This photo report arises from a workshop held

in Bristol

on Thursday, 24 March 2011
This summary photo-report provides some of the key points and flavour of the workshop held on behalf of the South West Strategic Health Authority

The powerpoint images, photographs, workshop flipcharts and graphic plans serve as a record and aide memoire for those present. However they are inevitably quite cryptic in places.

It is strongly recommended that this photo report is not used as a means of communication with those not present at the meeting without providing proper interpretation.

Facilitation Team:

Marcus Grant  Deputy Director, WHO Collaborating Centre for Healthy Cities
Hugh Barton  Director, WHO Collaborating Centre for Healthy Cities
Peter Ashcroft  Physical Activity Regional Lead, Department of Health – South West
Paul Pilkington  Senior Lecturer, WHO Collaborating Centre for Healthy Cities
Caroline Bird  Research Fellow, WHO Collaborating Centre for Healthy Cities

Report compiled by: Caroline Bird (0117 328 3190)
Email: caroline3.bird@uwe.ac.uk

If you have any queries or comments regarding this photo-report please contact:

Marcus Grant (0117 328 3363)
Email: marcus.grant@uwe.ac.uk
This was the third in a series of South West Health Impact Assessment workshops and was intended to promote the confidence, skills and know-how for conducting a rapid appraisal of a major development. In this workshop, participants were introduced to the Spectrum Appraisal approach and, through action learning, conducted a health appraisal of a current planned development area document— the Derriford and Seaton pre-submission Area Action Plan.

**The session objectives were that, by the end of the workshop, participants should:**

- understand the main components of a health impact assessment and appreciate at which stage of a development they have most value in influencing decisions;
- have practiced the basics of conducting a Spectrum health impact assessment, know how to set one up and what information is required and have reflected on their practice;
- feel more confident in advocating and contributing to health impact assessments.

### Outline programme

1. ‘Images’ of a healthy community exercise
2. Introductions, review of past workshops, overview of the day
3. Spectrum: the process
4. Derriford and Seaton: the site
5. Small groups, working with the process
6. Plenary, participatory grading of the proposal
7. Reflection
# Health Impact Assessment Workshop 3 – 24 March 2011 – Bristol

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Clare Adams</td>
<td>SEA / Research Assistant</td>
<td>Swindon Borough Council</td>
</tr>
<tr>
<td>Sorwar Ahmed</td>
<td>Associate Delivery Manager - Built Environment</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Helen Ainsley</td>
<td>Principal Planning Officer</td>
<td>South Gloucestershire Council</td>
</tr>
<tr>
<td>Phil Baker</td>
<td>Planning Officer</td>
<td>Cornwall Council</td>
</tr>
<tr>
<td>Daniel Black</td>
<td></td>
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</tr>
<tr>
<td>Nancy Brenchley</td>
<td>New Communities Coordinator</td>
<td>Safer &amp; Stronger Communities, South Glos Council</td>
</tr>
<tr>
<td>Gill Brookman</td>
<td>Bristol Healthy Schools Programme Manager</td>
<td>NHS Bristol</td>
</tr>
<tr>
<td>Edmund Brooks</td>
<td>Lay member</td>
<td>Bristol PCT</td>
</tr>
<tr>
<td>Alison Carroll</td>
<td>Associate</td>
<td>Nicholas Pearson Associates</td>
</tr>
<tr>
<td>Chloe Chadderton</td>
<td>Research Associate</td>
<td>Cardiff University</td>
</tr>
<tr>
<td>Charlotte Chamberlain</td>
<td>Academic Speciality Registrar Public Health</td>
<td>NHS South Gloucestershire and University of Bristol</td>
</tr>
<tr>
<td>Sarah Clark</td>
<td>Senior Technical Officer, Food &amp; Occupational Safety Team</td>
<td>Cheltenham Borough Council</td>
</tr>
<tr>
<td>Caryn Cox</td>
<td>Consultant in Public Health</td>
<td>NHS Gloucestershire</td>
</tr>
<tr>
<td>Nick Croft</td>
<td>Team Leader for Regeneration</td>
<td>Gloucestershire County Council</td>
</tr>
<tr>
<td>Fiona Dickens</td>
<td>Public Health Programme Manager</td>
<td>NHS Swindon</td>
</tr>
<tr>
<td>Shivaun Fleming</td>
<td>Public Health Analyst</td>
<td>SWPHO</td>
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<tr>
<td>Baerbel Francis</td>
<td>Environmental &amp; Sustainability Appraisal Officer</td>
<td>Torridge District Council</td>
</tr>
<tr>
<td>Kevin C Goodenough</td>
<td>Architect</td>
<td>G2 architects</td>
</tr>
<tr>
<td>Shaun Halford</td>
<td>Student Environmental Health Officer</td>
<td>South Gloucestershire Council</td>
</tr>
<tr>
<td>Jenny Heal</td>
<td>Senior Urban Designer</td>
<td>Powell Dobson Urbanists</td>
</tr>
<tr>
<td>Tina Henry</td>
<td>Head of Health Improvement (South Locality)</td>
<td>NHS Devon</td>
</tr>
<tr>
<td>Sarah Jeffrey</td>
<td>Senior Professional</td>
<td>Nicholas Pearson Associates</td>
</tr>
<tr>
<td>Jennifer Joyn</td>
<td>Research Fellow - Centre for Sustainable Planning and Environments (SPE)</td>
<td>University of the West of England</td>
</tr>
<tr>
<td>Dr Nevila Kallfa</td>
<td>Health Improvement Principal</td>
<td>Gloucestershire Primary Care Trust</td>
</tr>
<tr>
<td>Tracy Marshall</td>
<td>Public Health Manager</td>
<td>NHS Gloucestershire</td>
</tr>
<tr>
<td>Finlay McNab</td>
<td>Senior Urban Designer</td>
<td>Sustrans</td>
</tr>
<tr>
<td>Georgina Moulding</td>
<td>Community Infrastructure Officer</td>
<td>South Gloucestershire Council, Safer &amp; Stronger Communities</td>
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**Project: Regional Health Impact Assessment Workshop 3**

