Name of Transcription: RegionalP1 19.6.20 Name of Transcriber: Date:

I = Interviewer, P = Participant

Consenting etc. until 0:04:25

I: So, if I could just start by asking you a bit about your role – where you work and who you work with, just a general description would be great

P: Yeah, okay. So, yes, I work for [body] across [region]. [description of location of role]. The main portfolio areas I work on are healthy places, workplace health, worklessness and, more recently, health checks. Just been added to my list recently. So, I guess my main day-to-day clients, if that’s the right word, the people I work with, are local authority public health leads for those areas. Sometimes I work with local authority planners as well as part of the networks that we run across the region. Also connecting with local businesses and local enterprise partnerships, economic forums, NHS and other local organisations

I: Yep. So, you’ve got quite a lot of experience of partnering up, then. What do you, then, understand by the term Health in all Policies? What does it mean to you when you hear that term? What does it bring to mind?

P: Yeah. It’s a good – it’s become quite a used phrase over the last couple of years. I have been involved in what we call the healthy places agenda. So, my understanding of that, at least, is that it usually comes from local authority policies – usually - but it can be beyond that into NHS or other organisations, or indeed businesses, that say that their local plans, what they plan to do with their local authority through their planning powers, through other legislative powers they have, will incorporate and have a focus upon improving the health and wellbeing of the residents in that area. So, whether that is how they decide to develop their spatial plans, whether it’s how they adapt those with supplementary planning guidance, will all be mindful of how that affects the health and wellbeing of their residents

I: Yeah. What sorts of factors are taken into account? So, when the local authority or the people that are interested in taking a health in all approach – what sorts of things are they thinking of, in terms of improving people’s health?

P: The big one I guess where we could have a lot of benefit is around obesity – typically hot food takeaways, for example. That there is good scope there to demonstrate through local intelligence, through joint strategic needs assessments, that there is a high level of obesity, say, in a certain area and therefore the acceptance of new planning applications for hot food takeaways may be limited in that area, because that demonstrates a clear need, a health and wellbeing need for that population. So, that’s one that local authority try to work on, but it has to be quite careful to get the case correct, otherwise planning inspectors may reject that if they haven’t really made a strong case for that and how that would benefit the population. So, that’s a classic example that we see. Other ones may be about how we incorporate or improve active travel in an area. So, where we see more access to cycle networks, where new housing developments are not built in the middle of nowhere so people are trapped and can’t access good public transport, good local walking and cycling routes. They’re often important considerations.

I: In terms of who leads health in all policies work – is it – who is it in local authority that generally brings this to you, or are you involved with in local authorities?

P: It’s gotta be a bit of a team effort, really. I would say definite benefit – it’s generally well-led by public health people, but they can’t do it on their own. It needs to have people within planning departments that are interested and understand it and agree with the agenda. And it needs, obviously, political support too – local authorities to work with to get the correct political support there too – so it needs to be a cross-departmental working relationship with senior political approval

I: Yeah. Can you think of any good examples or really outstanding examples of where you’ve seen that happen? Can you describe it?

P: Let me think. I suppose there’s a few different ones. I guess the difficulty for me is I don’t have really strong detail on those. I do know places where they’ve developed successful active travel strategies – [place] have a really good one. I know they had really strong links with their planning departments. I know that [place] has a great history of inclusive and active travel across their region. At the moment, [place] are in the process of developing their supplementary planning document – very much put health and wellbeing at the centre of their local plans and. I was involved in, actually, one of the workshops with their planners and it was great to see that relationship go forward and developing right there and then. It came as, I guess not close – allies together, as such – but ended their session quite reassured that they were trying to do the same thing and so, I think that was quite a useful session. [short description of programme in region].

I: Yeah. It’s good to know there’s examples. So, I’m quite interested in what a good connection looks like between different sectors. So, you know, Public Health and planning. What sort of connections seemed apparent to you?

P: I think it’s understanding – it’s really understanding one another’s point of view, really, isn’t it? It boils down to – quite often they’re quite similar without realising it, I suppose. And ultimately, planners and public health are just really trying to develop a nice place to live, work and play, really. That they’re very much doing the same thing but maybe coming at it with different words that mean the same thing. So, to be able to really set that down and understand it, really for public health to be able to understand the barriers that planners must overcome to do that and the difficulty they have and to some extent vice versa, how they can support one another. So, you know, local evidence around health and wellbeing can support the decisions the planners make. How they can use – it’s like health impact assessments on planning applications, how they can be useful tools for planners to make decisions – it’s seeing how all those things come together and how they can help one another to come to those decisions is I guess where the magic happens

I: Yeah, it’s interesting that it was a workshop that was organised. Is that something common, or is it unusual in your experience?

