Name of Transcription: LA5Pa 20.7.20

I = Interviewer, P = Participant

I: Okay, if you could tell me a little bit about what you do at [place] and what your role is, how long you’ve been there, those sorts of things

P: So, I started working in Public Health in [year] – seems ages since now. Obviously, that was during PCT days, so prior to local authority. But since moving into the local authority, obviously the way we worked – it became sort of a different focus, really, in terms of how we worked with other colleagues, whereas we were sort of mixed in with the NHS. This gave us much more opportunity around some of the policy stuff to try and get involved and try and embed public health a bit more into more of a mainstream thing, really, rather than an added thought - try and get it sort of embedded in there. So, my role came in planning – that changed from what it was. And then I got involved in the planning side of stuff. And it’s there, really, where I’ve tried to have some influence on policy. Quite a lot around our hot food takeaways, gambling, some of the lifestyle choices, I suppose, if we want to call it that around people’s behaviour and what we can do with planning to help – not decrease the opportunity – because obviously there’s a certain amount of things there already – but not increase that opportunity. And start getting people to think about inequalities, where they exist, and how sometimes places are targeted because of that, which has probably been a bit – I don’t think planning people thought about that before. I found it surprising because obviously planning and public health – historically – were well linked. But obviously that’s all changed and I think they’d lost that way, so I think using Public Health coming into the authority was the way to try and start – like I say- embedding some of those initial principles back into planning. So, we’ve recently – in [place] – been doing our local plan. So, we’ve been re-writing all of the policies. So, it’s been a really good opportunity for public health to input into those and put their views forward and get some of those policies to be more explicit, I suppose, around public health matters. So, right across the board, really. I’ve mentioned hot food takeaways and gambling, but around green space, around, you know, our ageing population, all types of stuff. Myself and [person], we did a bit of a health impact assessment on all our local plan policies, we did it between us. And we submitted our responses around how we think the policies should be more detailed and more specific around health and wellbeing and not so much around just the building itself or the plot itself or what actually it is that the planning application’s for. We wanted it to be a bit more human and a bit more about people. Some of our things, as well, is that we’ve – well, when I get an application – cause as well as that side of work, when we get applications in for a controversial bill that might be coming, or a large scale development, something that’s gonna have a big impact on our communities, we do health impact assessments as well. So, that all sort of feeds together in a way. It’s a bit of a joined up – if we can get it in policy that’s best, cause obviously policy is what matters in planning, but then obviously we’ve got all these other ways in to try and get that health message across there. I’ve forgotten where I was going with that now

I: So, those are the large applications that have got a –

P: Yeah, so we’ve got a bit of a criteria. We’ve got two types of health impact assessments – one’s a rapid for smaller developments, say, up to 100 properties. But anything over that has to have a comprehensive health impact assessment. But then we get applications in for odd things – sort of mineral extractions – they’re not your usual types of applications. Mineral extractions, for example, and that’s like a massive piece of work that’ll go on for several years and it could be impactful on a community because they’re transporting stuff to and from. But what we’ve noticed – that’s what I was thinking. When I first got involved with planning, all the planning officers or the development management team – they just see what’s within that red line on the planning application. And from our public health perspective, what we wanted them to do, through policy if we can, is to think broader around – that’s what’s happening within the red line, but what’s happening outside of that and how’s that going to impact on those communities that are around there? So, it’s not just about people living there, it’s about how they travel to and from places, all that connectivity stuff, you know, can people get to shops? What types of housing is it? Is it actually what we need in that area? So, we come in through that point of view to try and get that Public Health perspective and try and get them to think about people

I: Do you present it to them like that as well? Quite interesting idea – that idea of a red line. How do you explain it to them?

P: We’ve done some work our planning colleagues and our development management teams around introducing the health impact assessment and that’s the way that we’ve described it – that we go beyond that red line in that application. That we’re looking at the whole area and how that might impact. So, it might be that it’s not particularly near any communities, but it might be on a, you know, piece of green space that’s popular for people to have physical activity on. That kind of thing. And talk about the internals of buildings and developments as well, around stairs and lifts not being prominent and even things like having access to water fountains and things like that. If we get applications in – we get quite a number of things coming through where they talk about – you know, it’s gonna be maybe a community centre or something. “Oh, yeah, and we’ll have a café in there and we’ll have healthy food.” But that’s not good enough, is it? Because what we need to know is “What do you mean by healthy food?” cause we know what’ll happen. They will have some healthy choices, won’t they, but we know what people like to buy. So, we do quite a bit of work around trying to also embed what public health means a healthy diet might be. And we’ve got a bit of a checklist about what to avoid kind of things. So, we do some work around that kind of stuff as well. But not all that’s in policy and that’s where the difficulty lies. Because unless it’s in policy, we don’t have the strength behind us to make that happen. So, that’s why we did quite a bit of work with the local plan, which is just going through inspection at the moment, so that’s all having to be done mutually, so that’s a bit strange as well

I: Sorry, just get me up to speed on what inspection is.