**Subject: Participants**
Health Impact Assessment Workshop 3 – 24 March 2011 – Bristol

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dominic Murphy</td>
<td>Executive Director</td>
<td>Creating Excellence</td>
</tr>
<tr>
<td>Erin Murphy</td>
<td>Clinical Effectiveness Practitioner</td>
<td>NHS Dorset</td>
</tr>
<tr>
<td>Sue Partridge</td>
<td>Local Planning Team Leader</td>
<td>Knowle West Health Park</td>
</tr>
<tr>
<td>Graham Quick</td>
<td>Health and Well Being Coordinator</td>
<td>NHS Cornwall &amp; Isles of Scilly</td>
</tr>
<tr>
<td>Mike Roberts</td>
<td>Health Research Scientist</td>
<td>Met Office</td>
</tr>
<tr>
<td>Christophe Sarran</td>
<td>Health Improvement Lead (north)</td>
<td>Groundwork South West</td>
</tr>
<tr>
<td>Katie Stevens</td>
<td>Health and Well Being Project Manager</td>
<td>NHS Bristol</td>
</tr>
<tr>
<td>Judith Taylor</td>
<td>Health and Well Being Coordinator</td>
<td>NHS Dorset</td>
</tr>
<tr>
<td>Rebecca Ward</td>
<td>Screening Coordinator</td>
<td>NHS Cornwall &amp; Isles of Scilly</td>
</tr>
<tr>
<td>Leslie Watson</td>
<td>Director</td>
<td>Sustainability South West</td>
</tr>
<tr>
<td>Louise Webster</td>
<td>Sustainable Development Manager</td>
<td>Plymouth City Council</td>
</tr>
<tr>
<td>Ian Williams</td>
<td>Regional Director</td>
<td>WSP Environmental Ltd</td>
</tr>
<tr>
<td>Emma Wilson</td>
<td></td>
<td>NHS Dorset</td>
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Facilitators and organisers:

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<td>Physical Activity Regional Lead</td>
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</tr>
<tr>
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<td>Director</td>
<td>WHO Collaborating Centre, UWE</td>
</tr>
<tr>
<td>Caroline Bird</td>
<td>Research Fellow</td>
<td>WHO Collaborating Centre, UWE</td>
</tr>
<tr>
<td>Sarah Burgess</td>
<td>Senior Lecturer</td>
<td>WHO Collaborating Centre, UWE</td>
</tr>
<tr>
<td>Laurence Carmichael</td>
<td>Research Fellow</td>
<td>WHO Collaborating Centre, UWE</td>
</tr>
<tr>
<td>Marcus Grant</td>
<td>Deputy Director</td>
<td>WHO Collaborating Centre, UWE</td>
</tr>
<tr>
<td>Mike Palmer</td>
<td>Spatial Planning Manager</td>
<td>Plymouth City Council</td>
</tr>
<tr>
<td>Paul Pilkington</td>
<td>Senior Lecturer in Public Health</td>
<td>Faculty of Health and Life Sciences, UWE</td>
</tr>
<tr>
<td>Melanie Starr</td>
<td>Spatial Planning Co-ordinator</td>
<td>Plymouth City Council</td>
</tr>
</tbody>
</table>
Images of a healthy Community

Attendees were asked to bring with them an image of one element in a local residential neighbourhood that supports health and one element that detracts from health – images cut from a magazine or cropped and printed from the internet.

Unhealthy: rubbish and traffic

Healthy: exercise, green outdoors

INTRODUCTIONS...

...to the people

...and the programme

Aim of the programme

to spread good practice amongst public health practitioners and planners in the South West.

to examine health input for housing growth areas, learning from the good practice that already exists across the South West Region.

to support closer working between public health and planning professionals in the region.
Review of past workshops:

Event 1: held in Weston-Super-Mare, November 2009

Outcomes:
1. You told us you wanted more support with tools and techniques
2. You wanted to look in more depth at an HIA
3. You wanted examples of HIAs

The SW HIA landscape

<table>
<thead>
<tr>
<th>Activity type</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health / planning policy</td>
<td>6</td>
</tr>
<tr>
<td>HIA capacity building</td>
<td>33</td>
</tr>
<tr>
<td>HIAs completed</td>
<td>27</td>
</tr>
<tr>
<td>HIAs anticipated / in hand</td>
<td>8</td>
</tr>
</tbody>
</table>

The HIA landscape in the South West (as at November 2009)

Resources on the WHO website

HIA database under development
Event 2: held in Plymouth, July 2010

Objectives:
1. to review regional support for Health Impact Assessment.
2. to learn how to critically review Health Impact Assessments.
3. to examine and to identify good practice from the point of view of preparing and/or commissioning a Health Impact Assessment.

Participants were introduced to the Sherford development proposal and first reviewed it through the Settlement Planning Game before critically appraising the HIA that had already been carried out.

Plymouth Outcomes:
1. You told us that you wanted more guidance on how to conduct a health impact assessment
2. You wanted to explore how HIA can most effectively input into the development process

Event 3: Bristol 24 March 2011

Session Objectives
1. Participants will better understand the main components of a health impact assessment and appreciate at which stage of a development they have most value in influencing decisions.
2. Participants will have practiced the basics of conducting a Spectrum health impact assessment, know how to set one up and what information is required and have reflected on their practice.
3. Participants should feel more confident in advocating and contributing to health impact assessments.
Spectrum:

Is a process of coming together, bringing a range of stakeholders around the table to consider a range of viewpoints and criteria for success and as a process it works in 4 ways in looking at a proposal across a spectrum:

1. **Through the process** – applicable from start to end of the proposal evolution – from a baseline of the current situation, through the draft proposal and options to an evaluation of the final plan

2. **Across society** – with the community or neighbourhood at the core

3. **Across criteria** – using the health map as a guide – maximum of about 20

<table>
<thead>
<tr>
<th><strong>EXCELLENT</strong></th>
<th>The criterion is fully satisfied. A very well-designed policy is backed with realistic action plan and partner backing as appropriate. Delivery is secure and exemplary.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOOD</strong></td>
<td>The criterion is generally satisfied. Well thought out policy with an action plan. Delivery is secure.</td>
</tr>
<tr>
<td><strong>NEGOTIABLE</strong></td>
<td>The criterion is addressed and there is an acknowledgement of a delivery mechanism/action plan but success depends on further work and negotiation</td>
</tr>
<tr>
<td><strong>PROBLEMATIC</strong></td>
<td>The criterion is addressed but remains largely aspirational. It is not likely to be satisfactorily fulfilled without major reassessment</td>
</tr>
<tr>
<td><strong>UNACCEPTABLE</strong></td>
<td>The criterion is not being addressed at all in the policy</td>
</tr>
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</table>

