a long term health problem or disability (including problems due to old age), the Anglesey figure is marginally higher than the Welsh average at 23.1% (compared to Wales 22.7% and England 17.6%).

Figure 7



Although the number of residents with long-term health problems or disability affecting their daily activities is only marginally higher in Anglesey compared to the rest of Wales, it is evident from the following figure 8 that there are a number of areas around the coastal fringe, including Holy Island, where this is significantly higher. Many of Anglesey’s current public toilet stock exist in the coastal resorts, albeit mainly on a seasonal basis. Although the 2011 Census statistics do not specifically identify individuals requiring more frequent toilet use, they do include “problems associated with old age” and a significant proportion of these residents will be experiencing toilet issues. Consequently, an approximation may be gathered from the prevalence of certain conditions amongst older people.

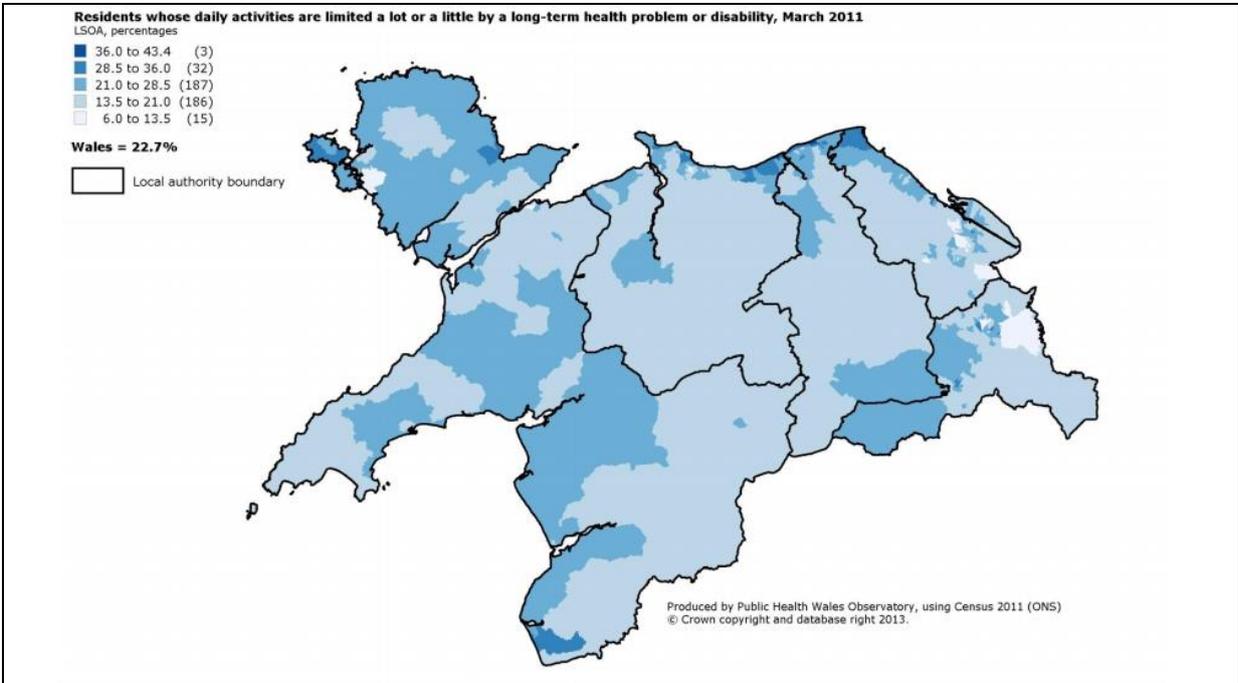


Figure 8. Residents whose daily activities are limited a lot or a little by a long-term health problem or disability, March 2011

In terms of this HIA, it is anticipated that continence issues are the most likely conditions affecting toilet usage. The All Wales Continence Forum information pack for Assembly members “The indignity of incontinence” (2011) stated that:-

“As a long-term condition, incontinence can affect all aspects of a person’s life. Some individuals must ‘toilet map’ on every outing, planning their trip around their condition, even when just popping out to the shopsIt is the second most likely reason for a person to end up in long term care, and is linked with depression, often leaving

patients feeling socially isolated by their condition. This negative impact on people's lives is well understood".

The All Wales Continence Forum (2011) suggested that current estimates of 150,000 people suffering incontinence in Wales may be too low and the figure may be much higher, with a conservative estimate putting the prevalence of regular Lower Urinary Tract Symptoms LUTS in men aged 40+ in the UK at 47%, with the prevalence amongst women aged 40+ being 46%. Table 7 below shows how this applies across Wales' health boards.

Health Board	Estimated male LUTS prevalence, 40+ix, x	Estimated female LUTS prevalence, 40+ ix, x
Abertawe Bro Morgannwg University	58,000	64,000
Aneurin Bevan	65,000	71,000
Betsi Cadwaladr University	81,000	89,000
Cardiff and Vale University	44,000	49,000
Cwm Taf	32,000	35,000
Hywel Dda	46,000	51,000
Powys Teaching	18,000	19,000

Table 7. The prevalence of LUTS across Wales' health boards.

Given that Anglesey's proportion of over 75s is likely to increase significantly over the next 15 years and that 25% of the population live in the 10% most deprived communities according to Access to Services, we should expect the lack of adequate toilet provision to have a considerable impact on their sense of independence. In addition, the 2011 Census figures reported that Anglesey had 4,802 over 65s living alone. As continence issues affect all age-groups, many more of Anglesey's 9,888 one person households could be affected. In the absence of any evidence to the contrary, if the All Wales Continence Forum estimates were assumed, approximately 46% of Anglesey's over 40s may have some LUTS which would necessitate regular access to toilet facilities. The NICE Guidelines (2010) have suggested that bothersome LUTS can occur in up to 30% of men over 65 and are a major burden for the ageing male population. This must inevitably cast some doubt on the earlier figures by the All Wales Continence Forum. Nevertheless, the number of Anglesey residents likely to be suffering from LUTS is likely to be very high, which has a significant bearing on their toileting needs.

Therefore, the remainder of this HIA will attempt to consider what areas of particular vulnerability may exist on Anglesey, how to mitigate against the consequences of further public toilet closures and what methods could be used to increase accessibility to privately run toilets in retail establishments etc. This will be achieved by examining qualitative evidence gathered through stakeholder engagement (e.g. focus groups and participatory workshops) and quantitative evidence gathered by conducting a literature review.

6 Stakeholder Involvement.

6.1 Rapid Health Impact Assessment.

On the 19th April 2016 key stakeholders including older people, parents with young children, tourists, the provider service and community representatives were invited to take part in a half-day Participatory Workshop examining the “***impacts from a reduction in the accessibility of public toilets provided by the public sector***”. The event was held at the Council Offices in Llangefni and facilitated by the author with a Graduate Environmental Health Officer assisting as scribe. The workshop followed the method outlined in the local authority’s rapid health impact assessment toolkit (IoACC, 2009) and a copy of the completed checklist is included at Appendix 2. A short briefing paper was given to stakeholders ahead of the event and the author presented a brief background to the project at the beginning. The checklist was projected onto an overhead screen and a Graduate Environmental Health Officer assisted as a scribe, annotating projected table with the agreed comments. The completed template was shared with the attendees after the event to allow corrections to be made, but no further comments were received.

Stakeholders noted that older people need to use toilets more frequently, because they often have medical conditions or are on medication. Indeed, Lavioletter (2012) states that whilst urinary function does diminish with age, this can be exacerbated by medication taken to counteract other chronic illnesses associated with the ageing process including; heart failure, some forms of cancer, Parkinson’s and Alzheimer’s disease. Stakeholders also acknowledged that older people have less mobility, making access to toilets more important in almost every exception apart from those with disabilities or young children. Lavioletter (2012) confirms that access to toilet facilities is one of the primary issues faced by many people who manage continence conditions, either as a temporary situation or more long-term chronic health concern.

Workshop stakeholders believed that HGV, bus or coach drivers may be reluctant to drink sufficient fluids in order to reduce the need for toilet breaks. This will cause them to become dehydrated, which could lead to lowered concentration and a greater risk of road traffic accidents. Focus groups were to be conducted with both a

Haulage and a Bus Company, where it was possible to delve greater into these subjects and the outcomes will be discussed later.

Older people may be afraid to go for a walk if there are no toilets along the route, leading to a reduction in physical activity and weakness, increasing the risk of falls, with subsequent implications for the NHS. Indeed, the World Health Organisation has identified the provision of public toilets as essential to its “Age Friendly Cities” programme (Patrick Lavioletter, May 2012).

The workshop was unanimous in its view that reduced availability of facilities would not impact on a family’s choice to visit certain areas. Indeed, the perception was that private facilities are more modern and have better facilities for mothers with babies. There was a strong desire that any consultation on public toilet closures should be undertaken correctly, otherwise communities could become disenchanted with the local authority and feel that it is yet another service / facility being taken away. Alternatively, it is an opportunity for the council to consult with the public and to engage or discuss the shape of the future service.

There was a general acceptance that there were alternative delivery models such as community run facilities and it was reasonable to have a small charge for replenishment of products such as toilet-roll and soap. Stakeholders felt that poor toilets were not in anybody’s interests as they can attract vandalism, noise, antisocial behaviour and promote a general fear of crime. It was recognised that some residents living near public toilets may be hoping for closure and this could give rise to division in the communities between those who want public toilets and those who do not. Some of the closed conveniences have been converted into much needed homes e.g. South Stack, Holyhead and Llanerchymedd. Closures could also bring an end to the septic tank problems caused by some public toilets, but it could also cause increased street fouling and drug taking in more public spaces.

If public toilets close, cleaners etc. may lose their jobs and a greater burden placed on cafes and restaurants. Stakeholders also noted that public toilet closures may impact on tourism, particularly if there are no alternatives. This may give the impression that we are unwelcoming and people may go elsewhere. The peripatetic

workforce, (e.g. postmen), could be particularly vulnerable to toilet closures. Once again, this comment would be raised at all three focus groups, were the issue was discussed in greater detail.

