



## *Placemaking, Health and Wellbeing Event*

*30 January 2020, Life Sciences Hub, Cardiff*

### *Workshop Report*

Following on the previously successful planning and health workshop held in 2018, this event focused upon enabling further integration and collaborating opportunities between land use planners and public health practitioners. The specific theme focussed upon the importance of embedding a consideration of health and wellbeing both at planning policy and development management stages. Attendees came from a range of organisations including local planning authorities, Health Boards, Local Public Health Teams, Welsh Government, Natural Resources Wales, academia and the third sector and they provided useful insight from varying perspectives.

An update was provided by Public Health Wales (PHW) on various activities such as engagement with partners on Local Development Plans including Health Impact Assessments, local planning applications and national policy consultations and guidance. Current work was also highlighted including guidance on HIA for Local Development Plans (LDPs) 'A Toolkit for Practice' and a proposed new way of working within PHW to establish a single point of contact for coordinating a sole integrated organisational response to spatial planning in Wales.

Various presentations highlighted examples of good practice showing the value of integration and collaboration between the health and planning sectors as well as building a better placemaking approach. The breakout sessions explored opportunities for collaborative strategic approaches in planning development and maximising the value of health and wellbeing evidence at development management stage. Key messages have been outlined below. Details of the presentations can be accessed at <https://whiasu.publichealthnetwork.cymru/en/>

#### Workshop 1 – Opportunities for collaborative strategic approaches in planning development.

Participants were asked to consider “who does what” and opportunities for collaboration between public health and spatial planning in the delivery of a Local Development Plan.

#### *Key Messages:*

##### *Stakeholder engagement*

- Having a clear vision! The preferred strategy should be structured around the solutions and not the problems. A clear thought out set of priorities.
- Local Planning Authorities (LPAs) to engage within their own local authority in a more co-ordinated way throughout the LDP process (e.g. policy teams, transport, environmental health, councillors, policy leads and community councils)
- Early community engagement, review improved ways of communicating with groups. Link up with community groups, use of third parties to assist in communicating plans. Keeping communities engaged throughout the process. How the information and evidence is presented will impact on communities' perceptions of what is planned.
- Establish conversations as to what stakeholders' visions are for the area / plan (i.e. Health to reduce health inequalities)

- What are the needs/requirements of local communities (not just in areas identified for development proposals)? Understanding the key (local) issues and concerns/aspirations of communities.
- When to involve public health – health not a statutory consultee. Understanding the difference between ‘health’ (i.e. National Health Service (NHS) health service provision) and ‘public health’ (health protection, intelligence and improvement)
- PHW to revise internal working and understanding who does what (single co-ordination function). Provide clear guidance to planners to know what is ‘on offer’ both locally and nationally.
- Health and Wellbeing not just remit of PHW but others including NRW (Area Statements) and Public Services Boards (Wellbeing Plans). Need to be connected / engaged early on in establishing the strategic direction of LDPs.
- Early engagement with developers – clear understanding of the LPD vision. Underline the importance of the Health and Wellbeing agenda.

#### *Core Goals between Planners and Public Health*

- Understanding when to involve public health and who does what. Having a list of key contacts in Health Boards, local public health team and to understand what information/assistance can be provided (i.e. local health needs assessments, HIA, WIMD data profiles, evidence reviews)
- Importance of gathering health evidence and information at the start of the LDP process (local versus national)
- The need for evidence – is it bad enough to refuse versus is it good enough to approve?
- The potential for a central resource to deposit and access health intelligence data and allied health evidence.
- Look at best practice from LPAs across Wales
- Design the LDP so that placemaking and wellbeing are central themes.
- Clear signposting from the Health Board and PHW. PHW needs to focus on priorities for Wales
- HIA to be incorporated into the integrated sustainability appraisal (ISA)

#### *Identify areas for mutual improvement*

- Use Welsh Government (WG) health targets to provide a level playing field with all consultees
- Greater influence on national planning and health policy – getting ahead of the curve in policy evolution and direction of travel.
- Greater connection and engagement with Public Services Boards (PSBs) and LPAs both locally and nationally
- Clear guidance for planners when to contact public health – clear recognition to know what is ‘on offer’.
- Improved partnership working – especially with local communities
- Public health need to deliver health and wellbeing evidence in a way that ‘adds value’

## Workshop 2 – Maximising the value of health evidence at development management stage.

Participants were, using a described scenario, to discuss and describe what a good response looks like.

### *Key Messages:*

- Early, clear dialogue with developers to demonstrate that their project will not likely have significant environmental, health and well-being negative impact through earlier consideration of unintended negative impact followed by mitigation or avoidance measures. These set the 'baseline' throughout the application process
- Understanding and knowing who the most appropriate consultees are. Potential conflict with who to consult (statutory versus non-statutory consultees)
- Importance of engaging local communities (including campaign / action) and business groups. Use of a variety of communication methods to engage as widely as possible. Understanding the need for a particular development and how people currently use their local community.
- Avoidance of community severance or wider 'barrier effects'. Use of Area Profiles of communities – who lives there? (e.g. age range, employment, income etc.) and how will the development impact upon them?
- Integrated assessment, including the scoping process. Evidence to inform the design process
- Health 'experts' drawing a conclusion tied into evidence to 'make the case'
- Data availability (knowing and understanding what various consultees hold and what is publicly available) – quality assurance of the data used.
- Potential conflict of data and evidence – how do we get around this and convey a clear narrative? Clear understanding as to what the data means and how this can be applied in practice.
- Potential conflict of policies – set a clear high-level set of objectives and translate this into any application response
- Early engagement with consultees with a clear (health and wellbeing) 'thread' explicit throughout the process
- Public health to produce a 'toolkit of evidence' for planners (including mental well-being, social cohesion, loneliness and isolation)
- To establish / utilise a place standard assessment (i.e. similar to Scotland)
- Need to be mindful of the scrutiny and implications of The Planning Inspectorate in Wales (PINS) in any appeal
- Meaningful community engagement including understanding of varying perceptions about health, risk and community place
- HIA to be carried out at pre-planning and post-application stages. It is important to assess health, wellbeing and inequalities impacts early on, both for health facilities and well-being of all population groups.
- Total engagement throughout the whole process including post development with developers and consultees



- For consultees to highlight both potential positive benefits / opportunities of a development rather focussing on only the negative aspects / unintended impacts.
- Developer commitment / obligations to be upheld including benefits to local communities (i.e. employment, greening, input into community schemes etc.)

### Summary

The post workshop evaluation feedback has demonstrated an overwhelming support for continued engagement between health and spatial planning partners, with the recognition of the importance of more effective collaboration. There is a clear desire to further develop ways of incorporating health and wellbeing evidence and considerations into planning.

Key desired outcomes include:

- A single point of contact within PHW to ensure a single, co-ordinated organisational approach and response to planning policy, consultations and applications. In addition, this will be available to stakeholders and partners to access for guidance and signposting.
- Continue to have themed events and widen the stakeholder groups
- Delivery of toolkits / guidance to improve clarity on when to engage public health in relation to planning policy in Wales.
- Development of a shared portal of good practice, repository of guidance and datasets
- Establish a programme of events/seminars to enhance further engagement and highlight good practice.

We will explore ways to take these points forward, further updates will be found on the WHIASU website <https://whiasu.publichealthnetwork.cymru/en/>

***Ed Huckle, Principal Environmental Public Health Scientist, CRCE Wales/Wales Health Impact Assessment Support Unit on behalf of the Strategic Working Group.***

***March 2020***