P: So, the local authority has re-written all their planning policy documents. That’s pulled together as the local plan. And that goes to the planning inspector for approval, really. So, what they do is go through it all with a fine-tooth comb and question everything and want to know the evidence for everything. So, the things we’ve put in policy, or the things we’d like to put in policy, so around the hot food takeaway, so not being within 400m of a school, that kind of a thing – we’ve gone a bit further and tried to say that we didn’t want any more hot food takeaways in any area where our childhood obesity is over 10%. And when you look at it, that’s everywhere, really. So even our most affluent areas – it’s above that. So, yeah. That’s the kind of thing we’ve put through. But the thing is there the inspector will say “What’s your evidence for this?” So then behind that we’ve had to do evidence reviews. What they don’t like is national data. They want it localised. It’s easier with hot food takeaways because we’ve got the data around childhood obesity – we can see how many we’ve got. Some of the issues we’ve got have been around gambling. So, for example, we don’t want any more betting offices. And actually, some of those are starting to close down now. But we’re getting a bit of – when I say an influx, it’s not an influx, cause it’s only a couple – but we’ve had a couple of new gaming arcade applications come through. You know. And we’re talking about young people and gambling. So, we need some policy around that as well. So, we’ve sort of got something in the local plan around the gambling side of things. And again, we’ve had to put that evidence review. But if the inspector says “Well, no, that evidence is not strong enough” and particularly with the gambling side, because evidence is very poor as it is and it’s difficult to get local evidence around gambling statistics, cause it’s not very visible – it’s just not as visible

I: Not like a child measurement program or whatever it is, so it’s very difficult

P: Yeah, and people that have got issues tend to present with something else at a GP. Or, you know, they’ll have depression or they’ll present with one of the associated issues rather than what actually is causing it. So, that’s really difficult. So, for example, we could maybe – cause our evidence we’ve got for the hot food takeaways, they might say “Yeah, that’s fine, that can go in the policy” and that then makes our life a lot easier in terms of any applications coming in because, you know, we get talking about some of the internationals – like McDonalds and everybody as well as local businesses. And currently, what I find difficult is without a policy is that, you know, the McDonalds of this world can afford to – if we refuse an application, they can afford to take it as far as they like to get that premise, whereas a local businessman can’t. And there’s almost like – even though we don’t want any, there’s even a bit of an inequality in terms of – well, we don’t also want a place full of multinational chains either and wiping out our small businesses that are creating a little business for somebody. And you know, some jobs for local people. So, it sort of in itself creates some weird thing around – you know, a small businessman probably thinks “Well I can’t go through all that and challenge the decision” so, if it were in policy and applied to everybody, that’d just be the most fair way to do it then.

I: Yeah. So, when you’ve been working with planning, sort of going back to maybe how it originated, you know, thinking back to the PCT days or when you started to switch over to local authority, how did you create that relationship or how did the people you were working with in Public Health – what happened to make that relationship start up?

P: So, we just sort of – well, it was difficult, it’s not easy. And it’s just plugging away at it, really, but what I found in [place] – one particular person that works in planning – she really got it, what we were talking about, and so she’s been our advocate, really, in planning and helping get everybody on board and it sort of developed through that relationship and that sort of got us into making that relationship wider. That’s not everybody, even now is still on board if you know what I mean. Planning’s a bit of a black and white type sector. So, if it is in policy that’s fine, and it’s either in or it’s not. And some people don’t really understand inequalities – they think they do, but then they don’t. So, what I’ve decided I’m going to do is do some more work, I think, and try and do a bit more – it’s gonna be difficult during virtual meetings – but do some more work with colleagues to try and bring them on board. But it’s maintaining those relationships. I mean we’ve got – aside from planning – we’ve developed a group in [place] called the [name] and we bring together a whole team of people from across the local authority that has some kind of – they’ve got some kind of link to active travel and that’s whether it’s highways, or whether it’s transport or whether it’s planning. So, we’ve sort of broadened the relationship across and it sort of all happened at once, really. It was a bit strange. But you seem to be plugging away and plugging away, and then everything seemed to come together, if you know what I mean. That hard work sort of paid off. But it’s just – it’s how you frame things, as well. I think it’s like you’ve not got to – I think Public Health’s sometimes seen as – especially when we first moved into the local authority and nobody really knew what public health was, cause they kept thinking we were environmental health, cause environmental health used to call themselves public health apparently, years ago. So, there was some work around sort of getting the myths and stuff around what our role was. And sometimes it’s not very easy to explain public health, is it?