Existing public toilets can be used for targeted poster campaigns and advertisements which may assist funding. Some café owners may see allowing toilet use as a positive draw to encourage people to spend money, but others have signs saying their facilities are for customers only, which could discourage those on lower incomes. Coach drivers, such as those transporting cruise passengers from Holyhead, are known to plan routes around toilet facilities. Mobile Applications or Apps are available and can be used to find toilet locations, but the Council needs to ensure that all its toilets are registered.

Stakeholders believed that shutting public toilets went against public policies such as the Dublin Declaration which has been signed by all local authorities in Wales and is intended to show a commitment at a local level to creating communities that are inclusive and supportive for all, regardless of their age (Age Cymru, May 2016).

The following table 8 provides a summary of the positive and negative aspects of public toilet closures.

Table 8: Outcome of rapid HIA in terms of positive and negative issues identified.

Very Positive (++)	Mildly Positive (+)	Neutral	Mildly Negative (-)	Very Negative (- -)
	<p>Poor toilets give a bad impression.</p> <p>Some toilets have problems with vandalism, drug taking and with their septic tanks.</p> <p>Old toilet blocks have been converted to</p>	<p>Could prompt more toilets being included on toilet Apps.</p> <p>Parents tend to require more facilities because of the needs of children and babies, but</p>	<p>Drivers may be reluctant to drink to reduce the need to stop. This can cause them to become dehydrated and lead to greater risk of road traffic accidents.</p> <p>Dehydration in</p>	<p>Older people generally need to use the toilet more frequently.</p> <p>Low income groups rely on public transport and have reduced accessibility to facilities.</p>

	houses. Some café owners may see allowing toilet use as a positive draw to encourage people to spend money.	public toilet closures are unlikely to affect their choices.	older people can lead to urinary infections which result in the exacerbation of certain illnesses. Fewer toilets could result in a reduction in physical activity and greater risk of falls in older people. More fouling in public areas may need more litter bins.	People with learning, vision and hearing disabilities face language barriers in requesting the use of toilets. Homeless people will have fewer opportunities to meet hygiene needs. Tourists may find fewer toilets discouraging. Peripatetic workforce may be particularly vulnerable to closures. e.g. postmen etc.
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Conclusion for participatory workshop.

It was apparent from the participatory workshop on the 19th April 2016 that most of the stakeholder’s concerns related to specific vulnerable groups such as older people, people with certain medical conditions, people on low incomes (particularly the homeless) and the peripatetic workforce. The following table 9 provides a brief summary of the issues which were scoped-in for further assessment after participatory workshop. Specific Focus Groups would enable several of the issues identified in the workshop to be discussed in greater detail with individuals who had greater experience in these matters.

Table 9. Table showing the issues screened in or out after participatory workshop.

Vulnerable groups	Individual Lifestyles	Social & Community Influences on Health	Living & Environmental Conditions affecting health	Economic conditions affecting health	Access and quality of services	Micro-economic, environmental and sustainability factors
Older people, individuals on low incomes (and/ or homeless), people with certain medical conditions, people with learning, vision and hearing disabilities and tourists.	Dehydration – people (particularly elderly and drivers) avoiding drinking to reduce frequency of toilet stops.	Isolation and loneliness amongst older people or disabled who may be reluctant to go out because of a lack of public toilets to meet their needs.	Street fouling, particularly along the A55(T).	Impacts on tourism and peripatetic workers.	Reduction in amenities, alternative provision by private business and use of IT.	Policies.
✓	✓	✓	✓	✓	✓	✓

6.2 Focus Group.

Many of the issues identified by the Stakeholders in the participatory workshop relate to impacts of public toilet closure or inadequate toilet provision on specific vulnerable groups. Consequently, the steering group agreed that further focus groups would be conducted with 3 companies that employ individuals who work away from a central base without ready access to toilet facilities. Postal Workers were chosen to represent peripatetic workers, a haulage company was chosen in order to gain the views of HGV drivers and a coach company's views were useful in gauging possible

impacts of inadequate toilets on tourists and other client groups (including drivers). These focus groups were small and ranged from a single individual representing the coach business to 3 individuals at the Haulage Company. Before each meeting the author contacted the relevant organisations by telephone in order to obtain the contact details of the most appropriate individual and to send an appointment request. In addition, they were sent an email outlining the project brief and given questions to consider in order to aid discussion. The email used was similar in each case and that sent to the Haulage Company is included at Appendix 3. The detailed responses from all three focus groups are contained in Appendix 4 and are discussed further below.

6.2.1 Issues to consider from the Focus Groups.

It was apparent from the Focus Group with the postal service that ready accessibility to toilets was a determining factor as to whether a member of staff with a stomach upset would be capable of coming to work. Although they develop friendly relationships with their client group, this would not extend to asking to use a toilet in someone's home. However, those interviewed believed that their colleagues would be less reluctant asking to use facilities at commercial establishments e.g. Garages. Given that only 6 of Anglesey's public toilets are open throughout the year, it is likely that the present situation for peripatetic workers could be significantly improved by increasing awareness about publicly accessible toilets in commercial establishments, leisure centres and libraries. These additional facilities are in excess of the number of public conveniences normally available. None of the focus groups were aware of the existence of toilet finding Apps for smart phones. Three of these Apps were examined by the author:-

Great British Public Toilet finder: <https://greatbritishpublictoiletmap.rca.ac.uk/>

Toilet finder: <http://www.toiletfinder.org/>

Flush: <https://apkpure.com/flush-public-toilet-finder/toilet.samruston.com.toilet>

The local toilets registered on these Apps were mainly Council run, but none provided a complete listing. Very few, if any, commercial establishments or Community Toilet Scheme facilities were registered. Consequently, the first

recommendation of this HIA is that that the Local Authority ensures that all publicly accessible toilets and those involved in the Community Toilet Scheme are registered on the toilet finding Apps. As a consequence of this recommendation, peripatetic workers will be able to access a greater number of facilities and this vulnerable group will not be considered any further.

Recommendation 1.

The Local Authority should register all publicly accessible toilets on relevant toilet finding Apps and keep the information regularly updated.

Tourists as a group of individuals include other vulnerable groups (which will be considered separately) within their number e.g. families with young children, older people, disabled and/or those with illnesses requiring regular toilet use. The focus groups reaffirmed the views of the workshop, that inadequate toilet provision or reduced accessibility to toilets may have a significant effect on:-

- a. Whether individuals feel capable of undertaking certain tasks or ventures e.g. long coach journeys.
- b. Whether individuals visit certain attractions or locations e.g. beaches, if no toilet facilities are available.

The Coach Company believed that the local authority could do more to attract coach tours to villages by providing parking spaces for coaches near public conveniences or facilities with toilets. Cemaes was given as an example and the Coach Company felt that this would bring economic benefit to the village by providing a “nice temporary stopping –off point”. In beach locations such as Llanddona and Porth Dafarch, there are no other facilities with toilets (e.g. cafes). Research carried out by ENCAMS (2008) found that over 60% of visitors considered the availability of public toilets as an important factor in deciding on a beach to visit. Many of Anglesey’s beaches attract the prestigious Blue Flag Award, which requires adequate toilet provision as part of the assessment (ENCAMS, 2008). Closure of public toilet facilities at these beaches could result in the removal of their Blue Flag status with implications for nearby caravan and tourist accommodation as well as the island’s reputation. Consequently, the Second recommendation is that the local authority

considers the wider economic implications of closing public toilet facilities at beaches where toilets are critical to maintaining their seaside award status. Given that only 6 public toilets are open throughout the year and significant improvement could be gained by increasing awareness of existing publicly accessible toilets, effects on tourism will not be considered further within this HIA.

Recommendation 2.

The Local Authority should consider the implications on the Seaside Award Status, before considering the closure of public toilets at any beach.

The focus groups strengthened the case for the inclusion of older people, individuals on low incomes and people with certain medical conditions (including people with learning, vision and hearing disabilities) in the HIA's assessment. Indeed, all three suggested some impact on their business operation if their workers fell into one of these vulnerable groups and could not adequately meet their toileting needs. The Postal Service commented that their staff members were less likely to come into work if they had a stomach upset or a condition that required frequent unplanned toilet stops. The Coach Company said they needed to be careful what jobs they allocate to certain bus drivers, because some need to use the toilet more often and the haulage company identified that increased need to use the toilet would impact on where and when their lorry drivers take rest stops.

Driving was critical in the business of the three focus groups. The danger of driving whilst dehydrated was discussed with each and their attention drawn to a recent article in CVDriver (March 2016) which highlighted a survey of 1000 drivers by Leasing Options. It found that 67% of truck drivers in the UK fail to recognise major symptoms of dehydration including tiredness, loss of attention and focus, slower reaction times and muscle cramps. Driver error is accountable for 68% of all vehicle crashes in the UK and even a mild form of dehydration is the equivalent of being over the current UK legal blood alcohol driving limit of 0.08%. The Haulage Company was aware of this danger and drew the author's attention to a similar article they had seen in Commercial Motors (March 2016), which was based on the same source material. This article was more detailed and made specific reference to the average haulage

driver's age being 54 and that ability to detect dehydration deteriorates over the age of 50yrs.

Although none of the focus groups were aware of instances where their workers were deliberately limiting their fluid intake in order to reduce their toilet needs, Gillian Kemp (2012) of the British Toilet Association (2012) suggests that reducing or stopping fluid intake is one of the consequences of closing public toilets. In the article by Commercial Motor (March 2016) she welcomed the move to encourage drivers to remain hydrated but said *"What goes in must come out, so loos are very much needed in order to keep drivers hydrated! This is a real conflict that has dangerous implications. It's OK to say stop and use the loo – but where are these loos for them to stop at?"*

Consequently, the issue of remaining hydrated is a real conundrum and in a society obsessed with time, we must anticipated that a significant proportion of those involved in driving professions will be deliberately reducing their fluid intake to reduce their number of toilet stops. Nevertheless, the haulage Company were not aware that any of their drivers used public toilets on Anglesey, particularly as there are no toilet facilities along the A55 (T). They have welfare facilities at their Holyhead depot and other companies could use the recently opened Truck-stop in the town which offered dedicated facilities for lorry drivers.