4. **Across the range of verdicts** as triggers for action – these are not cumulative, a red grade should be a prompt to make a change in that area – the final report shows the strengths and weaknesses of the proposal

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**Project** Regional Health Impact Assessment Workshop 3

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**Plenary** – Hugh

**Subject** Spectrum: the process
Plymouth LDF process

The LDF approach requires:
- Vision
- Strategic & Spatial thinking
- Strong evidence base from communities and top down needs
- Effective and inclusive engagement
- Delivery focus

Key Elements - Strategic /Spatial Plan

Eastern Corridor
Range, mix & type Housing
- 20,000 new homes
- 3,000 new jobs
- 5.000 new homes, retail
- 2 new hospitals & other facilities
- 100 ha. Community Park
- HQPT
- Support airport

Waterfront Areas
Regenerating Communities
14,800 new homes
Regional Shopping Centre & Office location /Life Centre /Cultural & Leisure uses

Northern Corridor
Long term growth
- 6,000 new jobs
- 3,800 new homes
- 5.000 new homes, retail
- 150 ha. green space access

Priority Areas now covered
Its about filling in the rest of the jigsaw

Focus on Delivery

The AAP is supported by a detailed Delivery Plan

Derriford and Seaton Area Action Plan

Population
Derriford/Seaton: 4,000
Neighbourhoods north of A38: 53,734

Area Action Plan
Location & Extent

Regional Health Impact Assessment Workshop 3

Plenary: Mike Palmer and Melanie Starr

Subject: Derriford and Seaton: the site
Key Challenges
Derriford’s Identity
Current Development Characteristics
Housing Supply
Historic and Natural Assets
No Distinct Retail Hierarchy
Major Infrastructure and Connectivity
Car Dependency

Opportunities
Create a place out of a ‘non place’
Build on the success of existing sub-regional facilities
Deliver new jobs & homes, supporting services
Capitalise on our exceptional historic and natural assets
Provide access to our unique and large greenspaces
Encourage sustainable development

Expectations
- 6,000-7,000 new jobs
- Approximately 3,800 new homes
- A new District Shopping Centre and local services
- New educational facility and library
- A new community park and access to the wider countryside
- Infrastructure improvements

Derriford and Seaton Core Strategy 2007

Area Vision:
To create a thriving, sustainable, mixed-use new urban centre at the heart of north of Plymouth, which is well connected to surrounding communities and to the city’s High Quality Public Transport network.
Participants represented different roles within their tables in the Spectrum process and assessed the plan against criteria that had already been agreed between the facilitation team and the Plymouth planners.

Each table looked at a selection of the total of 19 criteria.

**Working with Spectrum**

Participants split into 6 tables representing:
- Policy,
- economic interests
- Community (x2)
- Environment
- Built environment and technical
Grading the proposal:

The work of the individual tables was pooled to provide an overview of the proposal. Each criterion was discussed and then participants voted on the final Spectrum grade.

The following pages show the criteria agreed in advance of the workshop and give a flavour of the comments made by the tables discussing each criterion.

In addition to grading the criteria on the Spectrum, the process also allows for an assessment of changes to health equity to be made.

For each criterion, participants are asked:
- ‘How could the grade be improved?’ and,
- ‘If relevant; how could health inequalities be better addressed?’

During the plenary discussions, even the tables not involved in a particular criterion entered into the discussion enthusiastically, sometimes with the result of changing the ultimate grade given. Where more than one grade is shown, this reflects the diversity of opinion in the room.

NOTES:
When conducting Spectrum, it is important to separate the setting of criteria from the grading process by setting them in advance. The process of setting and agreeing criteria helps the broad range of stakeholders round the table to recognise the range of values held and to appreciate them.
### Strategic Links

#### 1 – Strategic physical links:
Is there good connectivity to and from the rest of the city by public transport?

- Ensure active travel is connected to strategic links from the outset, i.e. properly integrated with bus and rail
- Bus routes and stops need clarity + costs and accessibility by all
  
  [NB. This is actually outside the scope of the AAP, buses are privately owned]

#### 2 – Strategic sectoral links:
Has there been good linkage with other relevant sectors, such as transport, planning, health, economic development, employment, police, education, community development?
This includes acting on the needs for better co-ordination and cross-sectoral collaboration.