I: No, you’re right – lots of different versions of what it is

P: Yeah. Different aspects to it. So, there is some of that kind of stuff. Yeah, so we’ve sort of developed relationships through just plugging away. But going with the idea that what we can offer you rather than us, like I say, them thinking we’ve got this “You’re telling us what to do – don’t drink, don’t smoke, don’t this, don’t that”. It’s that kind of thing where we had to try and like turn it around and say “Well, what can we do to help planning and development management get the best out of Doncaster for our residents?” - back to people again. We always say that, but they talk about the actual product, whereas we talk about the people and that we need to merge them together so we can get the best for our - cause there’s sort of the – even though it’s not linked in with planning, economy – well, it is linked in with planning, that’s not what I mean – but for the local authority at the moment, the economy is a big push. Cause obviously even before COVID they’re wanting people in jobs, people getting, you know, earning a living and having a job and a life that way. And there’s always the battle with economy and what, as public health, thinks are the way to plan things. So, there’s some stuff around – overdevelopment, warehousing and things like that, and they’re not good quality jobs particularly for people. So, we’ve got that in it as well when we’re thinking about what we want for [place] and what kinds of land use and things. Went off track a bit there

I: Just thinking about what you said about how difficult it was initially and then how you’re chipping away at building these relationships and making the links and things. And you said something about “All of a sudden it just seemed to come together after working ages on it. It suddenly came together.” And I was just wondering what you thought might have caused it all to come together – what was behind it?

P: So, I think some of it was that we did quite a few information sessions – we went to their meetings, they could come to our team meetings and present, so we heard both sides of the plan. And I think it was just when they realised that we weren’t there telling them what to do, if that makes sense. That we wanted to be helpful about planning and you know, there’s lots of documents, especially when we first sort of went into the local authority, around, you know, not just in planning but across the board, about how public health should now be working better with whatever department. So, I think it was them understanding as well that we’d moved into the council. And I think they thought we were maybe something to do with health, cause we’d come to the NHS in terms of a health delivery kind of health service, whereas what my role was more around influencing them to think about health and wellbeing whilst doing their work. And what information could I give them. So, a lot of that is around the evidence and the statistics and understanding our [place], where some of the issues are and why we don’t want something next to a really deprived community that’s struggling, or we don’t want a blooming dual carriageway building straight through the middle of a park, you know, this kind of a thing. And getting them to look at the wider – I think it was just that they got used to us being there, really. You know? That kind of – it sort of became more natural. And then obviously as time goes on you get to know more people cause you’ve been to more meetings. Like we were saying at the beginning of the call – it’s difficult to just have a chat – but it’s relationship building isn’t it? There’s been a lot of that stuff going on as well. And then when it came time to do the local plan, they were really keen on us to be doing the health impact assessment on it, and they did change some of the policies to reflect that – not every one that we commented on - but they changed a number of policies to be more public health focused and then we wanted it in policy that we could do the health impact assessments, cause at the moment it’s not policy. But if it’s not policy, you know, a developer can come back and say “It’s not policy – I don’t have to do it” which is a bit of an argument. I mean, don’t get me wrong, some of them have been really good and we’ve had some developers do some piloting of it for us before we sort of put it out wider, which has been really good. But again, that’s relationship building, isn’t it? And I think when it comes down to it, that’s the way – you’ve got to get people on side. You know? And offer them something. And I think like you say, because we could say “Well, we’ve got all this data, public health as got loads of data about loads of stuff”, we’re not just saying “Don’t do that because of x y and z” and we’ve nothing to back it up. We can say “Don’t do that because of X, Y and Z – and this is the evidence why we’re saying that” And I think having understood public health better and the amount of evidence that we can produce and get, has probably been another lever into it, because we’re not going in just looking opinionated about stuff, we’re going in saying “This is why” you know? And when you talk to people and have a discussion, they understand it. And if you can make it realistic to a place and I’m sure you can think of places in your area where you can say to somebody “We’ll use that as an area to describe” Well, if you think about the people that live in that area, what impact would that be on their whatever it might be? You know, if it’s takeaway or something and you think “Actually, it’s an area where there’s a lot of deprivation, there’s a lot of young people hanging about, are they gonna suddenly go into a gaming centre?” You know, there’s only so much enforcement you can do, isn’t there? And I’m not blaming the enforcement for it for a second, but we know that people can go into pubs underage and get drinks – it’s no different. We try and enforce it, but we know that it does happen. And I think that’s another thing about, you know, be realistic about what we know goes off as well.