The haulage company felt that the HGVs or Coaches crossing the island on the A55 (T) were unlikely to venture off the road, into the smaller towns and villages, looking for facilities. Nevertheless, the lack of public conveniences on the A55(T) appears to be a significant omission and may be contributing to the presence of discarded urine bottles along the carriageways. ENCAMS (2008) (best known for running the Keep Britain Tidy campaign), in evidence to the Communities and Local Government Committee's inquiry on the provision of public toilets, stated they believed that toilets must be available at transport interchanges and at key points along main access routes.

At the time of writing, Horizon Nuclear Power was proposing to construct a Park and Ride facility for the Wylfa Newydd Development at Junction 4 of the A55(T) near

Dalar Hir. It is possible that this development offers the opportunity to provide toilet facilities directly adjacent to the A55(T) and the location would serve both east and west-bound traffic. It would provide the additional benefit of serving west bound traffic needing to exit the A55(T) at Junction 3 for the A5025 (towards Cemaes and Wylfa Newydd), otherwise, as there are no public toilet facilities on the A5025 between Valley and Cemaes, traffic would need to detour to Holyhead to access facilities. Therefore, the third recommendation of this HIA is that the Local Authority should aim to seek the provision of Publicly Accessible Toilets at Dalar Hir as part of any planning proposal. With this proposed recommendation, it is unlikely (with the exception of national health education campaigns) that any further public toilet intervention on Anglesey will significantly reduce the incidence of driving while dehydrated and this issue will not be considered any further within the assessment process.

Recommendation 3.

The Local Authority should aim to secure the provision of Public Accessible toilets as part of the Dalar Hir Park and ride facility, should planning permission be granted.

6.2.2 Conclusions from the focus groups.

The focus group enabled a number of issues identified in the workshop to be examined in greater detail and several issues (e.g. peripatetic workers, tourists and dehydration), were concluded at this stage by making recommendations. These recommendations include greater publicity about publicly accessible toilets and promoting commonly available toilet finding Applications. The addition of publicly accessible toilets in leisure centres, libraries and other commercial buildings would significantly improve on the current 6 public toilets which are open throughout the year. As most of the tourist related public conveniences were associated with beaches, the impact on tourism was also concluded at this stage with the suggestion that the implications for Seaside Award Status should be considered before closing public toilets at any beach. As there are no toilet facilities on Anglesey's section of the A55(T) and existing toilet facilities are in towns or seaside areas, away from long stretches of commuting highway, current or even reduced public toilet provision on Anglesey was unlikely to increase incidents of drivers reducing fluid intake so as to avoid toilet stops. However, the HIA recognises that the local authority could, through

the planning process, seek to positively influence the health consequence of toilet provision on major highways (as suggested by ENCAMS (2008)), by seeking the inclusion of publicly accessible toilets at the proposed Dalar Hir Park and Ride. Notwithstanding this recommendation, driving while dehydrated and general street littering (other than specific littering of urine bottles along the A55(T)) have concluded at this stage of the HIA.

7 Assessment.

7.1 Vulnerable Groups –

7.1.1 Older people, people with certain medical conditions, people with Learning, vision, hearing and mental health disabilities)

Welsh Government (2016) estimates that although Anglesey's population will fall by almost 2,000 (or 2.6%) by 2039, the number of people aged 75 or over is projected to increase by around 5,500. Current estimates record the number of over 65s as 17,557. This is a significant proportion (25%) of the estimated population of 70,170. The number of long-term sick/disabled numbered 2,592 in the 2011 census (Conwy, 2013) while the number of people with limiting long term illness was 16,112. It is likely that a large proportion of older people will fall into more than one of these categories and will be predisposed to being on lower retirement incomes.

The National Assembly for Wales (2012) reported that “holding on to a full bladder or bowel increases the heart rate and the blood pressure, and for very old, ill or vulnerable people this could cause a stroke or a heart attack or have other health implications”. Both Age Cymru and the Welsh Senate of Older People described some actions that people take to avoid needing to use the toilet when away from home. These included skipping essential medication (water tablets for example) that might exacerbate the need to urinate frequently, and limiting fluid intake, which may give rise to dehydration and associated health problems.

While it was not within the scope of this HIA to go into any great detail as to why so many public toilets have closed, there is one reason which may have a significant bearing on disabled people as a vulnerable group and is worthy of mentioning in this section; namely the requirement not to discriminate against disabled people under s.19 of the Disability Discrimination Act 1995 (DDA). Stanwell-Smith (2010) suggested that the inability to convert existing buildings for wheelchair use could be one of motivating factors behind public toilet closures. The National Key Scheme, sometimes known as the RADAR Scheme, was developed to provide disabled key holders with independent access to toilets. Consequently, this has been used in this HIA as a form of assessing whether allowance has been made for the disabled in

public toilets on Anglesey. The Isle of Anglesey C.C. Environment and Technical Services Scrutiny Committee (2011) reported that the majority of public toilets had facilities for the disabled using the “Radar” key system and evidently, given that some toilets with Radar access were closed by the local authority, this does not appear to be one of the reasons for closures. Nevertheless, the Committee noted that the majority of public toilets do not have electricity, hot water or basic lighting. In other words, they fell significantly short of the standard set by many commercial establishments and their opening times were restricted to daylight hours.

Anglesey has witnessed several new supermarket developments in recent years which have high quality, well designed customer toilets which are fully compliant with the DDA and have changing facilities. Consequently, it is arguable that since the introduction of the power to provide public toilets in the Public Health Act 1936, the dependence on public toilets to accommodate the toileting needs of the population, while away from home, has diminished significantly. Indeed, in the main, many of these commercial facilities benefit from more modern design standards which many public toilets, clearly do not.

While the number of public toilets has declined significantly in the last 10 years the numbers of public accessible toilets on Anglesey continues to rise. Age Cymru (formally known as Help the Aged in Wales) in its Nowhere to Go Report (2007) on Public Toilet Provision in the UK claimed that 80% of respondents to its survey found it difficult to find a public toilet (and 78% found that their local public toilets are not open when they need them). This raises a fundamental question whether there is a lack of public accessible toilets, or a lack of awareness of where they are? Toilets in commercial establishments are rarely signposted outside stores let alone outside the curtilage of the site, while public toilets are often conspicuous as stand-alone buildings often with street signage.

It is not inconceivable for private facilities to be signposted from nearby streets. Just as Community Toilet Scheme providers display a sign in the window of their premises, a newly introduced scheme under the Public Health (Wales) Bill could include provision for street signage. Alternatively, local authorities could aim to influence toilet provisions through planning development.

In response to a recent planning enquiry for a new supermarket in Llangefni the Environmental Health section suggested that the applicants signpost “...*these facilities from outside the store in the car parking area, otherwise customers unfamiliar with the store will not be aware that toilet facilities are provided. Although there are public toilets available in Llangefni, these are some distance from the new store and will not be open throughout store opening times*”.

Consequently, this leads us to the forth recommendation proposal:-

Recommendation 4.

The local authority should aim to encourage commercial establishments to signpost Publicly accessible toilets from outside stores and community toilets should be signposted in a similar way to public conveniences.

It is likely that the public in general wish to see public toilets that match the standards of those in the commercial sector. Indeed, a Department for Communities and Local Government (2008) report documented the results of a survey on how satisfied or dissatisfied residents were with the overall standard of public toilet provision within a particular borough. The results showed that whilst almost one in four residents were dissatisfied with traditional public toilets only 6% felt dissatisfied with the Community Toilet Scheme. This probably reflects the disparity between the years of underinvestment in public toilets and the commercial sector’s need to maintain modern facilities as part of the overall customer service and “experience”.

The Older People’s Commissioner for Wales (September 2015), welcomed the requirement for local authorities to prepare and publish local toilet strategies but believed that it did “*not go far enough and falls short of obligating Local Authorities to provide and maintain public toilets. Older people rarely call for strategies and instead require firm commitments and actions to ensure that they can continue with their daily lives and remain connected with their communities through the provision of public toilets*”. However, it would appear that the case for local authorities to be required to directly provide more public toilets is predicated on either greater funding from Welsh Government or the diversion of funds from other equally deserving

services. A toilet strategy requires a local authority to consider the needs of the community as well as current provision. Investing in bricks and mortar may not be sustainable long term. Current provision should not be confined to delivering public toilets. Although public toilets may be the sole option in some circumstance (e.g. isolated beaches), greater emphasis should be placed on the concept of “publicly accessible toilets” delivered within a range of establishments and by a variety of organisations. Local authorities could use their limited resources to support and publicise these services, the baseline funding for which would be delivered through the Community Toilet Scheme funding from Welsh Government (2016) and this forms the fifth Recommendation proposal:-

Recommendation 5

The local authority should allocate the currently un-hypothecated funding for the Community Toilet Scheme to extend the number of publicly accessible toilets having regard to the areas of need.

People with learning, vision or hearing disabilities may also face additional language barriers. It is likely that incidents of individuals feeling awkward about using toilet facilities in commercial premises relates to smaller establishments where patronisation is less discrete. Where an individual may feel embarrassed or has communication difficulties asking to use a toilet, the HIA identified that a “Just Can’t Wait” card is available upon application from the Bladder and Bowel Foundation and the local authority should promote this initiative as the sixth Recommendation proposal.

Recommendation 6

The Local Authority should promote the “Just Can’t Wait” card available upon application from the Bladder and Bowel Foundation

In view of the above, the HIA concludes that through development of local strategies and with greater emphasis on the provision of publicly accessible toilets, public toilet closures should not have a negative impact on the health of the vulnerable groups in question. With greater publicity and partnership with local business the overall

provision of publicly accessible toilets could improve service delivery, including extending opening hours.

