External Advisory Board Minutes
Thursday 1st February 2024 10am – 12pm

EAB Attendees: Rachel Aldred, Dan Bristow, Andrew Charlesworth-May, Nancy Edwards, Nicola Kane, Jonathan Marsh, Mark Sandford, Ian Watt

TRUUD Attendees: Julia Walton, David Williams, Gabriel Scally, Daniel Black, Anna Le Gouais, Judi Kidger, Emma Bird, Clare Millar, Eleanor Eaton

Chair: Sunand Prasad

Apologies: Ed Kirton-Darling, Katharine Hanss, Victoria Ofovbe, Richard Meier, Julia Goldsworthy, Stephen Aldridge, Abigail Stratford, Richard Upton

1. **Minutes and actions (Sunand Prasad)**

   - SP: Does anyone have any thoughts about the previous minutes? And did everyone have their comments captured?
   - Members: everyone happy
   - DW: we have now created a tracker, as requested in the last meeting.

2. **Update on TRUUD Project/Timeline (Daniel Black)**

   - We have just submitted our annual report and are presenting to the UKPRP's Scientific Advisory Board on Friday 19 April. We have shifted from phase one to phase two, and now have seven different Intervention Areas (IAs).
   - Partnerships with Bristol City Council (BCC) and Greater Manchester Combined Authority (GMCA)
   - New partnerships with:
     - Avison Young (IA1a (Changing Mindsets) lead by Krista Bondy at the University of Stirling);
     - Federated Hermes (IA1b (National City Property);
     - Department for Leveling Up, Housing & Community (IA2 leads by Sarah Ayres at the University of Bristol);
     - Office for Health Improvement and Disparities (IA6 Edward Kirton-Darling at the University of Bristol).
   - Main headline: TRUUD has been granted an extension. Six months for everyone (apart from Law) and a further six months for those who want it and have a good case (National Government team [Sarah Aryes], Real Estate team [Kathy Pain] and the Evaluation team).

- We had some recruitment issues in the Real Estates team and issues recruiting a health economist in Manchester, now they are up and running.
- We have made three powerful lived-experience videos of people suffering the effects of poor urban living conditions in three areas: damp; noise and air pollution; overcrowding and access to green space. They will be released soon.
- Public engagement: deliberative democracy, new ways of engaging the public – we are testing those types of approaches over the next year or so.
- A total of 20 papers have now been published, 15 conference presentations and 15 briefing notes.
- Submitted for responses to government calls for evidence: Environmental Impact Assessments are being scrapped after Brexit and are being replaced with something else. Could be very concerning if not done correctly.
- Next 12 months: Avison Young, Real Estate Investment & Infrastructure Forum (REiiF), MIPM The Global Urban Festival (maybe), SALUS (event which Sunand put us in touch with), Corporate Mindsets team: Urban Futures – series of events around the country.
- Phase 1 report is now ready – summarises our headlines from Phase 1 and lays out IAs for phase 2. Reflects on some of our methods and lists our publications.
- Full Consortium meeting in Manchester in July – Arpana organises the International Festival of Public Health.
- SALUS: TRUUS has one whole work stream. Co-branded TRUUD SALUS event.
- Comments?

Discussion:

- DW: we have received very positive feedback for our briefing notes from Jack Birch from the Health Determinants Research Collaboration.
- MS: has there been any attempt to engage with Labour leaders in Central Government?
- DB: GS has had it on our radar for the last six months and it's with our policy team – we have recruited someone but I'm not sure if he is aware of the timeline.
- GS: Was at a BMJ commission yesterday and it's quite clear that their minds are so clearly focussed on the NHS, there doesn't appear to be much space for looking wider. The Labour shadow minister attempts to speak about prevention but they don't seem to be that focussed on it. There is very little about wider determinates of health and prevention in the manifesto. Very important to have a lot of background papers to hand. It will be a difficult process.
- SP: a lot was dominated yesterday by the BMJ report?
- GS: yes, absolutely. Really deliberate attempt of the BMJ to influence they fully recognise the importance of wider determinants.
- DB: work that Jack Newman is currently doing – link key messaging that needs to go to the targeting elections. Need to try and consolidate the key messaging across all the different outputs. Any information that you can give us would be much appreciated.
- SP: what are the dates of the extension?
- DB: six-month extension = end of March 2025; further six months = end of September 2025.
- SP: Think about how the EAB meetings could be best timed in terms of the extension and put them all in the diary. Smaller groups, particular expertise? Come up with a plan and let us know.

- DB: appreciate any suggestions for who we should be speaking to and the events to be targeting. Need to have a think about of EAB structure. We have three or four more IAs that we want to speak to in the future.
- SP: it is lovely to see deliberative democracy with public engagement.

