

planning for better health and well-being in wales

A briefing on integrating planning and public health
for practitioners working in local planning authorities
and health organisations in Wales



Town & Country Planning Association, with
Wales Health Impact Assessment Support Unit and Public Health Wales



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Section 0

Executive summary

The way we plan and design the built environment can have a profound impact on people's health and well-being. Welsh public authorities – the 22 local planning authorities and the seven Local Health Boards across Wales – have specific duties and powers, as set out in legislation, to improve well-being and reduce health inequalities.

This Briefing was prompted by the duty placed on public bodies by the **Well-being of Future Generations (Wales) Act 2015** to contribute to achieving national well-being goals, and by the strengthening the planned planning system, again with a requirement to contribute to well-being goals, instituted by the **Planning (Wales) Act 2015**. These legislative changes provided a timely opportunity to develop practical guidance for both planning and public health practitioners and policy-makers, to help them take health and well-being considerations into account when drawing up local well-being plans and Local Development Plans and when making decisions on planning applications.

The TCPA, the Wales Health Impact Assessment Support Unit (WHIASU) and Public Health Wales have collaborated to develop this Briefing as a practical guide for practitioners across disciplines. It has been strengthened by the contribution of other national and local stakeholders to the preparation process, including discussions at an advisory workshop. It is aimed specifically at planners and environmental and public health specialists working in local government, local public health teams and Local Health Boards, as well as at other practitioners working in the built and natural environments.

In addition to setting out policy and legislative requirements for planning for health within the current planning and public health systems, Sections 2 and 3 the Briefing highlight – and illustrate through current good practice – where specific actions can be undertaken at key stages of the respective systems. Section 4 suggests how the new well-being requirements can help frame strategic actions in planning for health, and Section 5 provides practical

resources for navigating through the processes and protocols in both the planning and health domains.

The Briefing concludes by setting out four messages crucial to improving policy and practice in planning for health and well-being:

- stronger together through improved collaboration;
- shared evidence, leading to shared policy actions;
- shared policy actions, leading to shared outcomes; and
- building crucial relationships and exchanging knowledge.

Section 1

Introduction

1.1 Purpose and audience

The preparation and publication of this Briefing was prompted by recent legislative developments in Wales in three overlapping areas:

- **The Well-being of Future Generations (Wales) Act 2015** places a duty on public bodies, including local planning authorities and Local Health Boards, to contribute to achieving national well-being goals, including health, cohesion and equality.
- **The Planning (Wales) Act 2015** strengthens the role of the plan-led planning system in delivering sustainable development and contributing to well-being goals through the preparation of Local Development Plans and when making planning decisions.
- **The Environment (Wales) Act 2016** sets out the statutory role of Natural Resources Wales in preparing area statements to contribute to the sustainable management of the natural environment.

Planning for health and well-being is not a new activity, and there are already examples of good practice across Wales. But, taking the three new pieces of legislation together, the planning profession, with input from public health professionals, now has a clearer obligation to improve health and well-being, deliver high-quality place-making and sustainable environments, and reduce health inequalities across communities.

This Briefing aims to:

- introduce planners to the public health system and public health professionals to the planning system and set out where key legislative and policy requirements overlap;
- highlight opportunities at key stages within the two systems (such as the preparation of Local Development Plans) where greater integrated working between planners and public health professionals can help to deliver health, well-being and sustainability outcomes;
- highlight opportunities to promote health and well-being; and
- signpost useful resources, information and examples of good practice.

While this document can be read from cover to cover, some readers might choose instead to focus on particular topics and resources. Figure 1 on page 4 provides an overview of the contents of the Briefing and shows how they fit together.

This Briefing is aimed specifically at planners, environmental health and public health specialists working in local government, local public health teams, and Local Health Boards. It will also be useful to those in other built environment professions in helping to secure more locally joined-up working when shaping the well-being and sustainability of communities and places.

It may also help those in the private sector, healthcare providers and community and third-sector groups to understand both the wider context in which they operate and how they could help to deliver wider public benefits.

However, it is recognised that the readership will contain many practitioners and officers who are already more experienced in the field and who may require some more detailed, easily accessible resources to refer to and use. This Briefing aims to add value to existing work and provide some of these practical resources.