7.1.2 Homelessness and individuals on low incomes.

The Explanatory Memorandum to the Public Health (Wales) Bill (November 2016) (Paragraph 903) makes passing reference to the known negative impacts poor toilet provision can have on the homeless, but Doherty et al (2008) explains in greater detail that:-

“Human beings, as embodied entities, need a private and secure location in which to carry out necessary and quotidian functions such as sleeping, washing, reproducing and socialising. In advanced industrial democracies, such a location is typically secured by access to housing. Homeless people by definition are unable to access adequate housing of their own, and societal property rules forbid access (without permission) to the private property (houses) of others. The alternative location for homeless people, for human functioning, is public space (broadly defined)”.

Shelter (2007) make what should be an obvious comment, that rough sleeping causes health to be damaged through a lack of basic facilities for personal care such as bathing and washing clothes. The Homeless Charity - *Crisis*, estimates that (on average) homeless people die aged 47 and homeless women even younger at 43; many decades before their compatriots in normal society.

The apparent lack of appreciation that inadequate toilet facilities affect homeless people was mentioned by the British Toilet Association in their evidence to the National Assembly (2012) and attracts the following comment in the report of evidence on the Public Health Implications of inadequate public toilet facilities – report of evidence (March 2012):-

“The BTA also highlighted that the needs of the homeless are seldom mentioned in connection with public toilets, but their toileting requirements do need to be addressed if street fouling is to be reduced”.

Even this statement is referencing the more anti-social or negative connotations associated with homelessness, namely the possibility of increased “street fouling”, whereas in reality, the greatest contribution to street fouling is likely to be late night revellers. C Greed (2006) in her article on *“The role of the public toilet: pathogen transmitter or health facilitator?”* suggests that:-

“The promotion of the 24 hour city, characterized by a male youth drinking culture, along with toilet closure, has resulted in increased street urination, creating the conditions for the spread of previously-eradicated, water borne diseases in city streets.”

This HIA found little or no regard is given in reality to the implications of public toilet closures on the homeless. Apart from night-shelters, public toilets are likely to be the sole locations where the homeless can comfortably address their toileting needs: wash, clean their teeth and their clothes. Women who are homeless are likely to need toilets more often if they are pregnant or menstruating. Unfortunately, these basic human needs are often overlooked by drug and alcohol abuse, which is identified by *Crisis* as the reason two thirds of people become homeless. This often (as in in the case of the workshop) provides a rare positive reason to close public toilets.

There is often a misconception that rough sleeping is a problem confined to large cities, but unfortunately even a relatively rural community such as Anglesey has a number of homeless people. In December 2007, Digartref Ynys Môn established a Night-Shelter in Holyhead. An article in the Daily Post on the 23rd January 2008 identified the plight of one of their clients:-

*“Before this I was sleeping rough in the town, usually around the terminal area. The night shelter has made the world of difference and now I get a decent night’s sleep, a TV, a toilet.”*²

2. <http://www.dailypost.co.uk/news/local-news/holyhead-shelter-been-godsend-homeless-2850495>

In November 2015, the Welsh Government undertook a national rough sleeping monitoring exercise, carried out by Local Authorities in partnership with other local agencies. Its objective was to gauge the extent of rough sleeping across Wales via a two-week information gathering exercise, followed by one snap shot count at 3:00am on the 25th November 2015. 82 people were observed rough- sleeping across Wales and although there were 180 emergency bed spaces on the night of the count, only 11% of those bed spaces (19) were available. However, in the two weeks between the 2 – 15th November, 240 had been rough- sleeping across Wales. Welsh Government Statistics for the night of the count suggest that no-one was observed sleeping rough on Anglesey, but an estimated figure of 2 was provided.

Given their involvement with homeless people on Anglesey the author decided to approach Digartref Ynys Môn to gauge their views on the impacts of public toilet closures and to determine the precise number of people identified in the latest 2016 rough-sleeping-count.

An email from Digartref on the 2nd December 2016 explained that the closure of public toilets on the Island (especially in Holyhead) would have an effect on the homeless in various ways, both as a need and as a convenience. Public toilets have been and are still being used by homeless persons for washing themselves and sometimes their clothes i.e., socks and underwear. Fortunately, they have the day centre in Holyhead for these support needs, but in other towns on the Island they depend on public toilets. Toilets are also used in what is seen as an unsociable manner e.g., shelter (getting out of the cold and wet weather) but also for drinking and substance misuse , necessitating the supply of sharps boxes.

In stark contrast to the earlier 2015 figures reported by Welsh Government, Digartref reported that there were 17 rough sleepers between April 2016 and September 2016 and the number in temporary accommodation 'sofa surfing' was 9, although they may also be out on the street during the day.

It would appear from this HIA that some of the greatest impacts of public toilet closures will be on the homeless. No other vulnerable group is reliant on them to the same extent and outside Holyhead, very few alternatives exist. The impacts of public

toilet closures on the homeless may not be immediately apparent and faced with dwindling resources it is not unconceivable that local authorities may prefer to invest in direct services to reduce homelessness rather than maintain public toilets for their use. Nevertheless, the toileting needs of the homeless should be considered when making decisions about public toilet closures. The local authority has a number of leisure centres across the island and consideration could be given to allowing homeless people access during specific times of the day so they can shower or wash. Interestingly, section 86 of the Public Health Act 1936, (the section immediately preceding the Power to Provide Public Toilets), allows a local authority to provide a “Cleansing Station”. It is likely that this was subsumed into a more familiar term at that time, “public baths” or “bath-houses” which had been around since the Public Baths and Wash-houses Act 1846. Unlike our modern perceptions, public baths at that time were more to do with the need to maintain health, comfort and welfare, than undertaking leisure activities. Consequently, it seems appropriate that the seventh Recommendation proposals should be along similar lines:-

Recommendation 7.

The Local Authority should consider the potential impacts of public toilet closures on the homeless and where no alternative provision is made, should consider allowing the homeless to have access to alternative, good quality facilities for washing and addressing their toileting needs.

There was a general perception in the workshop that businesses would not welcome non-customers using their toilet facilities. Those on low incomes could have reduced accessibility to facilities because they would feel awkward asking to use facilities in cafes or shops, if they thought they would need to buy something. However, many of Anglesey’s public toilets now operate a 20p charge and the benefits of using free facilities in private premises are obvious. The Department for Communities and Local Government (2008) reported that businesses they contacted, reported an increase in customer footfall and anecdotal evidence of increased trade as a result of a Community Toilet Scheme. The consequence for the Local people was that they could access a far greater number and range of toilets in the borough and these were clean and safe, located within managed buildings, and open where and when people need them. The HIA has already identified that the Bladder and Bowel Foundation’s

“Just Can’t Wait” card is available upon application and this may also be useful for some on low incomes who have difficulty accessing toilets at short notice. As access and quality of service will be considered further in 7.3, the HIA concludes that by development of local strategies and with greater emphasis on the provision of publicly accessible toilets, public toilet closures should not necessarily have a negative impact on those with low incomes.

7.2 Social & Community Influences on Health (Isolation and loneliness).

Help the Aged (2007) estimate that around half of those over 75 in the UK live alone, with as many as 1.75 million older people reporting feeling lonely, 1.2 million feeling trapped in their own home, 1.26million not going out more than once a week and about 100,000 older people never going out at all. It also believes that the lack of public toilets is a significant contributory factor in the isolation of older people, while the All Wales Continence Forum (September 2011) stated that continence problems are second only to dementia as an initiating factor for people moving to residential and nursing homes.

The Older People’s Commissioner for Wales (June 2014) reported that in discussions with older people across Wales, the reduction of community services such as public toilets was a key concern. The Commissioner believes closing public toilets affects physical health (older people are more likely to suffer from bladder or bowel incontinence, leading to an increased risk of heart attacks and strokes due to a temporary increase in blood pressure caused by not being able to empty one’s bladder), mental health (the fear of being unable to access toilets can lead to social isolation and depression), and environmental health (the risk of infection from street fouling increases with the closure of public toilets) . Closing down or reducing access to public toilets is damaging to public health and has a detrimental effect on the economy, with older people, including local residents, visitors and tourists, less likely to visit places. Closing public toilets can result in older people being housebound and the places that matter to them being effectively ‘no-go’ areas. Evidence suggests that the lack of publicly available toilets can also deter older people from visiting an area.

Help the Aged (2007) believe that in order to alleviate this worry, many people plan in advance where they can go to the toilet and what journeys they can make. Some live in fear of ending up in an embarrassing or humiliating situation, which restricts where, when, how far and for how long they can go out.

Holt-Lunstad, (2015) cited by the Campaign to End Loneliness claim that loneliness increases the likelihood of mortality by 26% and is comparable to the impact of well-known risk factors such as obesity, and has a similar influence to smoking 15 cigarettes a day . Therefore, it is almost inevitable that lonely individuals are more prone to depression ((Cacioppo et al, 2006) (Green et al, 1992) cited in Campaign to End Loneliness).

The 2011 Census figures reported that Anglesey had 4,802 over 65s living alone, but as continence issues affect all age-groups many more of the 9,888 residents who live alone could be affected. In terms of the percentage of residents whose daily activities were limited by a long term health problem or disability (including problems due to old age), Anglesey is marginally higher (23.1%) than the Welsh average (22.7%).