P: Do you mean to get that kind of relationship going? (Yeah) No, I don’t think it necessarily is common. I think it just gave a good chance to pull people together there that – I guess different places work differently. It can often just go down to personalities and priorities for local authorities as well and if they have the right – if they’re headed in that right direction then it will work and –

I: Yeah. And it’s interesting that you mentioned politicians as well. Can you expand a bit more on what the role of politics is in health in all policies, or whether you get a healthy transport plan, for example?

P: Yeah, yeah. I suppose it’s kind of everything, really, in the local authority. A lot of the local plans, a lot of local decisions, a lot of the priorities will stem from political weight – it depends on how organisations work. A lot of them, you know, different local authorities have different ways of operating [rustling in background]… you know, lead member for their areas, health and wellbeing teams or public health teams, health and wellbeing portfolio lead and planners will have a lead as well. And without them having that agreement, that understanding about the importance of it then it can never really carry weight at senior cabinet meetings. It can never really get any sort of firm decisions or any kind of, you know, agreement to local plans about how and why this is important. So, yeah, I think a lot of these things will fall over at that level of support. It really needs it.

I: Yeah. Have you had any examples from your partners of strong political leadership that’s made it happen?

P: I don’t, actually. I’m not aware of them, but I’m sure they – I don’t think I’m aware of any that have worked [??] I think I saw it in action at the last session in [place]. I think we saw some really interesting politicians there that understood that without their support these things wouldn’t necessarily work. I do occasionally have – I do occasionally work with local politicians, but nowhere near as much as I used to when I was in local authority. So, generally, people I work with are usually public health and planners – not politicians but usually like to make sure they’re involved if we do have any events, because it’s important that they’re there too

I: Yeah, yeah, sure. When I was at the event at [place], I did wonder how well other politicians that weren’t in the room understood health in all policies. Do you think it’s something that’s widely understood – this partnership thing between Public Health and other areas of policy?

P: I don’t know, honestly. I’m not sure. I’m not sure, positively or negatively. I don’t think I’d be able to answer that question from my experience – you may need someone with better local roots to understand that in the detail. Maybe [??] better perspective or individual local authorities. I wouldn’t like to say what they are, really, honestly

I: No, that’s fine. How easy, then, do you find health or public health to bring into discussions with other policy people? Is it easy or difficult to bring health up in discussions with people that sit outside public health?

P: I think it’s easy. Making the case and convincing people of anything is difficult, but I think public health is – it can at least be linked to anything, really, in the local authority. I think the Director of Public Health in [place] always says that the whole of the council work in Public Health, even though they don’t know, because everything can potentially impact on that. So, it can be – you can pretty much stick in health and wellbeing into any discussion and people will usually say “Yeah, you’ve got a point. It’s an interesting point to make” because ultimately we are – I say “we” – people in local authorities - are trying to improve, as I said earlier, trying to improve the environment for their residents. That’s the goal, isn’t it? It’s about looking after the residents. And the place that they live in. So, of course health and wellbeing is intrinsic to all of that, really. It’s about all the things that we do, I guess. So yeah.

I: And just thinking about the current situation, where obviously there’s a public health pandemic, does that create – it might be too early to tell, I don’t know – but has that created more open doors for discussions of health? Or has it closed down some discussions?

P: I think you’re probably right, it’s a little too early to tell at the moment. I think probably people are still winding back down from the actual emergency response of what’s been going on. I only think now people, at least I work with regularly, are beginning to return back to the normal day job. A lot of people have been redeployed in different areas – I’m sure politicians and I’m sure a lot of their senior management team have been moving to emergency functions. So, I don’t know. Ask me again in six months, maybe. Three months

I: Thinking forward, then, can you think of what, if any, consequences there might be for approaches to public policy. So, healthy public policy as a consequence of the pandemic.