I: Yeah, it’s really helpful having your perspective as well from being part of the transition to local authorities cause I’m not sure I’ve interviewed many people who’ve been through that process. And you mentioned before that there was a mandate when you arrived to link up with other departments. Do you know where that mandate came from? Was it central government?

P: I don’t think it was ever anything written down – I think it was just our director of public health at that time. I think we just all knew that it was gonna be – there were loads of documents from various things from LGA and I don’t know where else. There’ll be a lot of stuff on king’s fund and places like that. You know, documents saying “Now you’re in local authority. This is the perfect opportunity to do x, y and z” and that’ll have gone across the remit of public health, I’m sure. Obviously, I’ve only taken more notice of the ones that involve me. And likewise, now, gambling’s made a massive – well, over the last couple of years – has been a massive headline. And there’s loads of documents coming out about that from various different agencies about how to use your place in the local authorities as local authority officer to do that. And I think that’s been – for me – that’s been one of the biggest benefits of moving from the PCT to the Local Authority. The funny thing when we moved into the local authority was, we went into a [place]. We were there and there were hardly any other teams in, so it was almost like nobody knew who we were. So, we had to do a bit of just relationship building in general just to say “This is who we are and this is what we’re doing”. You know? Just small steps to start with.

But the other thing that’s interesting as well and it’s probably helped with the relationship building is that we’ve been [different places] whilst we’ve been in there now. So, you know, you get used to team around you. I think we had our data analysis team were with us when we first moved in. So, you get to know those people and that was obviously important. And to be honest, that arrangement of travelling around the building and being with different teams and getting to know different people is one of the ways of us relationship building. So, then you can go in and start talking about policy and how you might influence that.

So, cause other things I’ve been involved in, I think every three years or five years, we have to re-write the statement of licensing policy for alcohol and gambling. So, I’ve also done pieces of work to go in that around public health. And public health had never been mentioned in them before, cause there’s a sort of set policy that comes out from government and areas tend to then just put their localised information in it. And then in the alcohol side of things, the Director of Public Health is a responsible authority, so he would get notified of any applications. And that was something else that we managed to pick up better whilst we have been in. So that is in policy that is there, built that relationship better as well with licensing. And we’ve got a proper relationship in terms of responding and being able to put comments in and use the evidence again. So, there’s odd different small policies – not small – but you know, one off sort of policies. And I did a lot of work around when the gambling one came up for renewal and we added some questions into our primary and secondary -well, mainly secondary school pupil survey, lifestyle survey that’s out every year. And the evidence from that, the responses, meant that I could put something into our gambling statement of licensing policy around gambling and the impact of young people. So, let’s take that to overview and scrutiny and the members were really keen on the work that we’d done around that. So that’s another way then that being involved in the policy and then going to talk to somebody else, a different set of people that you maybe wouldn’t collectively get a chance to speak to in that way, they then understand where we’re coming from and want to know what we’ve done about it and they now want to know year-on-year what our school survey is saying, what we’re doing about it and that opens up other avenues for work then. So, policy in different ways. So, there’s policy around planning that are really specific about what you can and can’t do, but then there’s our own policies where we can put a local interpretation on them and put that evidence with them

I: Yeah. And so, then it goes, like you say, the scrutiny element too. What kind of role do councils play or leaders, political leaders, play in pursuing this agenda in [place]?

P: So, we’ve got a cabinet member that’s for health and wellbeing. So, we’ve got quite a good relationship with them and we go and every so often we’ll give him an update, [name], our director of Public Health, will invite us to one of their meetings and we’ll update Councillor [name] on what we’ve been doing.

I: Is that the portfolio holder?

P: Yeah, they’re our portfolio holder for health. And then they can – if we’re struggling, if we’ve got issues or challenges that we need to help break down a little door for us or something, they’re really supportive that way. So, there’s all those different elements then so that when you’re doing policies or trying to get something in policy, you’ve got more people on side because you’ve got that backing. And I think that was a strange thing going from the NHS to the local authorities, that we didn’t have to go through a cabinet or a council procedure and that’s, even though we’ve always used evidence, I think that’s made it much more – important is not the right word – but it’s much more of a requirement that we have got that evidence and we can say to them “This is why we’re doing X, Y and Z”

I: Is that demanded by the councillors? By cabinet and so on?