Anglesey's public toilet budget has reduced from £340,000 to £187,740 in just a few years. Without substantial funding from Welsh Government it is unlikely that additional resources will be identified from the Council's dwindling resources. Indeed, if resources were to be allocated to public toilets other lifeline services may be impacted. Isle of Anglesey County Council (2016), *A Strategy for Older People Ageing Well in Anglesey 2014 -2019*, identifies loneliness and isolation as one of the five Ageing Well in Wales's priority areas. This has been integrated into the Council's Loneliness and Isolation Draft Action Plan July 2015 and 3 outcomes are noted:-

Outcome 1	Loneliness and isolation are recognised as public health and safety issues in Wales
Outcome 2	The main causes and factors of Loneliness and isolation amongst older people living in Wales are identified and understood
Outcome 3	The provision of innovative and accessible support is developed addressing the impact of changes to life circumstances older people face

Table 10, Anglesey's Draft Loneliness and Isolation Action Plan July 2015

Although there is no mention of public toilets as a major cause of loneliness and isolation, the Action plan discusses the need to identify good practice across the UK and conduct an analysis of existing services on Anglesey. It proposes to introduce a marketing campaign to promote awareness of loneliness and isolation (including a link to training staff within Social Services) and improvements to partnership working to create less duplication of services so as to maximise community facilities and resources. Interestingly, no distinction is made between public and private facilities in this last statement and a similar approach should be taken in this HIA. Analysis of existing toilet provision should be undertaken to find the areas of duplication and enable the Council to maximise resources. The effects of public toilet provision on loneliness and isolation should be considered in terms of the wider action plan; alongside other interventions, including befriending services and Age Well Centres. In the long-run, these services may have greater benefits than public toilets, if it is identified that private facilities are already addressing need. A questionnaire (adapted from the Welsh Senate for Older Peoples' – "P" is for People Questionnaire) is included at Appendix 5 and this could be used by service providers (e.g. Social Workers) to identify need. This leads to the eighth Recommendation:-

Recommendation 8

The impacts of dwindling public toilet provision should be considered in terms of the loneliness and isolation action plan, rather than as a separate issue. Existing facilities should be mapped in order to avoid duplication of services and in order to maximise impacts of limited resources.

7.3 Access and quality of services

(Reduction in amenities alternative provision by private business and use of IT).

In a survey carried out by ENCAMS (2008) to gauge opinion on public toilet services, 84% of respondents wanted more provision. This percentage was higher within certain age groups with 88% of 16-24 year olds and 91% of 55-64 year olds stating there should be more provision. However, help the Aged in Wales (2009) found that 84% of respondents to their survey found safety concerns made public toilets unappealing and 87% believed that shops and businesses should make more effort to provide public toilet facilities. It appears from these results that whether or not the facilities are stand-alone public toilets, public accessible toilets in public buildings (such as libraries), or private facilities in retail establishments, is of little relevance. The issue appears to be the availability of public accessible toilets at locations where members of the public are likely to spend time shopping or undertaking leisure activities. Where this is the case, it is imperative that the facilities are of a good standard and are open for the duration of the time the public are likely to be present.

Once again, ENCAMS (2008) have identified that although the number of local authority public toilets are declining, they are being replaced (to some degree) by commercial provision in town and city centres. Department stores have free toilets with disabled access and fast-food outlets are plentiful. Generally speaking, ENCAMS (2008) concede that privately provided toilets are cleaner and safer than the old local authority toilets and if local authorities worked in partnership with private businesses and transport operators, they could significantly improve the number of facilities available.

There are a number of towns on Anglesey with commercial premises with public accessible toilets. Many of these towns continue to operate public toilets but often the opening times do not coincide with those of the commercial premises. Anglesey's Planning Department recently received an application for a new supermarket in Llangefni. The store included customer toilets which would be open for the duration of its opening hours. The nearby public conveniences, on the other hand, do not have an electricity supply and need to close before it gets dark or at 6pm, whichever

is the earlier. When consulted on the initial proposal, the Environmental Health Section made the following comments to the Planning Section:-

“We note the intention to include customer toilets within the proposal. We welcome this but would recommend that signpost these facilities from outside the store in the car parking area, otherwise customers unfamiliar with the store will not be aware that toilet facilities are provided. Although there are public toilets available in Llangefni, these are some distance from the new store and will not be open throughout store opening times.

We would recommend that the toilets are designed to best practice standards regarding accessibility and facilities, with sufficient facilities for both adult and baby changing.

I understand that the Local Authority currently operates a Community Toilet scheme which may be of interest to the developer. We would also recommend that advertise the presence of customer toilets on their general information relating to the store e.g. website and they should be aware that there are also various toilet finding Apps where they can also register their facilities”.

This demonstrates that it is possible for a local authority to influence the provision of publicly accessible toilets through the planning regime and this could (ultimately) provide greater public availability. However, it is imperative that these facilities are publicised through signposting within store car-parks, websites and on Toilet finding Applications.

The participatory workshop appears to have been justified in identifying that: although public toilets would result in a reduction in amenities, alternative provision could be provided by private businesses. Increased awareness about the locations of publicly accessible toilets could assist in dispelling unjustified concerns about lack of facilities. Mobile technology such as Toilet Finding Applications could assist those who are unfamiliar with the area to find their nearest toilet (e.g. tourists) and this leads to the ninth Recommendation:-

Recommendation 9

The local authority should attempt to influence the provision of publicly accessible toilets through planning decisions.

7.4 Living & Environmental Conditions affecting health. (Street fouling, particularly along the A55(T)).

The focus groups with the Haulage and Coach Companies identified the issue of discarded urine bottles on the A55(T). The Haulage Company attributed this to long distance lorry drivers who may have parked-up overnight near the port in unofficial parking areas with no facilities. Although there is a truck-stop in Holyhead, HGVs must pay for parking and some lorry drivers, particularly non –UK registered, prefer to use alternative unofficial locations such as at the industrial estate or Retail Park.

In order to gather greater understanding regarding this issue the author contacted the agency responsible for maintaining the A55(T) across Anglesey and spoke to a representative over the phone. They felt that HGVs using the eastbound carriageway (i.e. travelling away from Holyhead) were the main source of the problem. The various laybys along the carriageway were particular “hotspots” with urine bottles and carrier bags containing faecal matter. The contractor responsible for litter-picking had taken it upon himself to install refuse bins in each of the laybys in an effort to avoid retrieving objects from difficult areas e.g. trees.

The problem appears to be attributed to Holyhead’s role as a major sea crossing to Ireland and lorry drivers parking-up in the town. It was suggested to the highway agency that they could consider a campaign with the Ferry Companies to discourage littering and provide a dedicated refuse container at the port; however, this is not a recommendation proposal as it has no bearing on this HIA. Although recommendation 3 suggested that the local authority should attempt to secure the provision of Public Accessible toilets as part of the Dalar Hir Park and ride facility, it is unlikely that a reduction in public toilet facilities will have an effect on littering on the A55(T).

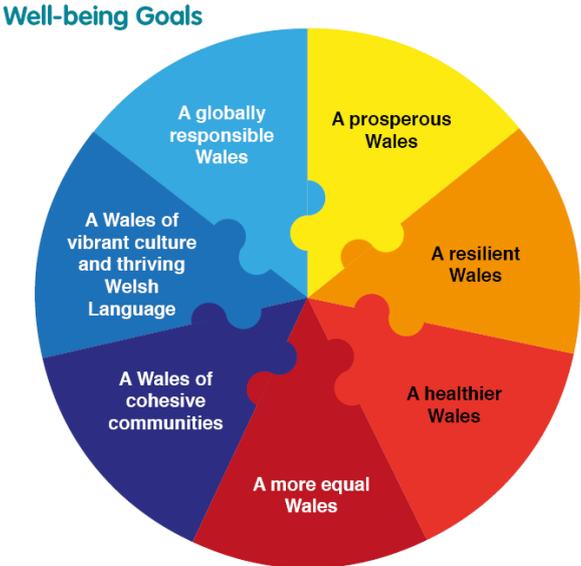
7.5 Micro-economic, environmental and sustainability Factors.

(Policy Context).

There have been growing concerns about the closure of public toilets at a National level for a number of years. In October 2008 the House of Commons Communities and Local Government Committee published a report looking at the Provision of Public Toilets.

In March 2012, the National Assembly for Wales’ Health and Social Care Committee produced a report on the “Public health implications of inadequate public toilet facilities – report of evidence”. The inquiry was followed by the formation of a White Paper ‘Listening to you: your health matters’ (2014), which contained proposals for a Public Health Bill. Published on the 7th November 2016, the bill proposed that every local authority in Wales should be required to prepare and publish a local toilet strategy in consultation with stakeholders. The objectives of a toilet strategy appear aligned fundamentally to several of the Well-being goals introduced by the Well-being of Future Generations (Wales) Act 2015, which are illustrated in the following figure:-

Figure 9.



The Act places a responsibility on public bodies such as local authorities to consider the impact of their decisions on the well-being goals in order to improve the

economic, social, environmental and cultural well-being of Wales. Without adequate mitigation, the closure of public toilets is likely to impact on a number of the goals:-

A healthier Wales	A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
A more equal Wales	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
A Wales of cohesive communities	Attractive, viable, safe and well-connected communities.
A Wales of vibrant culture and thriving Welsh language	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

The stakeholders who attended the workshop believed that a policy of indiscriminate closure of public toilets went against many public policies such as the Dublin Declaration and “Age Friendly Cities”. However, it appears that it is not the act of closing public toilets “*per se*” which is contrary to so many policies, but the closing of public toilets without first safeguarding that alternative provision is in place. A toilet strategy would compel a local authority to consider whether this is the case and facilitate implementation of mitigation measures. Without such an approach, decision makers will inevitably find it difficult to justify their decision making in the face of such overwhelming evidence of public need, which leads to the tenth and final Recommendation:-

Recommendation 10.
 The Local Authority should have regard to the Well-being goals when considering public toilet closures and ensure alternative provision is in place.

8 Conclusions and recommendations

This HIA has demonstrated this is not an issue about Public Toilets, but what we perceive as being “Publicly Accessible Toilets”. Whether they are operated by a local authority or a private organisation is of little relevance, providing the facilities are of a good standard and open when people need them.

In 2014-15, the Welsh Government transferred £200,000 of the Community Toilet Grant Scheme into the Revenue Support Grant (RSG) in a move to increase flexibility of funding to local authorities. It is now for each local authority to decide how this funding should be used to meet the needs and priorities of its communities. Should the requirement to produce a toilet strategy become law, it is proposed that every local authority would have funding to allow 18 businesses to receive £500.