Section 1: Introduction



Figure 1
Summary of topics and sections

Section 1: Introduction

1.2 Why planning for health and well-being is so important

There is strong evidence linking health and well-being outcomes with the quality of the built and natural environments, over which the planning system has great influence. In short:

Economic impacts:	<ul style="list-style-type: none"> ● Good place-making adds between 5% and 50% to the commercial value of residential developments. ● The benefits to the NHS of reducing health and safety hazards in housing in Wales is around £67 million per year. ● If every household (in England) were provided with equitable access to good-quality green space, savings of £2.1 billion per year could be achieved in health costs. ● Savings to the England and Wales NHS from a modal shift to walking and cycling would be more than £17 billion over a period of 20 years.
Built environment:	<ul style="list-style-type: none"> ● Mixed land use, higher population densities and highly connected street layouts are associated with a greater likelihood of walking, of between 25% and 100%. ● Investments in more walking-friendly neighbourhoods are good value for money. Evaluations of the cost-benefit impact of a number of walking-friendly neighbourhood projects showed positive ratios of value for money.
Food environment:	<ul style="list-style-type: none"> ● Takeaway exposure was found to be associated with a higher consumption of fast food, and with BMIs (body mass indexes) up to 1.21 higher than for those less exposed. ● Takeaways are predominantly located in areas with lower socio-economic status. ● Less than 30 minutes of allotment gardening can result in improvements in self-esteem and mood through reductions in tension and depression. A Welsh study found that allotment gardeners aged over 50 had significantly lower levels of perceived stress levels when compared with other adults of similar ages.
Natural environment:	<ul style="list-style-type: none"> ● A Caerphilly study conducted with elderly men found that an increase of available green space within 440 metres of the home had a significant impact on their level of physical activity. ● Mental health patients reported reduced levels of rumination after taking part in a 90-minute nature walk, while patients taking part in similar walk in an urban environment reported no improvements. ● The potential value of urban green spaces' role (stemming from their recreational importance) in improving physical and mental health has been estimated to be equivalent to £2.1 billion in reduced health treatment costs.
Transport and active travel:	<ul style="list-style-type: none"> ● Public transport infrastructure can result in increases in active commuting travel trips, reductions in trips made entirely by car, and increases in weekly cycling commuting time. ● Mortality rates are 30% lower for cycle commuters than for commuters using passive transport.
<p>Note: Topical evidence summaries are presented in Annex 3 – for references, see the evidence references within the topical summaries</p>	