P: Yeah, it’s – I don’t know what your experience is of working with councillors, but quite often a lot of the issues that they bring up are from members of the public, and rightly so, but they’re not particularly evidence-based type issues. And they maybe don’t sometimes – not that they don’t understand it, but they’ve probably never been in that arena where they’ve had to think about evidence in the way that we have as public health. So, I think one challenge has been sometimes how to get that information over in a way that’s understandable to them, so that when we’re talking about policies, they have got an understanding of why we want to do it. I think they know why we want to do it, but I think it’s the evidence to say “This is why we should be doing it in [place]”

I: Yeah, how do you tailor it to councillors’ needs? It sounds like quite a tricky task.

P: It’s like any job where you go out and speak to people. You’ve got to tailor it to your audience, haven’t you? So obviously you’d be taking out any academic-type writing – you’d just make it much more plain English and much more specific. You might have to bullet point things so it’s quite clear why you’re doing it. You just take it down to that easy reading level. And also, they’ve not got a lot of time to be reading loads of documents. So, even if they are used to reading papers and things like that, they’ve not got the time to do it. So, everything needs to be sort of – you know, one or two sides, really, is sort of enough. So, you need to be key to what you’re saying. And everything has a paper attached to it, so you get chance to write it down so they can read it, and then of course if you’ve got to go and speak at a meeting then you can go into a bit more detail, can’t you, about the information? Or [name] can, it’s probably [name] who’s having to do a lot of those meetings. But yeah, it’s getting them to understand it. And I think it’s being persistent and consistent as well. So, your messages are not getting muddled up and mixed up. And that sort of keeps, you know, cause at the end of the day they have to vote for our policies – it’s their decision. So, we’ve got to present information in a way that we know they’ll understand and they’ll realise why we want to do that for [place].

I: Yeah. Can you think of any examples where you’ve really had to work at getting that political buy in from your side of things?

P: I think we’ve had some challenges with the planning committee around even – I think it’s difficult, isn’t it? Because although the councillors are on committees, they’re still human beings with their own thoughts and their own prejudices and their own values and whatever and their own area of people that they want to keep on side. So, it’s a difficult one and sometimes it’s been difficult for - even though they’ve explained it and we’ve had the documents and everything else, it can still be challenging for some councillors to take that forward. And that’s down to individualism I think, more than how things have been delivered. So, it’s like any area – you always get some people that are more challenging and some people that will embrace stuff more easily, I suppose. It’s a tricky one – tricky one. So, every year I go and deliver training to our planning committee, so we’ll talk through various topics. I’ve talked through about takeaways, I’ve explained the health impact assessment process, talked about the relationship between planning and public health. Cause obviously the planning committee are not planners or development management people – you know. They’re basically lay people with experience in other areas. So, it’s explaining some of that. And even some of them’ll grasp it and go with it, but there’s others that I think like a bit of an argument, really. Like to challenge it. That can be quite tricky. It’s just plugging away, again. You’ve just got to be consistent and persistent and keep using your skills to try and bring them round, eventually, and the more and more people you bring on board with it, the easier that gets, doesn’t it? Cause you’ve got more people singing from our hymn sheet, I suppose.

I: What do you think are the skills of people who either work in public health or work in the other sectors you’re trying to influence or work with? What are the sorts of skills that you need to be able to make it work?

P: Well, obviously communication skills are key, aren’t they? So, I think it’s around – you know, it’s all your listening skills, it’s about being persuasive, it’s about knowing your stuff as well. Cause councillors will question you and they’ll put you on the spot and you may have been involved in similar things yourself. And that’s right – that’s their role to do that. You know? But it’s about being confident in yourself and knowing that what you’re saying – you know you’re right. And it’s about being kind, as well. You’re not there to start having a go at people, are you? They can have a go at us, but we don’t retaliate in that way. We stay calm. We just reiterate our side of things and like I say, we’ve got that evidence base, and we just slowly explain why we’re doing it. And I think again they get used to you. So now I’ve done that training I think for the past three years and although it’s only like sporadic, once a year, but sometimes I’ll go and sit in our planning committee meetings - well, I was doing, but not now – cause they’re public meetings. They get used to seeing you about and then they can start, when conversations come up at the actual planning committee meetings. You know, somebody might have a question, you know, question from member of the public about why we’re losing that green space. It sort of starts to become a bit more real. I think that’s the difficulty. Sometimes we talk about things and they don’t actually seem real until something comes in and then it’s like ticking away in their minds. So, it’s keeping that going, somehow, that’s probably tricky.

I: Yeah, sure. And also thinking of the skills that you use working across the policy areas – are they the same or different in a way?