- More in depth linkages with PCT / GP consortia on planning for services
- Creative engagement with investors and other public services to ensure delivery

### People

#### 3 – Homes for all:
Is the range of housing (affordability, tenure, type and size) improving, in response to local need and good community foundations?
This criterion puts the person at the centre, in terms of their lifetime needs for a home. It encompasses the variety of housing stock, responding to local current and future needs in terms of size, form and lifetime / accessibility issues and the need for safety. It also includes needs of the more affluent.

- Lack of certainty over population / demographic - no evidence of demographic profiling, housing need and demand
- Should use lifetime homes standard [already in AAP] / lifecycle approach to neighbourhoods - not just for students / key workers
- Concern over accessibility to services
- Services and facilities should be delivered ahead of / with new housing

#### 4 – Services that support well-being:
Does provision respond well to local need in terms of health and education service provision?
This includes acknowledging the needs of vulnerable groups in improving well-being and health inequalities through support.

- Is one primary school enough - concerns over safe routes
- What about children’s and formal health centres?
- Concerns over the impact of main road and traffic on movement / accessibility
Lifestyle

5 - Diet and food access:
Is there good local access to nutritional and affordable food and control over inappropriately sited hot-food takeaways?
This includes access to good quality food choices including local food growing opportunities and having a range of sources.

- Clarity needed over allotment provision and other opportunities for community food growing - needs to be local to housing + are gardens suitable for growing?
- Supermarket is good, what about provision for farmers markets or other outlets for local produce allowing choice?
- New district centre - should it be split into other areas - more than 1km for some residents to reach - accessibility is key - especially from the west
- Dispersal of fresh food outlets to sub-local areas is needed,

6 - Active lives:
Is there a good range of specific provision for outdoor activity, such as trim trails, active outdoor games and recreational provision for children and young people across the area?
This includes appropriate provision and access.

- Safety and security for cycle access and pedestrians.
- What provision is made for sports pitches
- Concerns over encroachment into community park

Community

7 – Community buildings:
Is there a range of viable community facilities planned for?
This includes facilities and places that support the development of confident inclusive communities.

- PCT consultation needed
- Community facilities only in district centre - local centres should include meeting place / community facilities
- Delivery / viability of proposed facilities is of concern
- Utilise school facilities as an anchor for community facilities and green space
- Shared use eg of school / hub
- Build in innovative provision into detailed designs - eg community open space / square / market
### Community cont.

#### 8 - Stakeholder involvement in planning and management:  
Is there effective involvement of the community in planning and future management?

This included responsiveness to community aspirations, community needs and ownership.

- Community trust / social enterprise set up eg for farmers market
- Community engagement / management: should be a separate chapter in AAP to draw from other chapters
- Comprehensive plan for community management and engagement with park and links to school must be ensured

#### Activities

#### 9 - Provision:  
Is an appropriate range of retail facilities likely to be provided?

- Need to ensure local retail facilities are provided at the district centre ie to meet local needs and diversity of uses
- Existing community retail needs should be identified to ensure delivery of what is wanted
- Ensure retail centre has a ‘heart’

**Health equity at risk**

#### 10 - Accessibility:  
Is there good accessibility in the neighbourhood by walking and cycling to local retail facilities?

This includes having direct, convenient and attractive routes to make walking and cycling the easy choice for residents.

- Poor access to school and shops from the west side of the main road by walking / cycling
- Cycleway route needs to be integrated with strategic links from the start
- Not enough integration and clarity of expectations in relation to walking and cycling routes
## Local economy

### 11 - Local jobs, training and wealth creation:
What opportunities will be generated for local businesses and local employment, training, skills, home working and live-work units, and third sector economy?

- negotiate with developers for live-work units
- Potential for good labour supply and demand for SME space and start-up businesses

### 12 – District centre:
Is the scale and form of the district centre appropriate?
This is about the district centre not putting existing small local traders, or the city centre at risk, or creating a significant increase in road traffic.