P: Yeah. I think a lot of the work we do will have to readjust and change to be mindful of that. I think we’re still very much trying to contemplate what that is. A lot of our work will – we’re very much in this kind of reset stage now, aren’t we, trying to decide what happens now and how we prioritise health and social care. So, I think eventually we will need to have a more serious discussion about how that focus on health policies and healthy places may need to bend as a result of the pandemic. Definitely what that is at the moment I wouldn’t like to say. There’s bound to be a lot of issues about how we use the environment around us and how that environment affects us. That’s probably a bit woolly, but just a simple way that we will use public transport differently or we will access retail differently, how we will use public toilets differently. What effects it will have on our mental health and what we can do to support people as a result of being [??] and potentially living in in fear of a second wave of a pandemic that we’re not completely through yet. So, those discussions and thoughts are going on – I don’t think we’ve produced our answer yet, but there’s certainly a lot to be mindful of there. There will be positive aspects to that as well. You know, we’ve seen a great increase in people using different active travel - you know, a lot more people have been cycling, less people have been using their cars. You know. Massive improvements in air quality as a result, so, they’re things that we’re looking to really jump on and use beyond sort of pandemic that people can look at working and living differently in a positive way, that they can work from home more, they don’t have travel – as for me, it’s something like a hundred mile round trip every day. I don’t need to do that anymore – I can work from home more. We’ve demonstrated that we’ve got the tools and skills to do that. So, yeah, there’s a lot of positives

I: Yeah, so, thinking of mechanisms. What kind of mechanisms could you use, or will you use, to really mobilise or keep hold of the good things that have come out of this in terms of public health? Is there anything within your gift or power to be able to encourage the maintenance of those good things?

P: Yeah. So, there’s a lot of – so, different funding pots, nationally, about improving local cycling and walking infrastructure. There are – there’s already a bit of a, not necessarily a review, but bit of a stocktake of lots of things that local authorities have been doing to sort of understand what some of the best examples are about how we’ve managed local changes to travel and to sort of active travel. And we’ve got the sort of local networks that can share some of their experiences across the region, which we will use. So, I guess we’ve got feeds down from the national experience that we can discuss at a regional level. And vice versa. So, we have a kind of cyclical kind of learning group there that can help to gather that and understand it a bit more. You know, we’re looking at things like – at the moment – there’s been a change to the [??] that says that any outlook, any premises that are a restaurant or a bar that serves food in a way can become a takeaway instantly without any planning application, just simply sending an email to the local authority and off they go. So, you know, we’re kind of doing a local and a national monitoring process of that – we’re getting a sort of stocktake, working with planners, to say “What’s the impact of that?” you know, “How widespread is that?” “What are the positives and negatives of it?” and “Are we really abreast of what they’re all doing?” and are there places that have just gone “Right, let’s just do takeaway” without any kind of discussion with the local authority. So, there’s examples like that where we have the local and national mechanism working quite well together, really, to see those risks ahead of time and to be able to see what we can do to work on that through our local or regional networks.

I: That’s really interesting. I hadn’t thought about the impact of sudden changes in or relaxation of legislative processes or planning processes that are – so, you’re kind of disabling areas of the local functioning, aren’t you, and there are other consequences like planning (yeah). That’s interesting. How important are these networks to you, then, in your healthy places work?

P: Vital. Absolutely vital. I’m far from an expert in any of this stuff – I just know people that are and listen to them and repeat what they say. Because I couldn’t possibly understand all things healthy places. I guess I understand a little bit about a lot of it, but not all of it. So, it’s vital to have the people around that do know about that. So, a national team is divided up into lots of different people that are specific experts on transport, or planning, on built environment, natural environment, nationally significant culture projects, housing. And I guess I’m meant to be a sort of local person that does all of those things, and frankly I don’t understand all of it in any detail of all. I have a bit of a surface understanding on most of it. But then I know the people locally that do and they help me understand that and they help one another understand that from their bit of expertise. Air quality is another one. So, yeah, without that network, we couldn’t help each other develop that collective experience or understanding of the agendas.

I: And so, how does the network, generally, communicate with one another?