Presentations

3. **Using the HAUS Economic Model in Local Government (Anna Le Gouais)**
   - Have worked with Bristol City Council (BCC) over the last three years. Based in Bristol – a city with massive inequalities, it has 10% of the most affluent and 10% of the most deprived.
   - We are focusing on the Lawrence Hill regeneration area called Frome Gateway. It has a very busy road, the M32, close by so it is noisy and polluted, but it also has a park and river through it.
   - BCC wants to have some control over it and outline the principles for development.
   - Embedded researcher: link between research and practice.
   - Project relaunch in February 2022 but some work was happening before that – learning about the situation and relationship building.
   - May 2022: worked with Eleanor Eaton to support the health model development, the HAUS model.
   - October 2022: modelling of the scenarios. Trade-offs must happen as it's impossible to maximise affordable housing, employment, environment and health.
   - November 2022: health considerations and evaluating criteria. Pulling key issues from Eleanor's model.
   - February 2023: more detailed look at greenspaces – the health benefits are high, and it is good for flood prevention. The problem is that the council doesn't own the land, but the Mayor's Office is open to a land swap option.
   - March 2023: more in depth modelling. £80 - £100 million in reduced health costs with this framework.
   - Took all the data and created the Frome Gateway Framework with public consultation at the end of 2023. The framework has now been finalised and is going to cabinet on Tuesday 6th February where it will hopefully be adopted.
   - How do we make our evidence impactful? Highlighting unhealthy problems; supporting good or aspirational design solution; considering competing issues – looking at these trade-offs.
   - Learning from the process, the partnership with the council has been very positive – can really understand the situation and audience – a collaboration where our evidence is more likely to have an impact.
   - Resource considerations: how can we replicate the good bits without having the embedded researcher?

   Discussion:
   - SP: thank you, comprehensive presentation. What are the economics benefits? Does it take into account the costs of the project?
   - ALG: it is not a cost benefit analysis
   - EE: just looked at costs of health and trade-offs – didn't include costs of project
   - ACM: implementation – what are your thoughts on the barriers, attitudes and capability?

- EE: for costs and benefits, the information was included in the modelling but not in the Frome Gateway Framework. There is the capacity within HAUS. We explored whose health might improve, whose health might decrease and the winners and losers in all scenarios in detail. For example, there are some who benefit from greenspaces and some who would be negatively impacted.
- ALG: we also did a local residents' survey.
- ACM: did you face any issues adopting this approach?
- ALG: they were receptive to the evidence and working with us but are looking at it with lots of other data too. We had quantitative data so believe that is one of the reasons why it was looked at quite seriously.
- NE: excellent presentation. How hands on are the decision makers in the modelling process? Did they put inputs in? And are there any costings around the embedded researcher role? That would be useful information for research funding agencies, the embedded researcher role is extremely important.
- ALG: haven't done costing for researcher in residence role but should do – good idea.
- ALG: Inputs wise: I believe that the only times they specifically asked for modelling was for the parks.
- EE: we dealt with assumptions and storytelling within the scenarios: assumptions of number of homes, types of homes and quality of homes; do we put in worst-case scenario? We did have a lot of time going back and forth so that's why having Anna there was very important. We could have made those assumptions ourselves but it's much stronger to do as a collaborative approach.
- ALG: we normally don't have a seat at the table for health, and the council doesn't have the resources to make those decisions.
- SP: either someone in that team acquires the expertise or you need someone in that role. This is a really strong piece of work.

4. **Integrating Health into Local Plans (Emma Bird)**
    - Focusing on integrating health in local plans.
    - Context: within England local plans are the key documents that set out a vision and address local needs, all set within the context of the national planning frameworks.
    - The planning system doesn't really take a systematic look at health.
    - Identified a number of barriers: lack of integration between planning public health; limited time and capacity to include health; difference across disciplines in how evidence is collected; opaque system.
    - We worked with BCC to apply a framework to their draft local plan – how is health defined, which health related requirement are development expected to address?
    - Recommendations from study one: health considerations in local policies, informed by and signposted to local health priorities, include a clear statement of Health Impact Assessment (HIA).
    - Embedded policies for developers to encourage them to take more responsibility for their plans.
    - Study two: impact evaluation. Evaluate data from a series of interviews with stakeholders who either contributed to framework development or people who have relevant planning and health responsibilities
    - Stakeholders' interviews and researcher-in-residence fieldnotes combined to better understand how the local plan has developed over time.

- Health coverage: there is a strong consensus that health considerations have increased through the framework. For example, a new policy on renting to increase security for renters
- Precedent and detail: designers and planners need to have access to precedents and their details to influence their own local plan
- Systematic approach: comprehensive strategy to influence the key decision areas
- Relationship building: through having the framework review and Anna's presence we are able to improve relationships – people now know who they need to talk to.
- Researcher-in-residence: interviews highlighted the massive importance of having that resource in place.
- Importance of health buy-in: increased awareness of the work of HIA, although still challenges as this HIA didn't go ahead due to limited time and resource, even though we had the buy in from the team.
- Next steps: build upon this work and develop guidance to use our policy.
- Pilot guidance following discussions. We have the support of the Town and Country Planning Association (TCPA) - do you think they are a good partner?
- We want to pilot the guidance with interested local governments – is it user friendly? Can it be used when TRUUD is finished?