- More houses need to be adjacent to the district centre so that travel distances to supermarkets are reduced, more people can walk to the centre and increase night time economy
- Needs better linking to neighbouring areas and incorporation of their needs / acknowledgement of existing neighbouring provision
- Roads are barriers - consider innovative design
- Ensure genuine mixed use

## Built environment

### 13 - Quality and form of the public realm:
Will the streets and places be attractive and safe?

- ‘Manual for Streets 2’ (DfT) should be used
- Clarity of ownership and maintenance
- Be aspirational and create something special
- Creative housing - eg. co-housing, parcelling of land for self-build
- Zoning and impacts of mixed use areas

### 14 – New transport links:
Are these suitable to provide good support to active travel, whilst also providing the necessary motorised connectivity?

- Access to school and district centre as destinations is key
- Park and ride supports motorised travel whilst buses reduce impact overall
**Natural environment**

**15 – Air / Noise:**
Will an environment be created that has good air quality and low levels of noise?
Poor air quality and acute or chronic low level noise, all contribute to poor quality of life and disease.
- Explicitly needs to be mentioned in AAP
- Road through valley potentially has air quality issues - buffer to the park?

**16 – Green infrastructure**
Is the proposed provision adequate and well-connected?
This includes an integrated design supporting efficient resource use in terms of energy, shelter belts, water and flood capacity and other uses.
- Ensure connectivity of green areas and access to big green area from local areas further away, and that the road through the park does not cause severance
- Where are SUDS – adequate delivery as flood resource and for amenity?

**Global ecosystem**

**17 - Carbon emissions, by buildings:**
Is maximum use being made of measures to reduce carbon emissions by buildings throughout their lifetime?
This includes energy efficiency of buildings; layout for solar access and planting for wind shelter and reduced wind speeds. It also includes the degree to which energy needs can be met through on-site energy capture or provision of off-site renewable energy.
- CHP good but needs to be developed early + energy recycling from hospital
- Ensure south facing housing benefits from passive solar gain + PV
- Exemplar energy efficiency areas to set standard

**18 - Carbon emissions, by transport:**
Are there effective proposals to reduce demand for carbon intensive transport?
This includes providing homes near to good quality transport nodes or in locations which that promote lower emission modes of transport and mixing uses to reduce the demand for travel.
- Need to penalise car use and ensure people coming to jobs travel sustainably -
- P&R expansion might help, also more separate bike lanes on new roads

**19 – Biodiversity:**
Are there appropriate proposals to support and encourage biodiversity?
This includes retention/enhancement of existing valued habitats; creation of new habitats and appropriate management of habitats in relation to existing and proposed development.
- Generally good but maybe better provision needed on the west of the A386?
Participatory grading of the proposal – votes cast following discussion in the room
It is worth noting at this stage that, with regards to the Spectrum process, an expert commentary would also normally be placed alongside the discussion and grading arrived at in a workshop. This is needed to help contextualize the grading on the day being just that - the discussion of a named group of people with the information to hand on a particular day.

Inevitably some stakeholders will not be present and information, skills and expertise in the room will be incomplete. Therefore the WHO Collaborating Centre, as expert facilitators of the process, would always provide a parallel reflection and grading to supplement, contextualise and nuance the participatory grading and comments.

Discussion:

Such an extensive document / area is difficult as an exercise - how much knowledge do we need?

There was general agreement that this work today must be seen, ultimately, as a teaching exercise so although it was hoped that the comments were useful, they were made with less than perfect knowledge of the site, its situation and the proposals.

Particular clarifications that were needed in the room included

- Topography
- Green arc crossing the main road
- Level of detail to be expected from such a plan

Responses:

- Evidence backs up the document but not possible to go through it all here today
- The LDF is not a blueprint but allows an evolution over 15-20 years
- Important to remember that we are at a current situation and that the plan will work to improve it
- Despite limitations and lack of initial knowledge, participants engaged with process and plan very well and have made useful contributions to the plan’s next stages

Concluding thoughts:

This has worked well as an exercise with participants engaging successfully with the process despite starting from a low level of knowledge of the site or indeed of the Area Action Planning principles. This did however mean that things covered within the AAP were missed and that expectations in relation to the level of detail to be expected within the AAP were too high. It needed to be clear that an AAP is a strategic 20-year plan for a whole area within which a number of schemes will be developed. Some of the comments made during the process would be useful at a more detailed masterplanning level.
Key Message that I will take away

Greater understanding of HIA process
- use of the Spectrum tool as a tool / framework.
- structure of HIA as a framework of engagement
- how to apply HIA and assess planning policies.
- greater understanding of HIA and how it can be integrated and undertaken

Comprehensiveness of approach and its integration with other processes
- that using this approach to assessing the quality of a development proposal is very comprehensive
- Spectrum is a comprehensive approach which looks forward
- HIA has to be part of an integrated process and have equal weighting with other areas
- that the application of this approach will stimulate further questions and therefore the point at which it is applied is key to its effectiveness
- benefits of a structured approach and how to apply it. Key stages in development.