Notwithstanding the benefits brought to any company from promoted toilet access, this provides a secure foundation upon which a local authority can develop a toilet strategy for the long-term.

The HIA’s extensive literature search and stakeholder engagement processes, appears to support the overwhelming conclusion that there are profound health consequences if individuals are unable to address their toileting needs when they are away from home. It therefore follows, if the health needs of individuals with incontinence issues and the part adequate publicly accessible toilet facilities have to play are not recognised, it is not possible to develop a healthier Wales as perceived under the Well-being of Future Generations (Wales) Act 2015. A society which fails to address the toileting needs of the homeless or does not provide adequate facilities for the elderly or disabled, will not be a more equal Wales. A society which does not provide adequate safe, clean, accessible toilets will not be a Wales of cohesive communities and a society where people fear to leave their homes because they are concerned about when they will next need the toilet, will not become a Wales of vibrant culture which supports the arts, sports and recreation.

Ten recommendations were proposed in the HIA which were aimed at addressing these various concerns; these are replicated in the following table for consideration:-

Table 11. Table of Recommendations.	
1	The Local Authority should register all publicly accessible toilets on relevant toilet finding Apps and keep the information regularly updated.
2	The Local Authority should consider the implications on the Seaside Award Status, before considering the closure of public toilets at any beach.
3	The Local Authority should aim to secure the provision of Public Accessible toilets as part of the Dalar Hir Park and ride facility, should planning permission be granted.
4	The local authority should aim to encourage commercial establishments to signpost Publicly accessible toilets from outside stores and community toilets should be signposted in a similar way to public conveniences.
5	The local authority should allocate the currently un-hypothecated funding for the Community Toilet Scheme to extend the number of publicly accessible toilets having regard to the areas of need.
6	The Local Authority should promote the “Just Can’t Wait” card available upon application from the Bladder and Bowel Foundation
7	The Local Authority should consider the impacts of public toilet closures on the homeless and where no alternative provision is made, should consider allowing the homeless to have access to leisure facilities for washing and addressing their toileting needs.
8	The impacts of dwindling public toilet provision should be considered in terms of the loneliness and isolation action plan, rather than as a separate issue. Existing facilities should be mapped in order to avoid duplication of services and in order to maximise impacts of limited resources.
9	The local authority should attempt to influence the provision of publicly accessible toilets through planning decisions.
10	The Local Authority should have regard to the Well-being goals when considering public toilet closures and ensure alternative provision is in place.

9 Monitoring and Evaluation.

One of the fundamental aims of this HIA was to assist the local authority compile a Toilet Strategy. Despite an extensive literature review, information on public toilet provision is fairly scarce and dispersed. Many organisations (many of who are charities representing stakeholders) have conducted their own research, based mainly on survey data. While this has been extremely valuable in developing the HIAs contextual perspective, the author consciously had regard to whether the views were statistically representative before drawing specific conclusions for Anglesey. Nevertheless, it is sincerely hoped that the literature review, stakeholder engagement and community profile will prove of assistance to those officers completing the Toilet Strategy and the reference list will enable independent verification.

The aim of any HIA is to help inform decision making both at a local and national level. Whether or not the recommendations prove to be useful or encourage dialogue with other departments (e.g. Loneliness and Isolation Action Plan), will be eagerly awaited in the review of the toilet strategy. An early draft of the HIA has already been forwarded to Welsh Government Officers and it is pleasing to note on 16th May 2017 the Public Health Bill gained approval from the National Assembly for Wales.³

The author has attempted to review this matter in an impartial manner and believes this HIA demonstrates that the case for Publicly Accessible Toilets is unequivocal. As community guardians, local authorities have an invaluable role in ensuring individuals have adequate toilet facilities when they are away from their homes, but it does not necessary follow that they should be the sole providers of these services. The scope of this HIA was limited to Anglesey and its conclusions may not be relevant to other areas where the community and/or needs profiles differ. Consequently, it is understandable if organisations or individuals disagree with its conclusions. Indeed, this may motivate others to conduct their own Health Impact Assessments and our understanding of the valuable role these facilities play in our lives will grow – in the words of a leading expert in HIA, “*after all, HIA is an iterative process*”.⁴

3. <http://gov.wales/newsroom/health-and-social-services/2017/170516bill/?lang=en>

4. Liz Green, Principal Health Impact Assessment Development Officer, WHIASU (2016).

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Appendix 1

Work Programme.

Stage One: Project Set Up.

- Undertake preliminary research into the issues around public toilets particularly with regard to Public Toilet Strategies.
- Understanding and develop the subject of the HIA.
- Meeting with senior waste Management Officer to refine the above and gain understanding of Public Toilet provision on Anglesey and “issues”.
- Establishing the core membership of the Steering Group.
- Arrange first meeting of Steering group to agree membership and give overview of the project.

Stage Two: Scoping Exercise and Community Engagement.

- Initial meeting of full Steering Group. Appointment of Chair. Presentation on what is a HIA and scoping the way forward. Agree Community Engagement e.g. Questionnaire and workshop for local stakeholders based upon Anglesey HIA Toolkit.
- Arrange workshop based on Anglesey Toolkit and conduct Rapid participatory HIA.

Stage Three: Evidence and Analysis.

- Steering Group meeting to discuss outcome of workshop, agree scope of HIA and identify individuals or organisations who will be interviewed as part of focus groups.
- Undertake literature review, identify community profile, examine qualitative / quantitative evidence and conduct focus groups.
- Present HIA findings to Steering Group and submit draft document for review.

1. <http://www.welshsenateofolderpeople.com/Campaigns.htm>

Stage Four: Write-up and presentation of HIA.

- Review period and final document preparation
- Submit completed HIA to WHIASU.
- Short Power Point Presentation to WHIASU.

Appendix 2

Document detailing results of Participatory Workshop on the 19th April 2016

Title of programme, policy or project:

The impacts from a reduction in the accessibility of public toilets provided by the public sector - A HIA

Description (key aims and objectives): The Public Health Act 1936 gives local authorities a Power to provide public toilets, but places them under no duty to do so. Consequently, faced with the need to save millions of pounds from its annual budget, the Isle of Anglesey County Council (like many authorities in the same position) has been forced to consider closing many of its public toilets. Closing Public Toilets may have unintended consequences such as fouling streets or isolation (e.g. of vulnerable groups who feel unable to go out without assurance of access to public toilets). As such, a prospective rapid HIA workshop was arranged to look at the continued provision of public toilets on Anglesey and this could support the needs assessment of the public toilet strategy proposed by the Public Health Bill.

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
1. Vulnerable Groups?		++	+	Neutral	-	--	N/A	
1a	Age related groups (e.g. children and young people, adults 18-64, older people)					X		<p><u>Older people</u> may:</p> <ul style="list-style-type: none"> • Need to use the toilet more frequently; • Have medical conditions that require them to use the toilet more frequently; • Take medication that causes increased frequency of going to the toilet; • Have less mobility and therefore reduced accessibility to toilets i.e. the nearness of toilets. <p>The number of people aged 75 and older will double over the next 15 years. Older people may be afraid to go places with reduced toilet accessibility/availability, which could lead to loneliness and isolation.</p>

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
1. Vulnerable Groups?		++	+	Neutral	-	--	N/A	
								Children and young people: <ul style="list-style-type: none"> • Require baby changing facilities; and • Facilities for children.
1b	Income related groups (e.g. families or individuals on low income / economically inactive / unemployed / unable to work due to ill health)					X		<u>Low income</u> groups may: <ul style="list-style-type: none"> • Be more reliant on public transport and therefore have reduced accessibility to facilities; • Be less likely to be able to afford a vehicle to access facilities when out; • Be less likely to be able to afford to pay for food or drink if using the facilities at a café or restaurant, which could lead to feelings of awkwardness and social exclusion.
1c	Groups who suffer discrimination or other social disadvantage (e.g. people with disabilities / mental health groups / carers / refugee groups / people seeking asylum / travellers / single parent families / lesbian and gay people / ethnic, linguistic and cultural groups / religious groups)					X		<u>People with learning, vision and hearing disabilities</u> may face language barriers/ communication factors- need to consider how to communicate the availability of toilets. <u>Dementia</u> will increase in older populations therefore there will be an increased need for dementia friendly environments. Need to assess the suitability of toilets for people with disabilities, such as space for wheelchairs, ramps, hand bars etc. Changing facilities for any age. For the future, should have a design standard for toilets to incorporate these factors at the design stage. <u>Homeless people</u> - will be affected by charging for use/ reduced availability of toilets.
1d	Geographical issues (e.g. people living		X		X			May encourage antisocial behaviour in <u>isolated areas</u> .

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
1. Vulnerable Groups?		++	+	Neutral	-	--	N/A	
	in areas known to exhibit poor economic and/or health indicators / people living in isolated areas / people unable to access services and facilities)							Isolated communities where people rely on public transport. <u>Tourism</u> may be affected as tourists may not be able to use beaches, countryside and landscape to full potential if no toilets are available.
What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
2. Individual Lifestyles?		++	+	Neutral	-	--	N/A	
2a	Diet					X		<u>Dehydration</u> - reluctance to drink if toilets are not accessible. <u>Truck drivers</u> may be reluctant to drink to reduce the need to stop. This can cause them to become dehydrated which can lead to lowered concentration and a greater risk of road traffic accidents. <u>Older people</u> may become dehydrated which can lead to urinary infections. Being dehydrated can also enhance certain illnesses.
2b	Physical Activity					X		Older people may be afraid to go for a walk where no toilets are available, which can lead to a reduction in physical activity and greater risk of falls. Wider economic situation (tourism) - may deter people from coming here to participate in recreational/ physical activities.
2c	Use of alcohol, cigarettes, non-prescription drugs		X					+ People may be more likely to participate in these activities in public toilets, which are more isolated, rather than café toilets (more drugs side). - A potential negative, however, could be that they take drugs elsewhere and leave sharps in the environment.