Section 1: Introduction

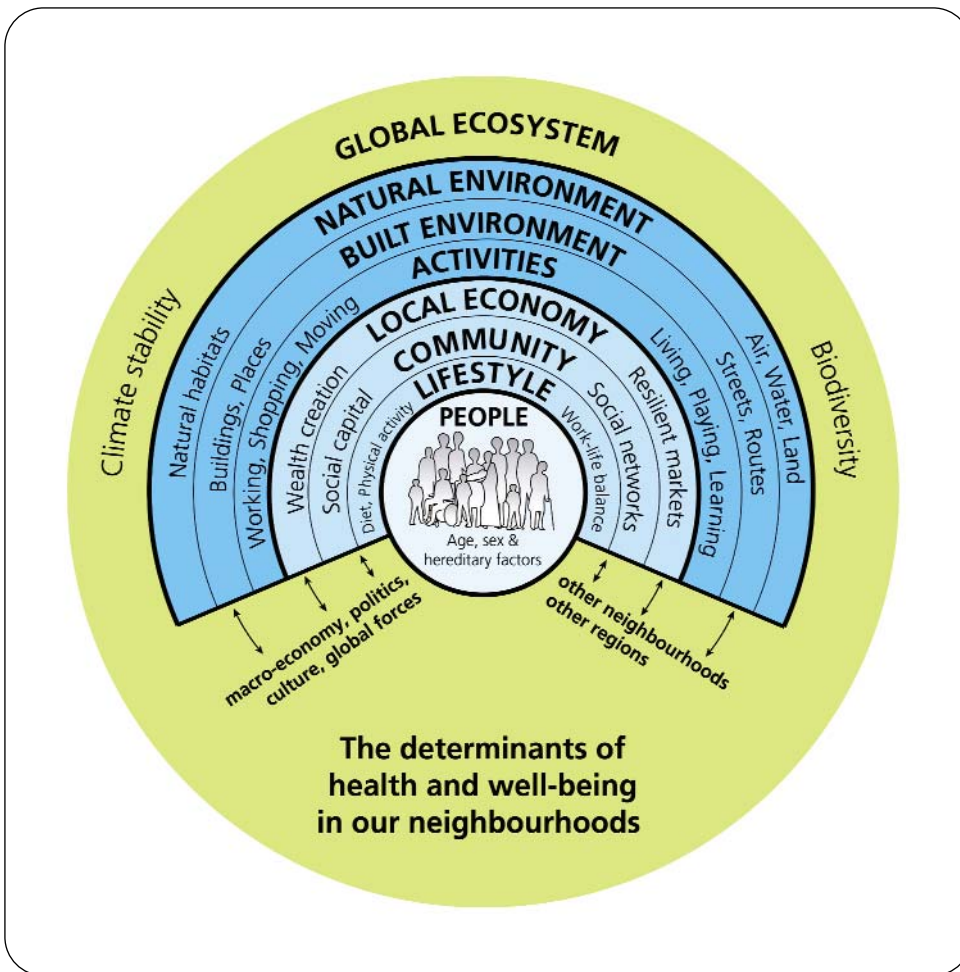


Figure 2
The settlement health map – relationship between health and the physical, social and economic environments

Source: H. Barton and M. Grant: 'A health map for the local human habitat'. *Journal of the Royal Society for the Promotion of Health*, 2006, Vol. 126 (6), 252-253. <http://dx.doi.org/10.1177/1466424006070466>

Health and well-being for individuals and the wider community are determined by a wide range of factors, including genetic make-up, lifestyle choices, cultural and community settings, and environmental and global factors. These factors shape health and well-being and are known collectively as the *wider or social determinants of health* – see Figure 2, above.

For the planning system and those working with and in it, meeting health and well-being objectives (see Figure 3 on page 7) can be achieved through good sustainable planning practices and place-making – the subject of this Briefing. The Marmot Strategic Review of Health Inequalities¹ also highlighted the important contribution of the planning system.

1 *Fair Society, Healthy Lives*. Strategic Review of Health Inequalities in England post-2010. The Marmot Review, 2010. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Section 1: Introduction

Spheres from the 'health map'	Objectives
People	<ul style="list-style-type: none"> ● Providing for the needs of all groups in the population ● Reducing health inequalities.
Lifestyle	<ul style="list-style-type: none"> ● Promoting active travel ● Promoting physically active recreation ● Facilitating healthy food and drink choices (including licensed premises)
Community	<ul style="list-style-type: none"> ● Facilitating social networks and social cohesion ● Supporting a sense of local pride and cultural identity ● Promoting a safe environment
Local economy	<ul style="list-style-type: none"> ● Promoting accessible job opportunities for all sections of the population ● Encouraging a resilient, vibrant and diverse local economy
Activities	<ul style="list-style-type: none"> ● Ensuring the provision of retail, educational, leisure, cultural and health facilities that are accessible to all ● Providing good-quality facilities, responsive to local needs
Built environment	<ul style="list-style-type: none"> ● Ensuring the good quality and required supply of housing ● Promoting a green urban environment that supports mental well-being ● Planning an aesthetically stimulating environment, with acceptable noise levels
Natural environment	<ul style="list-style-type: none"> ● Promoting good air quality ● Ensuring security and quality of water supply and sanitation ● Reducing the risk of environmental disaster
Global ecosystem	<ul style="list-style-type: none"> ● Promoting the substitution of fossil fuel use with renewable energy ● Adapting the environment to climate change

Figure 3
Health and well-being objectives in planning for health, with respect to spheres within the 'health map' (Figure 2)

Adapted from: M. Braubach and M. Grant (Eds): 'Evidence review on the spatial determinants of health in urban settings'. Annex 2, in *Urban Planning, Environment and Health: From Evidence to Policy Action. Meeting Report*. WHO Regional Office for Europe, 2010, pp. 22-97. http://www.euro.who.int/__data/assets/pdf_file/0004/114448/E93987.pdf?ua=1

Section 2

Opportunities for public health involvement in the planning system

'The planning system in Wales manages the development and use of land in the public interest.'

Planning (Wales) Act 2015 – Explanatory Notes. TSO, 2015.

<http://www.legislation.gov.uk/anaw/2015/4/notes/division/1>

Planning may seem like a complex system to navigate, but engagement and involvement becomes much more straightforward with an understanding of where the entry points are (and there are many).