Complexity of interactions
- the complex challenges of regenerating an area / developing a plan
- complexities involved with conducting a health impact assessment. Many factors have to be taken into account
- the complexity of interactions cannot be underestimated
- complexity of HIA on large development. Greater understanding of the range of areas looked at by HIA

Necessity and methodology of stakeholder engagement
- useful tool for discussion with clients,
- HIA remains an influencing tool and a Spectrum approach makes that clearer to stakeholders
- no development is an island needs community on side. Spectrum approach helps stakeholder engagement
- different ways to approach public consultation - earlier
- Spectrum is a collaborative iterative process which enables a wide range of stakeholders to reach consensus (across a range of issues) about the quality of key planning aspects and highlights useful areas for future investigation and development
- all stakeholders can have their views heard; HIA can be owned jointly and led by the most appropriate partner for that policy, application etc; must know what local needs are and also the vision you are jointly trying to create

Breadth of 'health'
- this methodology is a useful technique to assess and embed 'health' thinking in practical / development settings
- that health is not a separate issue but integral to a whole range of issues
- takes into consideration more aspects of health ie health map. Need to consider different perspectives
- looking at a plan for development with a 'health' perspective. Looking at faults in society generally and how planning takes this on or not eg carbon emissions, noise, impacts on mental health
- it seems like a good step for raising awareness of health determinants among the planning sector

Importance of setting the right criteria
- criteria selected are crucial to relevance of exercise.
- the criteria and level of detail needs to be at an appropriate level.

Post event feedback
(40 attendees, 35 feedback forms)

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An activity, action or change I could make in my practice:

**Use the HIA approach throughout the development process**
- seek to use the criteria to assess / help others to assess their own plans / policies and strategies on a continuous basis, not just at the end of a process
- looking forward more and not just looking at the capacity of the existing base line
- when assessing policies and sites it is essential to consider criteria from the outset so as to integrate health issues from the beginning

**Build in health considerations**
- to consider health aspects in EIAs that I coordinate and developments that the company works in
- build in health appraisal to usual assessment of proposals
- identify the potential to integrate the health criteria and Spectrum approach into projects;
- evaluate designs with health impact in mind to a greater extent

**Integrate Health and planning approaches**
- a piece of work that I am working on with the local PCT will now be reviewed to see how it can be most effectively applied within a wider approach to health and planning
- apply basic principles to local developments
- use stakeholder baseline evidence to inform our service's contribution to place making and health improvement through HIAs

**Use to enhance community and partnership working**
- need to bring this debate out in my local neighbourhood
- try to make HIA increasingly central to partnership working
- will consider using this approach in consultation / monitoring work in our regeneration projects in communities
- working with colleagues in local authority on planning either as part of consultation or supporting the process of HIA
- use the neighbourhood community groups to pull together baseline needs analysis.

**Ensure breadth of data and evidence in developing criteria**
- consider the extent to which elements are aspirational, viable or backed up with evidence. Appreciate the complexity of interests that comprise 'the community' and how implementation is critical to success - flexibility inherent in a plan is prerequisite
- make sure that the criteria are agreed with stakeholders. Increase involvement
- as a public health analyst I would ensure collection of a wide range of data and evidence - provided given sufficient time and resource and sufficient detail about the key issues of interest to all stakeholders.

**Find out more and share learning**
- raise awareness of process with colleagues
- read more on the subject and try to incorporate philosophy in day to day work
- undertake further research into HIA
- prompts me to develop a form of benchmarking to use with projects to measure progress and outcomes ie abstract and formalise the process

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**Post event feedback**

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How or where I can foresee using this approach in the future

Reviewing proposals
- when assisting developers / public sector clients to review / assess development proposals
- I would use aspects of this approach when assessing plans from a community facility perspective
- basis for examining / influencing large scale new housing / mixed use development

In developing new proposals at all scales
- in EIA / urban masterplanning process
- where appropriate, with the right people involved, I can see that it could be applied to anything from core strategy to master and neighbourhood plans
- invaluable in policy, long impact programmes
- working in edge of city locations
- big developments
- planning applications, licensing applications, core plan especially in relation to health services; internal and partner business plans eg PSH strategy, HWB strategy, crime reduction etc etc!