P: It’s been running a while, the network, before I started in [organisation]. And it was a spatial planning and health group. And they usually met quarterly in different places around the region. And occasionally emailed one another. They generally discussed things they were doing each quarter in their own areas. And any kind of national things that were on the horizon, such as there was an update to the national policy planning framework a couple of years ago, which they, you know, wanted to come together and comment on. So, they work really well as a group to be able to pull that sort of knowledge together for that. We’ve recently rebadged and rebranded the group into healthy places group, or healthy places community improvement which is one of the ten, now, community improvement groups across [the region], which are essentially expert groups of public health local authority people on a specific area. So, we have a smoking cessation and tobacco control or whatever you call it, we have a health checks one, we have a sexual health one. You know, kind of big public health topics that we’ll be working with regularly. So, we recently went to talk to the directors of public health [??] for healthy places. So, that’s now become a group and that gives us a bit of a regional voice, it gives us a champion in terms of a public health voice at a regional level. So, that’s quite important for us. For now, we’re just at the point where we were beginning to set out a strategy when the pandemic hit. So, we haven’t quite agreed upon that just as that arrived, but the essence of it, really, was to become I guess what we’re doing already, an expert group on those key issues that healthy places, like housing and planning and transport. Round to develop and improve the relationships with those other key partners in local authorities and beyond to improve health and wellbeing and make heathy places. The clue’s in the title. So, we were just at the point where we were gonna settle on that and make some actions about how we begin to push that forward. We had an event lined up and a few webinars and some tools, some kind of actions to develop those relationships [??] just about paused. I think we’re about to – we’re getting to a place where we can begin to look at that business again. So, that’s what we’ll be focusing on when we go back into our normal routine. So, hoping to put a meeting together in July and we can begin to talk through that again. So, that’s the one I’ll probably invite you to

I: Sure, that’s great, I’d be happy to come. It’d be great to see. Just remind me, what sort of membership is there in the community of improvement?

P: I think all the other community improvements are purely public health leads. So, experts in their portfolio area. I think some of them involve some nurses and I think [regional] Ambulance Service is in a couple of them as well in the north. I think. So, it’s usually public health, but others as well. Some other clinical areas sometimes tap in. In our healthy places group, it’s public health and planners. It’s very much more public – sorry, go on

I: You were about to say it’s very much public –

P: It’s more public health than planners, to be fair. There’s a few interested planners, but our ambition is to make that more – to improve and add more planners to it. You know, we were looking at one stage whether we wanted a chair that was a planner or a co-chair for the group. But we’ll see how that goes. But the idea was that we were gonna have this big event in [place] that would bring in Public Health departments together. And I think we were gonna use that as a bit of a platform to try and recruit some more COIs. Let’s see how that goes.

I: Out of interest, are there any community organisations or like a community voice within these – I’m talking about, you know, people that live in actual places rather than a community of improvement. But in these networks, is there any representation of communities as, you know, in your community of improvement? Or others. Does it not have that sort of function?

P: It’s a good question. I mean, short answer is probably no, I don’t think we do have. But it’s an interesting challenge, actually, that, to be fair. There may be some voluntary services or local community groups that we might want to consider and that’s a fair question.

I: Yeah, I’m just doing a review at the moment. I’ll maybe have a look at those papers that had community representation. It’s different policy areas – I don’t think it’s planning – but I might just have a look at that and when I come to your meeting I might be able to share some examples of collaborations where you’ve got community representation too.

P: That’d be great

I: Just to go back to the remit of the community of improvement and what your role is. So, obviously you’re central to the network of healthy places and other areas, but in your discussions with planners and public health, where abouts do health inequalities and health equity sit within those discussions?

P: I suppose the health inequalities is something that we would try – that we try to cross-cut across all of those community improvement groups across north England. And it’s – it can be quite – it’s a topic where I think we need to spend a bit more time understanding how we do that well in the healthy places group. It’s something I probably have as a priority for us to look at, you know, in the strategy, now more than ever, I guess. The – I suppose what we usually do is a lot of the planning and policy decisions that we have usually want to protect the area where we know there are health inequality, regionally or geographically. We work with a lot of the emerging health partnerships like [??] …they are all health inequality groups. So, we try to [??] some of their priorities. Again, I think it’s something that we need to discuss how we get [??] their group a bit more detail. It’s formative at the moment, in terms of setting that strategy. So, it’s something I want to bring up and discuss

I: Yeah. How well do planners understand or talk about – you know, when they’re talking about health – how well do you feel that they understand ideas about health inequalities and then how those ideas relate to planning decisions or planning processes?

P: In my experience, pretty well. But I wouldn’t like to say – I don’t know whether I have enough experience of working directly with planners to know that kind of accepted thing or not. I suppose ones I’m talking to are the ones that are already engaged and initiated and have been, you know, they already have relationships with public health, so they probably already walk through that stuff if you weren’t already aware of it. I don’t know if I could answer that question for you, to be fair.

I: No worries. Thinking about sustaining these collaborations, it sounds like the network, which is now a community improvement, is pretty well sustained collaboration. What do you think are the key ingredients of good collaborations between public health and other areas of public policy making?