P: Well no, I think it’s a bit more – the way you speak is probably more professional – that’s not the right word, cause you’re always professional, but you speak at a different level when you’re working across policy teams because they understand what you’re talking about. You can sort of talk about data and you can talk about things. And not always – cause I don’t understand planning, so they have to bring things down to a certain level for me to understand, cause I’ve not got a planning background – I’ve only learnt as I’ve gone along. So, I rely on those people to explain things to me and the way I have to explain things to them from the public health side. So we just build a mutual partnership, I suppose, where we can help each other and as time’s gone on and I’ve got to know more planners and you get more friendly with people, cause you’ve had a chat with them or you’ve had some weird planning application come in. What on earth’s going on kind of a thing. And you know, you just start and say “I don’t know what that means – what does that mean?” And there’s loads of different levels of planning. So, an application will come in, but then they’ve got all conditions attached to them and it’s at what point can public health have ay influence? It’s at the pre-planning stage, really, as early on as you can get it. So, it’s all that kind of stuff which you want in policy so that they can get to pre-application discussions. So, before something is even properly drawn out and they’re just telling us their ideas, we can say “No, this’d be really helpful if we could have – “if that little path just connected to there instead of all the way round there, they could cut through and get to the shops really easily” you know, that kind of a thing, just some small things, really small, but it could happen. Not all big things

I: So, is there a system then, either formal or informal, that makes that happen? When something comes in to planning

P: So, we’ve got systems in place now so when we get what we call a pre-application come in, that should get highlighted to –used to go directly to [name], but obviously we just bypass that now as time’s gone on, don’t do that, [name’s] delegated to do it. So things come through – we can be invited to meetings about it or we’ll get the early designs that we can have a look at and we can make comments on them which is really good if you get it at that stage rather than when it’s been completely drawn out and it’s ready to go kind of a thing. It’s already gone through planning and it’s a bit late then to make the changes that we might like. And like I say, with the health impact assessment process – that gives us a chance to talk to the developers, but again, because it’s not in policy at the moment we can’t make them do it and that’s where policy’s very important in some areas. Other areas maybe not so much, but in planning it seems to be really – because we know that if we want something, the developer will just come back and say “Not in policy, is it?” that’s basically what they’re saying – they’re not saying it that way

I: So, is that what you’re trying to get at the moment, trying to get health impact assessment in policy?

P: So as part of the local plan process, we’ve put in there that on certain criteria – there’s criteria where we health impact assessments completing and we’ve left it slightly open because we’ve got the criteria on the land size or the building size and what have you, but then we’ve got one where we’ve called it an impactful application, regardless of how big it is – we want a comprehensive health impact assessment.

I: And is that impactful in terms of people – like you talked about populations

P: it’s impactful mainly in terms of people. Say this mineral extraction that I’m talking about is going to go on for 9 years or something and that’s going to be, you know, a certain size of a lorry going up and down streets and taking all this stuff away. It’s not directly impacting on a person – it’s impacting on a whole community. And we have to think about what that would be like to have. And it might be you say something simple like “How would you feel about having 20 trucks going up and down your street day and night for next 10 years?” You know, that kind of a thing. You sort of put a realistic thing on it – and where transport’ll look at it and they’ll say “Well, there’s no impact on this junction or that junction” and Highways will say something. But none of it’s really around how that’s gonna impact on the people that are living there. You know? Often dust or noise and you can’t get in and out of your own drive or whatever else – you know, that kind of a thing. Really things that we all take for granted, it could be impacted. And then that is really stressful for people. Their health and wellbeing’s starting to be tilted the wrong way, really, and if you’ve already got issues and something like that. And again, we’re talking about most of these things seem to happen in deprived areas. And the people have got less of a voice because they’ve not got that confidence or time or skill to challenge. So, I think we also sometimes start being the voice of those people, not directly, but we’re sort of sat there trying to speak on their behalf, almost

I: Yeah. That’s interesting in itself and it relates to what you said before about how to communicate inequalities to other people, either to planners or transport people and I don’t know about councillors, cause some will represent disadvantaged areas, won’t they? But how do you present information about inequalities? What do you do to create an argument?