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
1. Vulnerable Groups?		++	+	Neutral	-	--		N/A
								Mitigation – blue lights and charging for use.
2d	Sexual activity		X					Remote public toilets or toilets in certain locations may attract sexual activity/ unsafe sex.
2e	Other risk-taking activity				X			Reduced facilities for hand washing. When facilities are closed they may attract vandalism which could lead to injury.
What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
3. Social & Community Influences on Health?		++	+	Neutral	-	--		N/A
3a	Family organisation and roles						X	Unanimous decision that reduced availability of facilities would not impact on whether a family would go somewhere or not.
3b	Citizen power and influence					X		Whether the public have a say in the closure of facilities (consultation, campaigns etc.). May have more apathy in certain areas – geographical factors (Closure may be near a popular local market, such as in Amlwch). Strong negative if consultation is not done correctly. May lead to communities becoming annoyed by the Council and loss of confidence.
3c	Wider social support, social networks and neighbourliness		X		X			Communities could come together to take care of a public toilet. Volunteers to clean the toilets. Have chargeable toilets and the money can be used to purchase soap and roll. However, this could be burdensome for small communities or people may not be motivated to take care of facilities. A potential negative: reduced accessibility to facilities could lead to a reduction in people going out and

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
1. Vulnerable Groups?		++	+	Neutral	-	--		N/A
								socialising.
3d	Community identity and sense of belonging		X		X			Good impression to have good toilets. Depends on other facilities in the community. Communities/ public may feel that it is another facility that has been taken away from them, another reduction in service provision. Opportunity for council to 'do it well' i.e. consult with the public well, engage and discuss, shape the service (the mobile app), try to get restaurants to see the benefit. On the other hand- Bad impression if the toilets are in a poor condition.
3e	Divisions in community and peer pressure				X			Some residents living near public toilets may hope for closure due to vandalism, noise, antisocial behaviour and being an eye sore. Division in the community between those who want/need the toilets and those who don't (possibly local residents). Fear of crime.
3f	Social isolation					X		As above- less likely to go out if there is less toilet provision.
3g	Cultural and spiritual ethos						X	N/A
3h	Racism						X	N/A
3i	Other social exclusion						X	Homelessness- charging for use.
3j	Anti-social behaviour & the Fear of Crime		X		X			Positive- vandalism. Negative- antisocial behaviour from lack of provision. Antisocial behaviour may move elsewhere. Night time economy. Holyhead/ Amlwch workers accommodation.

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
4. Living & environmental conditions affecting health?		++	+	Neutral	-	--		N/A
4a	Built environment and / or Neighbourhood design		X					Positive: Some toilets not very attractive. Attract vandalism. May be sold on. Potential negative: If closed, may not sell and may just sit there. Mitigation: For future design, to make the toilets attractive. Build in factors to prevent vandalism, such as anti-climb.
4b	Housing and / or Indoor environment		X					Conversion of toilets into housing. Closing of public toilets can lead to reduction in car parking space, information boards, cycle racks etc.
4c	Noise and / or Smell / odour		X		X			Positive: Less vandalism and noise. Negative: Fouling on the streets instead or vandalism may move elsewhere.
4d	Air and water quality		X					Some problems with septic tanks. These may leak into water supply or beach. Look at water quality in future planning.
4e	Attractiveness of area		X		X			Positive: Not attractive. Negative: Could reduce attractiveness of area to tourism if no toilets are provided. Mitigation for future: ensure that they are attractive in design stage.
4f	Community safety			X				Although some toilets may attract antisocial behaviour, closure may cause antisocial behaviour elsewhere. May

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:
4. Living & environmental conditions affecting health?		++	+	Neutral	-	--	
							become difficult to find this.
4g	Waste disposal			X			May lead to increase in nappies etc. being discarded into the environment.
4h	Road hazards				X		Truck drivers driving dehydrated. Nappy changing on the side of the road could cause risk of being hit. Drivers may be distracted. Could be a larger impact in the future from Horizon.
4i	Injury hazards		X		X		Sharps and fouling in play areas, parks and beaches. Mitigation for sharps- could have posters up in toilets saying 'see local pharmacy'.
4j	Quality and safety of play areas				X		Fouling in play areas, parks, beaches etc. Nappies disposed of into the environment. Mitigation- ensure bins are changed regularly. Provision of bins. Intelligence gathering.

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:
5. Economic conditions affecting health?		++	+	Neutral	-	--	
5a	Unemployment and / or Economic inactivity					X	Negative: Cleaners and contractors (such as electricians and plumbers) may lose their jobs. Closure of toilets could have a negative effect on local cafes and restaurants. May impact on tourism. Not accessible and gives the impression of not being welcoming. Expensive destination. Competing globally- people may go elsewhere.

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
5. Economic conditions affecting health?		++	+	Neutral	-	--	N/A	
								Mitigation: Promotion of public toilets. Marketing family friendly facilities for the future. Need a welcoming environment for future economy. Demographics vary on the island e.g. may have more families on Benllech beach, campers. Facility requirements may therefore vary accordingly.
5b	Income				X			See above. Difficult to quantify.
5c	Type of employment						X	N/A
5d	Workplace conditions					X		Health visitors, peripatetic, postman etc.
5e	Procurement						X	N/A

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
6. Access and quality of services?		++	+	Neutral	-	--	N/A	
6a	Medical and Healthcare services		X					Positive: Have a captive audience- poster campaigns and advertisement can be used to get messages across.
6b	Other caring services				X			Negative: Health care workers not being able to use these services.
6c	Careers advice						X	N/A
6d	Shops and commercial services		X		X			Positive: some cafes may see use of toilets as a positive as they may spend money. Negative: some cafes may not like use of toilets. Signs

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
6. Access and quality of services?		++	+	Neutral	-	--		N/A
								saying facilities are for customers only may be considered unwelcoming. Charter
6e	Public amenities					X		Strong negative.
6f	Transport					X		Coaches may plan route via toilet facilities. Cruise ships. Public transport depends on whether people feel confident that there are facilities available to them. Transport hubs. No toilets at Holyhead train station.
6g	Education and training						X	N/A
6h	Information technology			X				Mobile apps with information on locations of toilets. Could include whether these are suitable for people with disabilities and if they are free. Only a positive if you have access to a phone and signal. Key requirement for 3G or 4G so that apps can work. National apps could be used or promoted (Make sure our toilets are on these apps and kept up-to-date).

What contribution does this activity make to:		Expected effect of activity :					Supporting Evidence / Effect on Inequality:	
7. Macro-economic, environmental and sustainability factors?		++	+	Neutral	-	--		N/A
7a	Government policies					X		Amenities are needed, shutting these goes against public policy. Partnership for growth, destination management, economic prosperity, social services act,

What contribution does this activity make to:		Expected effect of activity :						Supporting Evidence / Effect on Inequality:
7. Macro-economic, environmental and sustainability factors?		++	+	Neutral	-	--	N/A	
								Dublin declaration etc.
7b	Gross Domestic Product				X			Negative effect potentially.
7c	Economic development (rural & urban)				X			As above.
7d	Social Justice and Equality issues				X			Vulnerable groups. Making decisions without consultation.
7e	Biological diversity						X	N/A
7f	Climate						X	N/A
7g	Bilingualism and the Welsh Culture				X			Potential for impact on culture of villages and towns.

Appendix 3

Email to haulage company regarding focus group.

From: Huw Arfon Thomas

Sent: 05 July 2016 15:02

Subject: Anglesey Public Toilet Health Impact Assessment

I'm conducting a Health Impact Assessment on Public Toilet Provision on Anglesey as part of a HIA Competency Course. My hope is that this will help inform Isle of Anglesey County Council in any future decision making.

Although the Public Health Act 1936 gives local authorities a Power to provide public toilets, there is no duty to do so. Consequently, faced with the need to save millions of pounds from its annual budget, the Isle of Anglesey County Council (like many authorities in the same position) has been forced to consider closing many of its public toilets. This is a national issue and the British Toilet Association estimates that 40% of the UK's toilets have closed in the last 10 years alone and more are likely to follow.

In October 2008, the House of Commons Communities and Local Government Committee published a report looking at the Provision of Public Toilets. A key recommendation to government arising from that report was that every local authority should be placed under a statutory duty to develop a strategy for the provision of public toilets in its area. In January 2009 the Government published its response and stated that it favoured a more flexible approach, preferring to devolve the matter to Local Authorities and Communities to decide rather than imposing a requirement. However, in June 2015 the Welsh Government published a Public Health (Wales) Bill which included a requirement for Local Authorities to prepare and consult upon Public Toilet Strategies.

Part 6 of the Public Health Bill included a requirement for each local authority to prepare and publish a local toilet strategy, which must include an assessment of need for public toilets in its area, and sets out steps that the authority proposes to take to meet that need. Unfortunately, a few months ago, this bill did not receive cross party support and failed to pass into legislation.

Although my service (Public Protection) is not responsible for delivering Public Toilet provision on Anglesey, many of the unintended consequences such as fouling in streets or isolation (e.g. of vulnerable groups who feel unable to go out without assurance of access to public toilets) are familiar public health themes. As such, I thought that it would be beneficial to the local authority if I undertook a prospective HIA looking at the continued provision of public toilets on Anglesey. This could support the needs assessment of the public toilet strategy proposed by the Public Health Bill if this passes into legislation at some time in the future.