This Section highlights opportunities to:

- Shape Local Development Plans by providing health evidence, developing health-specific policies, and informing other relevant policies to meet health aims.
- Undertake health impact assessments on Local Development Plans and development proposals to mitigate health impacts, promote health benefits and address inequalities.
- Influence the process of determining planning applications through involvement in pre-application discussions, commenting on planning applications as a consultee.
- Jointly develop planning guidance and evidence for health on specific topics such as takeaways density and accessibility mapping, healthcare facilities planning, and green infrastructure and active travel provision.
- Contribute to future reviews of key national planning policies such as Planning Policy Wales, the National Development Framework for Wales, and Technical Advice Notes.

2.1 Planning policy context

Planning (Wales) Act 2015

TSO, 2015.

<http://www.legislation.gov.uk/anaw/2015/4/contents/enacted>

The Town and Country Planning Act 1990 and the Planning and Compulsory Purchase Act 2004 are the main pieces of planning legislation in England and Wales, which are amended by the Planning (Wales) Act 2015. Together, these pieces of planning legislation, and accompanying regulations, set out the statutory requirements and processes for the Welsh planning system. Under the Planning and Compulsory Purchase Act every local planning authority in Wales is required to prepare and adopt a **Local Development Plan** for its area.

National Development Framework

<http://gov.wales/topics/planning/legislation/planning-wales-act-2015/development-planning/?lang=en>

The Planning (Wales) Act 2015 sets out a requirement for the Welsh Government to prepare and keep up to date a **National Development Framework (NDF)**, which will replace the Wales Spatial Plan and is due to be published in 2020. Local planning authorities must have regard to the NDF in preparing Local Development Plans. The NDF focuses on land use issues and developments of national significance.

Planning Policy Wales

Edition 9. Welsh Government, Nov. 2016.

<http://gov.wales/topics/planning/policy/ppw/?lang=en>

Planning Policy Wales (PPW) is the overarching national policy document setting out land use policies, including planning for sustainability, transport, housing and managing environmental risks. Local planning authorities must take account of PPW in preparing Local Development Plans. PPW also provides specific guidance on what Local Development Plans should include to guide the determination of planning applications. It is regularly updated by the Welsh Government.

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Technical Advice Notes

<http://gov.wales/topics/planning/policy/tans/?lang=en>
 Planning Policy Wales is supplemented by a suite of detailed guidance on specific topics. Technical Advice Notes (TANs) that have relevance for health and well-being are those on **noise (1997)**, **sport, recreation** and **open space (2009)**, **design (2016)** and **transport (2007)**. Local planning authorities must take account of TANs in preparing Local Development Plans and when making planning decisions.

Other technical planning guidance

There are also Minerals Technical Advice Notes (MTANs) (<http://gov.wales/topics/planning/policy/mineralstans/?lang=en>) on minerals developments, and Welsh Government planning circulars to consider. MTAN 1: *Quarrying* and MTAN 2: *Coal* include requirements for health impact assessments for new or extended developments.

2.2 The roles and responsibilities of key planning organisations

The Planning Directorate, Welsh Government

The Planning Directorate is responsible for setting the legislative and policy framework for planning in Wales such as developing policy (Planning Policy Wales) and guidance (Technical Advice Notes).

Planning Inspectorate

The Planning Inspectorate is an independent executive agency of the Welsh Government with responsibility for examining Local Development Plans and deciding on planning appeals (including applications 'called in' by ministers) and national infrastructure projects.

Local planning authorities

Local planning authorities are responsible for planning at the local level, including preparing Local Development Plans, annual monitoring reports, and deciding on planning applications for new developments and regeneration schemes. **There are 25 local planning authorities in Wales: 22 local authority areas and three National Parks.**

2.3 Opportunities for public health teams to engage with development planning (policy)

Development planning refers to the process of creating the suite of local planning documents such as Local Development Plans and supplementary planning guidance (supplementary planning documents), carried out by planning officers in the local planning authority. These documents create the framework and criteria against which individual planning applications are considered. Each local planning authority is required to produce an LDP for the medium to long term, typically interpreted as around 15 years.

The early stages of creating a new Local Development Plan involve collating evidence and setting the vision and objectives. Consequently, the earlier public health teams can get involved in the process of creating the LDP, the more embedded health and well-being considerations are likely to be. The process for creating a Local Development Plan follows a series of statutory stages over a number of years, during which public health professionals, the general public and other agencies have opportunities to offer input, regardless of whether they are statutory or non-statutory consultees. The scope of such input can vary, from providing public health evidence and developing health-specific policies to commenting on the strategic environmental assessment/sustainability appraisal of the LDP.