In planned HIAs and specific proposals
- I will use what I have learnt re the HIA of the core strategy for Cornwall
- joint core strategy this summer - Cirencester, Tewksbury and Cheltenham, approx 5000 houses future large development (edge of town) planned. Significant healthcare pathway changes
- micro-climate and air quality applications
- in Lawrence Weston where we are working towards the development of a community plan and Old City of Bristol College site. Need to think about making it more accessible and user friendly for local residents

With clients and partners
- it mirrors the briefing development and design process that I use as an architect on all developments whatever the scale - and adds a useful tool for discussion with clients using the ‘extruded traffic lights’
- identify the potential to integrate the health criteria and Spectrum approach into projects; potentially to structure the engagement process of projects as consultants
- integration between service and stakeholder delivery components - helping to generate consensus (or at least constructive dialogue) between potentially competing interests
- working with colleagues in local authority on planning either as part of consultation or supporting the process of HIA

As public health responsibilities move to local authorities
- increasingly as PH moves to LA
- as public health moves to county councils, ensure that PH work with colleagues to bring HIA further up the agenda across policy areas

Integrated with existing assessment processes
- I can see us (Creating Excellence) using this along with ‘Building for Life’ training
- I will apply parts of this approach to future HIA on planning policies. Integration with existing assessments in place will be required due to resources and time
- to inform community development work. I think it may work in conjunction with a ‘turning the curve’ approach
- being part of EIA / ES / SEA remit.
- as an extension of ESIA

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Impressions of the session overall

**Overall comments**
- well-paced, good location and venue, useful context setting introduction and useful practical session to test drive the approach.
- fascinating introduction - spectrum is highly needed!
- interesting, useful. Underlines importance of taking holistic approach to appraising developments
- very thought provoking. Good to use a real example,
- not very well organised structure, not enough time to go through HIA and too longwinded in the afternoon
- well run, very helpful for doing an HIA

**Contributors**
- very interactive, Plymouth staff were excellent and I am glad they were willing to share their plans
- very good! Knowledgeable and insightful speakers who were very good at presenting, engaging and facilitating
- very good, with a balanced mix of specialists
- very good. Plymouth officers were very good at explaining the Derriford situation for the case study - really appreciate their involvement

**Working with the Spectrum process**
- useful learning. The process of going though the 19 criteria is a little tedious / time consuming. I think getting scores in and then discussing might help (as we did towards the end)
- useful to have the chance to look at a development and have the opportunity to input to the process. Difficult to comment without more detail / information in the time given
- the methodology used in the session provided some good debate that resulted in changes to Spectrum analysis individually, which illustrated the subjectivity of the exploration
- frustrating break out group due to inappropriateness of AAP. That said, very useful to see Spectrum in practice. Why go through whole Spectrum - shorter example would have been sufficient demonstration
- would have perhaps benefitted from some pre-course reading on the locality being looked at.

**Other comments**
- I would have liked information on how to effectively integrate health within existing assessments
- good but unsure on how to appoint a HIA facilitator - list of facilitators in area
- having sufficient opportunity to communicate constructively about the most salient issues with a range of expertise is key, therefore so is leadership - who pays? - who is accountable? - is it mandatory? - who makes sure it happens as planned?
- I was surprised not to hear about 'unintended health consequences' as a key objective of HIA but perhaps that is the difference of perspective - I come from a public health background
- I think the Spectrum approach should be either a) 'sold' as a process which is constantly referred back to ie yellow until proved otherwise; b) only be used when there is enough detail present. Or, AAPs should be different and far more about 'action' - sentiment and aspiration is the easy bit, delivery is the hard bit
- there is a wealth of public health evidence to show that health inequalities are greatest for those with most social and economic deprivation, so I would have liked more information about strategies for inclusion
For more information about HIAs visit:
http://www.bne.uwe.ac.uk/who/hia/basics.asp

For information about the HIA work in the South West:
http://www.bne.uwe.ac.uk/who/hia/regional.asp