I have already conducted a rapid health impact assessment workshop with stakeholders representing older people and mothers with young children. What I want to do now, is

conduct focus groups with representatives of peripatetic workers and I naturally thought of lorry drivers. I have no agenda or set questions as such as I'm really more interested in hearing your thoughts and what your colleagues have reported to you as issues. It may be useful to gather a few opinions before we meet and I've suggested below some of the questions you may want to ask (those comments in brackets are explanatory text for you only) :-

- What are the problems you face accessing suitable public conveniences when you are on the road?
- Are there some districts on the island that are worse than others, if so where?
- Apart from public toilets, what other private facilities do you use on a regular basis (*I'm interested in finding out what facilities are commonly used e.g. cafes, leisure facilities and libraries etc.*).
- What specific measures do you take to ensure that you are able meet your toilet requirements (*I'm interested to hear if any individuals take any specific measures to ensure that they are not "caught short" so to speak*).
- Are you aware that there are specific toilet finding Apps available for mobile phones. Do you use one and if so, which one. If not, would you use one?

I hope that you will be able to assist and I look forward to hearing from you. I'm currently available from the 19th – 22nd or the 26th & 29th July.

Regards,

Huw Thomas, CEnvH.

Rheolwr Gweithrediadau Iechyd Amgylcheddol (Diogelwch Amgylcheddol) /
Environmental Health Operations Manager (Environmental Protection)

Appendix 4

Focus Group Responses

1. Focus Group with Postal Workers

Worker profile.

- Llangefni sorting office the only one on the Island, previously had premises at Amlwch and Holyhead.
- 83 members of staff approximately 8 of whom are women.
- Many staff members have worked in the postal service for many years; consequently, it's an aging workforce.
- Postal delivery workers may be away from the sorting office for up to 6 hours / day.
- They currently have 57 delivery rounds and they need to consider the welfare of their staff (including designated toilet stops) when designing these rounds.
- Full toilet facilities and showers available at the sorting office, no facilities on vans and it could take up to half an hour to travel back to the sorting office.
- Each postal delivery worker has a PDA which identifies where they are and they would not deviate significantly from their route to find a toilet. They are not currently aware of anybody using a toilet finding app.

Discussion.

Having access to toilet facilities on a postal round is crucial and members of staff would be more disinclined to come to work if they had an upset stomach and no guaranteed access to toilet facilities. Although postal workers get to know householders on their rounds, they would feel embarrassed asking to use a toilet in a client's home, although some have external closets which they may be more inclined to use. They are extremely aware of dwindling facilities. Some Public Facilities have started to charge 20p and postal workers do not always have change. Postal workers become acutely aware of opening times of facilities like garages, cafes and pubs that have toilet facilities and plan their toilet stops. Garages appear to be a particularly valuable resource and these appear to be staff toilets rather than those that a

specifically available for public use. They are aware of colleagues in the past who have had conditions that required them to use toilet facilities more often e.g. IBS and fewer public accessible toilets would be a concern. Those using public toilets are fairly anonymous and do not form a specific client group, so it makes the decision to close them easier, unlike schools or residential homes which have defined users. They are aware that occasionally members of staff will avoid having a cup of tea before going out, just in case they need a toilet later, but they are not aware of a deliberate intention of not drinking so as to avoid using the toilet. Many staff members will make a point of going to the toilet before leaving the sorting office. They were not aware of the risk of slower reaction times, loss of focus and muscle cramps associated with being dehydrated as identified in the CVD News. Drinking sufficient fluids is a safety message given to staff on hot sunny days and concern about accessibility to toilets could discourage people from doing so. They were not aware if council facilities such as libraries or leisure centres were being used regularly by postal delivery workers and a list of public accessible toilets would be useful. They were not aware of Toilet finding Apps and they felt that these could be useful. Although there are many sub post offices around the island these are mostly linked to people's homes and they would not be inclined to use these facilities.

2. Focus Group with Haulage Company.

Worker profile.

- 120 Lorry drivers.
- All male.
- Average age 47/48 years old.
- Drivers are either day drivers (away around 3hrs) or are away from site for several days and sleep in lorry.
- After 9 hours they must either arrive at where they are going to or park up.
- Normally travelling between Depots or Depots and customer sites.
- Approximately 85 -90 HGVs.

Discussion.

We discussed the issues around driving while dehydrated. They were not aware of any situations where drivers have taken any specific measures to reduce the need to go to the toilet. We discussed the issue of discarded bottles of urine along the A55(T). Their lorry drivers have access to showering and toilet facilities at the Holyhead Depot. The discarded bottles are likely to be from drivers that are away from their base for several days. These will need to park up after a certain number of hours and this may be a layby where there may not be any toilet facilities. There could be a need for a specific refuse container at the port where lorry drivers could discard the bottles rather than littering and this could coincide with an ad campaign. They have had various campaigns on keeping hydrated and we were provided with a copy of an article "Got the bottle" dated the 31st March 2016. Their lorry drivers are all male and have an average age of 47/48. We had a discussion around older men having generally more frequent need to use the toilet and that frequent need for a toilet could be an indication of an underlying condition. They have access to occupational health nurse and have had general campaigns on heart health and fitness etc. but given the worker profile they could also consider a campaign on prostate cancer.

Many of their HGVs carry their own refrigerators, but there are no personal hygiene facilities like hand washing. Most of the lorry drivers know their routes very well and will plan their rest stops to coincide with toilet facilities. They must stop every 4.30hrs. This is the maximum they can drive legally before taking a mandatory 45 minute break, but they would normally stop more often than this. Most of these stops will be at depots, customer sites or service areas. Closure of public toilets would not greatly affect them as there are no public toilets on the A55(T). Accessibility by HGVs is a major consideration and facilities at truck stops or motorway service stations are most suitable.

This haulage Company's HGV drivers have an allowance and can recover their costs for parking and meals at truck stops etc. There is a "Snap Account" which is used for this purpose with drivers having a card for this which is chargeable to the company, other facilities have to be paid by cash which is the paid back to the driver after they produce a receipt as per HMRC guidelines. Many Foreign drivers are not as well paid

as those in the UK and are not prepared to pay upfront for their costs, (wanting to maximise their income) so they are not prepared to pay for overnight stays where there are facilities. Although there is a truck stop in Holyhead these lorry drivers prefer to park in unofficial parking areas on the industrial estate. In France, their truck-stops are free to park in.

They are not aware of the toilet finding apps but this is something that could be of use but toilets would need to be in areas accessible by HGV.

3. Focus Group with Coach Company.

Worker profile.

- Approximately 20 Coach Drivers.
- Apart from 1 female, all the coach drivers are male.
- 10 Coach Drivers are full-time.
- A number of coach drivers are elderly and they need to be mindful of length of journey given to some individuals (max 1-2 hrs)
- The Company is involved in many different activities including school run, Port Shuttle Service as well as local, national and international excursions.
- Drivers must have a break after 4½ hours.
- Most of coaches have toilet facilities on-board but these are small and do not suit everybody including those with carers or if they need changing facilities. They advise people only to use these in an emergency and stop regularly.

Discussion.

They felt the issue of public toilet provision was under-appreciated as they have considerable issues with clients and drivers. There should be more public toilets even if there is a charge of 20p. They need to be careful what jobs they allocate to certain bus drivers, particularly older ones, because some need to use the toilet more often. Even a school run could take 2½ hours. Busses have a lot of glazing and in sunny

weather drivers will become hot and need to remain hydrated, which could mean they need the toilet more often. They were not aware of the issues around driving while dehydrated and were not aware of any situations where drivers have taken specific measures to reduce the need to go to the toilet.

They are engaged in many contracts, including cruise passenger trips. If there were toilets with spaces to park a coach somewhere like Cemaes, this would serve as a useful stop and over 50 coach passengers would spend time in the village when they previously would not have done so. Horizon is proposing a visitor centre at Wylfa Newydd and it would be useful if toilets could be made available for public use.

They have toilet facilities on all their coaches and customers often check before booking excursions or holidays. They suggest using the toilets for emergency use only as they need a “toilet-drop” every 1-2 days, dependent on the type of trip. The toilets are small and it would be difficult to change in them or to accommodate a second person such as a carer. They stop regularly, but mainly at service stations, because of parking difficulties e.g. Chester services if they are going along M56 or Builth Wells on A470. They generally use commercial establishments such as fast-food outlets or cafes; however, people may feel awkward about using facilities without buying anything. They acknowledged that there are no toilet facilities along the A55(T) across the island and they are aware that discarded urine bottles have been an issue for several years. Signage for public toilets is also poor, but many of the public toilets are inaccessible by coach. It would be useful if there were facilities with toilets just off the A55(T) somewhere like Junction 6 Turnpike Nant. They are not aware of the toilet finding apps but this is something that could be of use but toilets would need to be in areas accessible by bus/coach.

Appendix 5

Toilet Questionnaire

1. Is it easy to find a toilet when out and about on Anglesey?

YES NO

2. Has the lack of public toilets ever stopped you from visiting a shopping area or attraction? (e.g. beach) on Anglesey?

YES NO

If yes, where on Anglesey was this please?

.....

3. Please tick any of the following that apply to you:-

- I only use toilets that are free.
- I would be happy to pay a small charge to use a toilet.
- I only use customer toilets in shops, cafes and restaurants etc.
- I don't like using toilets in shops and restaurants because I feel I need to buy something.
- I try to avoid using public toilets (including those in shops or restaurants), when I am out.

4. Have you ever chosen not to use a Council run toilet on Anglesey for any reason?

YES NO

Please tell us why:-

.....

5. Have you ever been refused the use of a toilet by a private business on Anglesey (e.g. shop)?

YES NO

Please could you tell us where this was:-

.....

6. Do you think there should be a scheme where people with certain conditions can identify themselves discretely to private businesses so they can use their toilets in an emergency?

YES NO

7. Do you worry about whether you will be able to access a toilet when you are out and about?

YES NO

8. Are you aware of the Community Toilet Scheme, where local businesses receive Welsh Government funding to make their toilets available for public use?

YES NO

9. Would you consider using a mobile phone app to help you find the nearest public toilet when you are out and about on Anglesey?

YES NO

10. Please can you tell us a little about yourself?

Age	16-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postcode	

About this Questionnaire

This questionnaire is seeking your views about publicly accessible toilets on Anglesey as part of a Needs Assessment for a Public Toilet Strategy proposed by the Public Health (Wales) Bill 2016.