P: I think they need a shared idea to get around to start with. I think it’s got to be something that you all agree with, that makes sense to you all and whether that needs translating into different disciplines or languages, it remains to be seen. But I think you need a common purpose to get around and I think from all the discussions we had when we were planning our event in [place], the thing that we kept coming back to was that we wanted to develop a place that people wanted to live in and whatever, live, work and play or whatever that is, you know, within your area. And that was something that we just kept coming back to – it’s having that shared goal. And once you have that one, or several, if you have ethos or whatever it is, that shared purpose, that shared aim, then the rest of it – you can then expand upon that and build out the objectives and that’s very much what we’ve done. And really wanted to get a bit more collaboration through, you know, an event that we were planning. So, we had our ideas, but again, we felt very public health biased, so we wanted to be able to develop those collaboratively. So, that got a little bit interrupted but hopefully we can do that in the future.

I: Yeah. Just a few more questions, because obviously taking up your time here. Just interested in what kind of research evidence you draw on when you’re working in these collaborations. So, do you use the research base in your collaborations to talk about health? Or planners talk about planning to health and use their evidence base? So, what research evidence do you draw on? I just wondered if you used research evidence in any way, or your colleagues do, to communicate their perspectives.

P: I think we do. I think our national healthy places team is a particularly strong team for us, nationally. And I rely on their understanding and synthesis of the best stuff that’s out there at the moment. They’ve put some great work into developing some useful documents around spatial planning and health and air quality, more recently. So, they very much draw upon the evidence base that’s available. It’s not – you kind of – the non-clinical evidence at that stage. It’s anything I’m particularly familiar with. So, we, you know, we will be looking at what, you know, town and country planning association have put together, or what the, you know, transport for London – the things they’ve put through. [??] traditional evidence route that we’d be familiar with in public health. But yeah, I think we do take an evidence-based approach as best we can

I: Yeah. And why is that important?

P: I guess it’s part of the public health mantra, really. I think evidence is key for us. We’ve got it drummed into us. We want to be led by the evidence in everything that we do. Yeah.

I: And what sort of evidence is convincing? Does it vary by audiences? So, planners – what kind of evidence do they like to see?

P: Oh, I don’t know. I don’t know. You may need to ask them that one

I: I’ll ask them. It’s quite interesting what people respond to in terms of knowledge.

P: Yeah. I once went to – when I first started at [organisation] – we held an event at [place]. It was a really snowy day and everyone managed to make it there. And there was a chap that was talking there about the evidence pyramid. You know, traditionally in public health it’s all kind of grey literature and experts at the bottom and then, you know, systematic reviews and all the rest of it at the top and everything else in between. And he basically argued that, in the planning level, that triangle is on its head completely. So, people listen to expert voices in the planning realm and the transport world. And the evidence is much lower down the pecking order, which I find a really interesting comparison. He was speaking a bit more about transport rather than planning, but I suspect it’s probably similar. So, be interesting to see what drives their processes, yeah. I don’t know

I: Yeah, that’s really interesting. Brings into question what the hierarchy of knowledge is, really, isn’t it?

P: Yeah, exactly

I: Okay. That’s super. And I just wanted to finish by asking anything that you’d want to add about your own experience of working collaboratively across Public Health and other areas of policy. Is there anything you feel like I’ve missed in terms of asking you questions? I suppose it’s just – I recognise that working across disciplines is a complex process and it’s quite hard to capture the complexity in some of the questions, so if there’s anything you wanted to add

P: Yeah. Not really. I mean, I suppose, for me, it can often just boil down to relationships and enthusiasm or priorities or whatever it might be. And often without knowing it you can be stuck in the mud with it, really, which is a shame.

I: How do you recognise good relationships?

P: Oh, gosh. I suppose it’s just how people work well with one another, quite simply. So, being able to listen to each other and constructively challenge one another, I suppose. The best ones are the ones that can do that and walk out as friends at the end. And it, yeah, it can boil down to personality goals. So, you’re often, I guess, up against traditional institutional biases, that’s not the word. The sort of history and a mentality of an organisation. I can’t think of the word I’m looking for. So often it can take a while to break those down and to find common ground, I suppose. That’s often the difficulty.

I: Yeah, okay. That’s really helpful. Thank you very much.

P: I think we’re working on getting the planners involved more regularly in the group. I worry that we’ve lost a bit of momentum, really, because of the pandemic. We’ll see how it goes in July – I’m not quite sure how the meeting’s going to go, but you’re welcome to come

I: Okay, that sounds great. Thanks.