P: We’ve obviously, like I say, we’ve got loads of data. We use the local health profiles from public health England fingertips. So, for example, on a hot takeaway application or I’ve got a set template and I just bullet point the figures in there. So, we’ll talk about in whatever ward area, childhood obesity – whatever % is overweight and whatever % is obese. Cause we’ve got that off the data. Talk about where it is in terms of the deprivation scale, where it sits. [place] as a whole is a deprived community anyway, so when we talk about it being, I don’t know, most deprived or second most deprived community in [place], also to consider that [place] is deprived as a whole. So, comparing it to something good, if you like. Comparing it to something that’s already – so it’s the worst in a [place] that’s not good. Comparing it to national. So, it’s getting some of that across. So, I bullet point some of those. And then we do some calculations about how many hot food takeaways there are in that ward area, what the population size, what nationally we see as the average number of takeaways for a population. So, you’ve already got 11 and you should really only have five for a population of this size. And then you’ve got another one coming. So, you’ve got to sort of talk about stuff like that. But for planning purposes, we also then have to link it to the planning policy. So, that’s where the policy comes in, you see. So that’s the evidence, and then can link it all to the policy and we have to quote policies. So, I worked with a planning colleague to put together that template, so I gathered the data side of it from our perspective and then she did the paragraphs that relate to the planning policy and quoted those. And then we’ve also – I’ve also done an evidence review for [place], and there I’ve quoted lots of different documents around the link between obesity and hot food takeaway and deprivation and all that kind of thing. So, it’s joint piece of work, really, from planning and public health that gives us that evidence. Cause we can say it, but it’s got to link to that policy.

I: Do planning then have policies and strategies that relate to reducing inequalities as well?

P: Not really, no.

I: Okay, so you’ve got to present it as something that’s kind of like a win-win or something?

P: In the last document with all the policies in for [place], [name], who’s one of my colleagues in planning who I work with quite closely did a “find” on it for the word health and it came up once and that was it in the whole lot of policies. So obviously now, when we’ve been through all the new policies, we’ve talked about health and wellbeing, but nationally a health chapter was brought into the national planning policy framework so it made it easier to start and talk about health and make those links between – so we can talk about healthy highstreets and make those links and try and put something in policy to pick that up. So, it’s sort of working with the new policy and linking it to the evidence that we’ve got to create a policy – yeah, the new planning policy framework which is the national document which all local authorities have to plan their policies around, and then we bring our evidence in, so it covers everything like the number of houses that you need in an area and potential growth and all that kind of thing. But it’s linking it all together, so obviously I think it never really spoke about pedestrian and cycle ways, so we’ve been bringing all that kind of stuff in more, making it more explicit so that it’s there in wording. So, it’s not just like – they might have put odd sentences in. I’m going back a long time when they’d written the last one in – I think it’s really old, 20 years or something, so you can imagine it’s totally outdated. Pre us being involved at all. So, they weren’t explicit with things, so we’ll sort of say “Well, for pedestrians and cyclists” we’ll be very specific about what we want that to say about transport and pathways and how people can move about a community. About speed limits, you know. Not specifically limits, but in built up areas about the 20mph zones and things like that.

I: Do you think it makes a big difference? Your involvement over time has made a big difference?

P: I think it has made a difference. We get more direct contact now from the planning team around applications. Cause we used to sort of nearly have to – you know, keep pestering, I suppose “Have you got any applications we need to be looking at?” kind of a thing. So, we’ve got systems in place for that coming through now which is really good. And people are understanding more around why we’re doing it and getting used to it and if the inspector approves the policies then that’ll give us that level of - well, it’s at a policy level, isn’t it? We can’t really argue with it. It’s that sort of “Yeah, they work in a black and white way, it’s in it now” Yeah.

I: Just to add a few questions about the current situation and sustaining this sort of work, cause obviously you’ve had quite a big shock – everyone’s had a big shock to the system (both laugh). And we’re all sort of thinking, trying to think ahead, but it’s so uncertain, isn’t it? So how do you think you’ll carry on sustaining this sort of intersectoral work at [place]? You know, between public health and planning. What do you think the future holds?