If the Local Development Plan has already been adopted by the local planning authority, the opportunity to help shape policies will be limited until a full review is undertaken. This happens every four years or so. If the plan has already been adopted, public health teams should focus on assisting with monitoring through the annual monitoring report.

There are also other opportunities for public health teams to support the development of supplementary planning guidance on issues such as access to healthy foods, green infrastructure, design, sustainable transport and even area-specific guidance. Such activities should be agreed jointly by the local planning authority and the Local Health Board, according to local priorities.

Which national planning policies do Local Development Plans have to consider in relation to health?

Local Development Plans have to consider a range of planning issues, build up supporting evidence, and develop policies accordingly to meet sustainable development objectives. National planning policy

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Area	Relevant evidence
Local health and well-being needs	<ul style="list-style-type: none"> ● Inequalities in health and gaps in life expectancy. ● Health conditions. ● Causes and burdens of ill-health. ● Trends such as obesity, physical inactivity, alcohol abuse and mental well-being. ● Health challenges across equality groups.
Place-based information	<ul style="list-style-type: none"> ● Indices of multiple deprivation (IMD). ● Accessibility and proximity to existing community services. ● Safety and crime (including road safety). ● Locations and quality of green and open spaces. ● Air quality, noise and water pollution, and other environmental health risks. ● Flood risk areas. ● Minerals and waste.
Access to/demand for health facilities	<ul style="list-style-type: none"> ● Locations, accessibility and proximity to existing health facilities. ● Quality, capacity and condition of existing health facilities.

Figure 4
Summary of useful evidence

comprises Planning Policy Wales and the suite of Technical Advice Notes, Minerals Technical Advice Notes, planning circulars and other guidance. The checklist in Figure 6 on page 23 sets out practical advice. It should also be borne in mind that Local Development Plans have to consider a range of other strategies and plans, and this is where health strategies and well-being statements, and relevant health evidence, should be a strong influence.

How can health evidence best inform the process?

The local public health team, the Public Health Wales Observatory and others in the local authority will have a wealth of health evidence to support the development of planning policies that will maximise health benefits for the population, such as the evidence sources listed in Figure 4, above, and summarised in Annex 4. The information will be useful in identifying the distribution of health challenges, and in presenting them in map formats and aligning them to growth and population change projections. Much of the information should already be in the local well-being assessment.

Which stages of the Local Development Plan process can public health teams engage in?

The process of creating the Local Development Plan takes many years and goes through a range of stages that are set out in statute. This provides opportunities

for both the informal and formal involvement of public health teams. Practical advice is set out in Figure 7 on page 24. Local planning authorities must consult the Local Health Board² and should consider consulting Public Health Wales during the LDP process.³

How can the annual monitoring report help in tracking health progress?

The local planning authority is required to prepare an annual monitoring report to review progress on implementing policies in the Local Development Plan, and can introduce indicators aligned to LDP policies to monitor progress on health and well-being. Each local planning authority and Local Health Board should determine which indicators will be developed and monitored, according to local health priorities. Consideration should be given to how to align with national well-being and health indicators for Wales and the strategic environmental assessment/sustainability appraisal process.

Informing the strategic environmental assessment/sustainability appraisal process

It is a requirement to undertake a strategic environmental assessment and sustainability appraisal of the Local Development Plan, and the Welsh Government recommends that these tasks are carried out together. The process involves considering the likely significant

2 Town and Country Planning (Local Development Plan) (Wales) (Amendment) Regulations 2015. Statutory Instrument 2015 No. 1598 (W. 197). National Assembly for Wales, 2015. <http://www.assembly.wales/laid%20documents/sub-ld10332/sub-ld10332-e.pdf>

3 Local Development Plan Manual. Edition 2. Welsh Government, Aug. 2015. <http://gov.wales/topics/planning/policy/policy-and-guidance-on-development-plans/ldpmanual/?lang=en>

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effects of the LDP on the environment, including on population and human health; proposing alternatives to mitigate these effects; and setting out measures to monitor them. These measures could be fed into the monitoring process.

Can health impact assessments inform the Local Development Plan?