Discussion:

- SP: there are so many local authorities who struggle and there is a huge difference between how they perform – it's so variable. The best performing should teach the worst.
- JM: Greater Manchester are in the final stages of Places for Everyone. There are a number of local authorities who would be very interested and support the approach. I would like to have a further conversation with Emma.
- EB: yes, let's have a chat offline.
- SP: has anyone done Environmental Impact Assessments (EIAs)? How much health is in there?
- GS: HIAs were downgraded and absorbed into EIAs. I didn't find them of any value. They tended to be carried out on projects that were already in planning so by the time they happened it was almost retrospective.
- SP: planning is not really planning – even now the resources go into development control rather than the actual planning.
- GS: completely agree – it will be very difficult.
- NE: how do you get some of this learning into the curriculum for planners? How can we shift expectations of voters and consumers? The ongoing issue of how do you convince developers that they may have to pay upfront for additional things like greenspaces – which sector pays and which sector benefits?
- EB: interesting point around the curriculum – will talk to the relevant people about that – something we can take away.
- EB: expectations of voters and consumers are not included but have spoken to councillors and they should be representing the voters. There are competing priorities when developing plans, for example, how many GP surgeries there will be. Good points to take forward for this work.
- DB: Nancy's last point about who pays is a huge issue, potential danger in some ways at looking at this as a straight trade. How do we link health outcomes to developers? It is very complex. In a UK context, the entire system of housing developers are FTSE 100

companies. There have been a lot of scandals with some of these companies recently, but not all developers are like that. One thing that is said by these companies: why are you taxing us, why not tax some of the big tech companies?

- ALG: flag that related to this work with local plan groups, they are closed meetings. It's very hard for members to be engaged, even the councillors don't care about the local plan. It is a long drawn-out, slow process, and is It's pretty broken.
- ALG: who pays, who benefits: if you demand more things good for health, you sacrifice affordable housing – if you say to developers, we want these things for health they say we can't give you affordable housing then.
- IW: neighbourhood plans is a huge task, any shared data and learning has been great, it is a struggle to engage effectively.
- SP: how can get health higher up the agenda? How can we get people interested in the local plans? It is critical.
- SP: TCPA sounds like an excellent partner.

5.Implementing Health Impact Assessments into Planning Applications (Ed Kirton-Darling)

- Looking at HIAs when development applications are made.
- Can we push some responsibility for taking health into account to the developers.
- HIAs – can just be used in a tick box exercise and are not necessarily in an effective way.
- What can we do to reduce this risk and increase the effectiveness of them – effective use of HIAs.
- The work is in two parts – analysis of HIAs by Katherine Hanss. Half of local authorities do not have a policy on HIAs and there is a huge variation in the plans which do exist.
- 29% of local plans have a HIA policy with a specific trigger, but there is a wide variety of triggers.
- Focused on triggers because the clearer a policy the more effective the HIA process – that is from anecdotal discussions from local authorities.
- Major development is one trigger and there is still a lot of variation within that category.
- There is a wide range of different approaches. Emphasis can be on how the development can maximise positive health outcomes.
- Some local authorities don't think the HIAs are useful, but some do
- Caselaw requires the taking of reasonable steps to make enquiries and must exercise this with rigour and an open mind, not just simply ticking boxes. It is about the substance of the analysis.
- If health is not taken into account in urban decision making there are risks around potential civil claims, inquests – there is no blanket immunity in relation to negligence in this context.
- High-level risks down the line by failing to take appropriate steps.
- Ran workshops with OHID in Autumn last year: wanted to develop ideas and ask what kinds of products might be of value? What would they find useful in this space? How could we try to improve the policy and the effective use of HIA?
- A strong theme that emerged was them wanting to see actual case studies, need for examples of how this work is practiced, for example, case study videos.

6. Discussion (All)

- SP: any very urgent questions?

- Members: no

7. AOB

- NC: developed a bespoke survey platform and we would like to beta test it. Would any members like to be volunteers? I will follow up with an email to ask for volunteers.
- SP: any other business?
- Members: no
- SP: it feels a bit one way at the moment. Members of the EAB can hopefully take time offline, prompt us and reach out to us individually or collectively.
- DB: we will factor in more time for discussion for the next meeting.

Links posted in the meeting chat:

TRUUD Phase I Report | February 2024
IPPR Healthy places, prosperous lives
BBC Radio 4: Why is local government in such trouble?
Health and Environmental Impact Assessment: A Briefing for Public Health Teams in England