



Bwrdd Iechyd  
Cwm Taf  
Health Board

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### **Sent by email to**

[regenerationpolicy@wales.gsi.gov.uk](mailto:regenerationpolicy@wales.gsi.gov.uk)

To: Regeneration Policy Team

### **Vibrant and Viable Places : New Regeneration Framework**

Thank you for providing Cwm Taf Health Board with the opportunity to comment on the regeneration policy consultation 'Vibrant and Viable Places'. After consideration, please see the response from the Health Board outlined below.

1. We are supportive of the rounded and holistic approach taken.
2. We believe that there should be a greater emphasis on how the public's health is determined by the distribution of wider health determinants across society. Health and its determinants have strong links to economic regeneration. This needs to be explained from the outset. Potential improvements in reducing poverty; reducing the socioeconomic gradient of inequality; education and skills; employment; access to world class environmentally sustainable integrated public transport and active travel (walking and cycling); spatial planning, housing and tenure; the urban environment for people not motor vehicles; community safety and cohesion; etc. need to be explicitly linked to the that they will improve potential public health and health inequalities. This will occur as long as improvements are significant, sustained over time, affect most of the population and improve the lives of people who are worst-off.
3. The emphasis on communities is welcome as is the proposed partnership, national, regional and local approaches. Whilst the bottom-up approach mentioned is essential, initiatives developed by communities, within partnerships and at national, regional and local levels need to fit and integrate within an overall strategy, vision and objectives. The latter could be clearer within the document. We suggest that how integration and coordination between levels will occur should also be developed and clarified.
4. Whilst the partnership approach with local authorities is welcome, we feel there is a need to think about how the LA regeneration function is linked to local partnership planning, as currently this is not always happening.
5. We welcome the focus on the role of the third sector and Communities first – this is very important.

6. NHS – the NHS’ role supplements the greater effect of the wider social determinants in improving population health. Within the document the NHS’s main input to the regeneration framework is to invest in preventative health care – at the moment the document does not prioritise this over treatment and cure services. The local NHS is a major component of the local economy – the biggest in some areas. We agree that the employment, training, opportunities , location, transport and procurement generated by local NHS services can improve or harm regeneration, depending on policy and practice. There is considerable scope here to affect the local economy for the better.
7. The NHS’s public health role can provide high-level leadership within partnerships locally that can show the links between public health and the wider determinants. Public health professionals can also provide technical expertise for facilitating the Health Impact Assessment approach of regeneration initiatives.
8. In the introduction, we feel that greater emphasis is needed on how the statutory duty of sustainable development (including its current consultation document), the programme for government , the spatial plan, the Wales Infrastructure Development Plan, and the current Public Health (Wales) Bill all overarch this New Regeneration Framework. How they all link needs to be clearer.
9. Similarly, underneath these overarching areas, the Framework should be on at least an equal footing and integrated with national policy in health (Together for Health, Our Healthy Future), the environment, transport, housing, etc. This would maximise health and economic gain.
10. Poverty refers to the worst off groups and areas below certain thresholds. Poverty needs to be addressed for hand-in hand improvements in the economy and public health, but as important is the reduction of socioeconomic and area inequalities. The latter needs to be more explicit throughout the document in addition to poverty.
11. Whilst we welcome the wider economic benefits of developing sport, along with the direct health benefits to the health of those who participate in the long-term, we suggest an additional inclusion of physical activity in general – for example walking and gardening groups are really good at getting people to be socially engaged. Sport and physical activity should be for girls as well as boys, women as well as men. Sport and leisure physical activity can provide investment employment in infrastructure and could also improve tourism.
12. Children’s sport is a way of engaging parents e.g. in coaching/ helping out, that can raise esteem & aspiration, lead to jobs.
13. Whilst sports and leisure physical activity are important, the inactive majority of the population – especially those who are economically inactive – will increase their physical activity in large numbers only if the whole transport system prioritises walking , cycling, then affordable accessible public transport before private motor vehicles. This allows better access to jobs and services for those without cars or unable to drive, as well as improving health, wellbeing and social networks. There are links to the current Active Travel Bill. However in its current form, this Bill will mean that local authorities will continue to develop more of the current approach of building roads and the urban environment mainly for the car, but with the requirement of more cycle infrastructure integrated into them. The

Bill will need additional investment for segments of cycle infrastructure away from the transport system -this is often ineffective in promoting cycling for travel. Effective approaches that have increased cycling and walking on a daily basis integrate cycling and walking infrastructure as a priority in to most streets and urban main roads in addition to traffic calming and lower enforced speed limits. This requires money currently spent on roads being spent differently on different street designs, rather than needing new money for separate short stretches of cycle paths away from roads. Using roads has the benefit of being able to cycle to everywhere that is needed, day and night.

14. We commend the emphasis on town centres. Out-of-town developments have harmed the economy and vibrancy of town centres and increased car-use whilst decreasing walking and cycling. This has led to a lack of accessibility to healthy food for people without cars, and increased unhealthy take-aways in town centres. Alcohol and drunkenness in town centres has seriously affected the economic development, vibrancy and community safety of the centres. Binge drinking leads to longer term ill-health, harms families and children, increases days off work and so further damage to the economy. We feel that a greater link to effective public health interventions that reduce binge drinking in town centres should be included. Planning and licensing are therefore important in relation to alcohol and food outlets.
15. Finally, barriers to accessing jobs, education, travel, etc need to be mentioned and addressed in the document. And as well as infrastructure, EU funding can also be accessed in the context of community development and advocacy.

Please do not hesitate to contact me if you have any queries.

Yours sincerely



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**Director of Public Health**