Health impact assessments can be carried out when developing the Local Development Plan, in parallel with strategic environmental assessments and sustainability assessments, but this is not a statutory requirement. There are a range of health impact assessment examples published on the Wales Health Impact Assessment Support Unit (WHIASU) website, at <http://www.wales.nhs.uk/sites3/home.cfm?orgid=522>

Examples of good practice

Health impact assessments in Local Development Plans

Councils such as the City and County of Swansea and the City of Cardiff have undertaken health impact assessments (HIAs) of Local Development Plans. Cardiff undertook HIAs of its LDP preferred options and deposit plans initially using the London Healthy Urban Development Unit self-appraisal toolkit, and later using Wales Health Impact Assessment Support Unit guidance. The HIAs were carried out by a group of officers drawn from various council departments, including planning, transportation, housing and sustainable development, together with the Cardiff and Vale University Health Board.

Cardiff Local Development Plan 2006-2026 Health Impact Assessment Report. City of Cardiff Council, Oct. 2012 and Sept. 2013.

http://www.wales.nhs.uk/sites3/Documents/522/Background_Paper_3_-_Background_Technical_Paper_2_-_Health_Impact_Assessment_Report1.pdf and <https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Documents/Health%20Impact%20Assessment.pdf>

Healthy-food environments

Denbighshire County Council has produced supplementary planning guidance on hot-food takeaways to implement its Local Development Plan policies on ensuring the viability of commercial areas. It sets out the main considerations, including healthy-eating duties, for local authorities.

Supplementary Planning Guidance: Hot Food Takeaways. Denbighshire County Council, Apr. 2015.

<http://www.denbighldp.co.uk/Webfiles/SPG/HFT%20SPG%20April%202015%20final%20published.pdf>

Health evidence for use in planning

Worcestershire County Council's strategic planning team, with the adult services and health directorate, has produced a paper setting out health evidence to be used as an evidence base to inform development planning. The development of the paper was supported by local workshops.

Planning for Health in Worcestershire Technical Research Paper. Worcestershire County Council, Mar. 2015.

http://www.worcestershire.gov.uk/downloads/file/5775/planning_for_health_in_worcestershire_technical_research_paper

Health-specific Local Development Plan policies

The City of Cardiff Council's Local Development Plan Policy KP14: 'Healthy living' and Policy C6: 'Health' are examples of health-specific planning policies that have been developed to ensure that developments provide for active travel, accessible and useable green spaces, access to a food-growing environment, including allotments, and access to healthcare facilities with the aim of reducing health inequalities.

Cardiff Local Development Plan 2006-2026. City of Cardiff Council, Jan. 2016.

<https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Examination/Pages/default.aspx>

Summary of key actions

- Nominate a contact person or identify an email address to support liaison between the local planning authority and the local public health team during the development planning process.
- Develop an understanding of both the limitations and opportunities for public health involvement at each stage of the production of the Local Development Plan.
- Consider how best to apply public health evidence to support the planning process.
- Consider developing health-specific or health-relevant planning policies.
- Consider including health-relevant indicators to support specific planning policies, which in turn can be used to help inform the annual monitoring report.
- Consider whether supplementary planning guidance is required to help support the implementation of specific policies to meet local health priorities.

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2.4 Opportunities for public health teams to engage with development management (planning applications)

This Section is intended to help local planning authorities and Local Health Boards to identify when there is a need for public health evidence and support during the development management (planning application) stage. Where possible, effort to become involved further 'upstream' during the development planning process of the Local Development Plan should be prioritised.

How does the development management process relate to development planning?

Most developments, inclusive of, but not limited to household extensions, new schools, new and changing retail uses and new large-scale housing or mixed-use developments, will require planning permission from the local planning authority. The process of taking a proposed development from inception to delivery is generally known as development management. Planners will assess proposed developments against national policies set out in Planning Policy Wales and Technical Advice Notes and against their Local Development Plan policies – this is the basis of the 'plan-led' system.

What are the different types of development and what are their health implications?

Developments fall within different land use categories (housing, retail, schools, business, etc.) and size thresholds (such as 'major' for developments over ten housing units or exceeding 1 hectare in area and 'minor' for those of smaller scale). Their impact on local amenity, health and well-being will vary in scale and location, dependent on the environment. It should be up to the local public health team to determine the nature and scale of any health and well-being implications of any development as part of prioritising which planning applications they will get involved with. Public Health Wales' *Planners Guide – When to Consult with Public Health in Supporting Local Planning Authorities*⁴ sets out a process for deciding whether and when to consult with public health (and see Figure 9 on page 26).