P: Now we’ve got into a proper process that’s quite easy to manage. So, I’m still getting applications through, I can still go through them, I can still request health impact assessments – anything like that has not changed. Our planning team have started doing a weekly list of impactful - on top of general applications coming in. Impactful or harmful applications, as they see them. So, I get notified about them so I can do the work. It’s just that physically not seeing somebody, whereas you can’t go up to a desk and ask a question – it’s like everything seems so formal, in some ways, where you’re having to contact people. But what it has also done, in a weird way, because there was a bit of a lull in applications, which was quite good cause I’d been working on contact tracing and other bits of work related to COVID, it’s sort of slowed down a bit at the beginning – we weren’t really allowed to do anything in lockdown – so the applications slowed down. So, it sort of gave a bit of time to reflect, as well. So, what that’s made me able to think about is things I can do now to try and improve what we’re doing. So, for example, one of the things is that we had a generic health impact assessment form which we just sent out regardless of what the type of development was, but when they come back in you think “Well, actually, there’s all questions about housing” – it was for a warehouse distribution centre or something, it’s not relevant. So, what we’ve done is I’ve asked one of my colleagues to work on it and she’s been doing it for me is to make them into more specific. So, a HIA for housing, HIA for commercial, HIA for schools. Seem to have a number of secondary schools being built at the moment, so we’ve done one separate for schools. Cause they’ve all got similar overarching themes, but then there are specifics then relating to each area and you think “Well actually, we need to get that specific out there” so, that’s something that’s happened and then I’ve got a list on – I had my PDR last week, but I’d done some work for that around what I wanted to do for planning - cause also, you’re not able to see people but you’re also less interrupted sometimes, so you do get a bit more time in that way. It’s not all bad news, it’s allowed us to reflect on things a bit more, and think that actually when I’ve got a bit of time, I can start working on this. I’m wanting to broaden – so I mentioned that we do some training with planning committee, I want to have a look at that and see how to change that to try and make it more effective so they understand the policy and so they understand why we want it and the health impact assessment ways. And then actually, I thought I need to do some work with the developers around health impact assessments, so I’m looking at how I can sort of do that. And to be fair, it’s probably easier to ask some people to join a Teams meeting for half an hour to talk about something than it is to get them to come to the office, do you know what I mean? There’s some time saving made, at the moment, in terms of travelling and things. So, I think I’m gonna look at some of that stuff and just try and just embed it further so we’ve got that better understanding. Cause we’ve developed it a lot since we first started and changed things, as you do, so yeah.

I: It’s kind of a mixed bag, isn’t it, really? (Yeah) I just wanted to ask you, really, as someone who’s involved in this cross-sectoral working from public health to planning, how the knowledge of what you’ve learnt from your working together could be best shared or how we could look at examples of best practice or emerging practice – cause I don’t know, did you learn how to do this or did it just emerge? It’s not something that’s shared that much, is it?

P: No, you attended our regional planning meeting the other day, and unfortunately there’s not as many people on those as we get when we’re not virtual. But I think it’s hard, isn’t it? Because you’re just thrown into something, aren’t you, and you just have to use your skills. I think for me it’s like anything – you’ve got your skills, your communication skills or whatever it is, your writing skills, your data analysis, but it’s the actual theme that you don’t know about, so I didn’t know about planning, but there was nothing I could do formally to know about planning unless I wanted to become a planner. So, it was all about reading up – it was fact finding myself and reading documents and getting that understanding. And being inquisitive, I suppose – I’m not scared of planners, they’re only like us, they’re probably scared of us like we’re scared of them. I think it’s that, isn’t it? And trying to think – well, for me, it’s “Don’t make out that you know something that you don’t.” And I know hardly anything about planning – I know enough to get by, but when it gets into the nitty gritty of it, I have to go and ask somebody and I think it’s knowing that you’ve got to do that and you’ve got to acknowledge that you’re the public health person – you’re not the planner – and don’t be frightened to be that way. And I don’t know if it was this meeting gone or the meeting before – they picked up some stuff around transport planners, but our transport planner in [place], they’re really nice and they’re really – you know. We’ve built a relationship and we’ve done that through that [group] that I was talking about. So set something up if you don’t know, just coordinate a meeting yourself and just be honest and say “I’ve got this new role, I don’t really know about planning” or whatever, transport, planning, “Can I pick your brains?” that’s all you need to do, isn’t it, really? And I think it’s about using your – I don’t know how to describe it. I think it’s being aware of your own position in that arena – that you are not the expert and you never will be unless you’re gonna take it up as a job. You’ve got to get people on side. When you’re not an expert in something, you can act a bit dumb, can’t you, and just say “I don’t really get that” even if you think you do – you can just think “no, I don’t really get that. Can you just tell me?” Cause there’s loads of times I’ll email a planning – cause every application has a lead planning officer, but if there’s something I don’t understand, I just say “Am I reading this right? Does it mean this?” Obviously, I’d go and ask them, but at the moment – and you get your reply back and you think “Yeah, I was right” gives you a bit of confidence that you’re learning something or “No, I was totally not right” (both laugh). But I think when you do those kinds of things, they know that you’re not thinking you know everything, if you know what I mean. I think at first it’s almost like – and I think we sometimes get this quite often in public health – I think they think you’ve come in to tell them how to do their job when all you want to do is say “Look, we’ve got areas of people in [place] that have got pretty crap lives, to be honest – and we’re just trying to make it better in whatever ways we can”

I: That’s really helpful. I don’t think I’ve got any additional questions, but I wondered if you had any questions for me

P: No. I feel like I’ve been rattling on and I’m not sure if it’s been useful for not.