What are the pre-application requirements?

Pre-application is the stage before a planning application is submitted to the local planning authority for a decision. Planning applicants are required to undertake pre-application consultation with the

general public and specified consultees for 'major' developments and developments of national significance (such as a new nuclear power station). While public health bodies are not required consultees, it may be good practice to seek insight from them early on for certain types of proposed development, particularly in areas of poorer health outcomes or with many known vulnerable groups.

How can public health teams engage in the planning application process?

A planning application goes through a series of statutory stages, as set out in planning legislation. Each of these stages provides opportunities for both informal and formal engagement and the involvement of public health teams. Figure 8 on page 25 sets out further guidance. There is a greater chance of influencing policy development if public health is involved earlier in the process. There are also opportunities for public health teams to engage with colleagues in licensing and environmental health, who operate under their own statutory processes.

Should public health be consulted?

Public health colleagues are often unaware of proposed developments and miss opportunities to build in health-promoting elements or to identify negative health implications. Local Health Boards are consultees under the planning regime, but are not statutory consultees, so it is important to ensure that public health involvement in the planning process is formalised and not just reliant on personal relationships between individuals. For example, a dedicated email address can be set up by the local public health team so that notification of planning applications can be sent to them – either all planning applications, or only those with a potential public health concern. Figure 9 on page 26 sets out a process that planners could use to consult with public health colleagues.

Is there a case for using a 'planning-for-health' checklist?

Some local planning authorities or local public health teams use a mutually agreed 'planning-for-health' checklist to help prioritise which planning applications the Local Health Board should comment on. Such a checklist can be tailored to a set of questions to address local health objectives or can be comprehensive, including all the wider determinants of health. Examples of checklists that have been adopted in practice are given later in this Section.

2 *Planners Guide – When to Consult with Public Health in Supporting Local Planning Authorities*. Public Health Wales, Sept. 2015. <http://www.wales.nhs.uk/sitesplus/888/page/83906>

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Considering health and well-being through environmental impact assessment

From May 2017, the EU EIA Directive requires all environmental impact assessments (EIAs) to consider 'population and human health'. UK regulations set out the threshold for those developments requiring an EIA, but generally EIA is required for those developments deemed to have significant environmental impact. While not all planning applications will be subject to an EIA, explicit consideration of and references to health, well-being and inequalities provide another opportunity during the planning application process.

How useful can a health impact assessment be?

A health impact assessment (HIA) can be beneficial as both an engagement and an assessment tool for a planning application, particularly those applications that do not require an EIA but may still have some significant health impacts. There are a number of types of HIAs that can be undertaken:

- A 'comprehensive' HIA can be demanding in both time and resources – requiring, for example, an extensive evidence search, expert analysis, and primary data collection (including qualitative feedback from local residents and other stakeholders).
- A 'rapid' HIA is a less resource-intensive and more time-effective process, involving a more focused investigation of health impacts (but it still considers both quantitative and qualitative evidence sources, including some consultation with local stakeholders).
- A 'desktop' HIA draws on existing knowledge and evidence to complete the assessment, often using published 'checklists' developed for this purpose.

The approach taken to deciding on the type of HIA required when considering a planning application should be proportionate to the size, scale, scope and nature of the application or project type and its likely implications for local public health and health infrastructure.

How should public health comments be submitted?

There is a formal route for submitting comments on public health considerations via Local Health Boards, which are non-statutory consultees in the planning process. Local planning authorities will receive many comments on a planning application during the

consultation stages. It is important to structure and present a response which is succinct, linked to national and adopted Local Development Plan policies, and based on local evidence, and which makes recommendations to make the development acceptable.

How should planning conditions related to health be used?

Planning conditions are set on a case-by-case basis to mitigate the impacts arising from a particular development. A good practice approach is to front-load discussions on conditions during pre-application to encourage the submission of details during the application process, rather than during later public consultation. Local planning authorities will normally have model planning conditions, but the final wording of conditions will need to be considered according to the development circumstances and assessed against the six policy tests in Section 3.5.2 of Planning Policy Wales.

Can Section 106 planning obligations be used for health?

Section 106 planning obligations can be used to seek monetary or in-kind contributions from planning applicants, to address or even promote on-site health and well-being impacts arising from the development. New and improved open spaces and public realm, public art and transport improvements are examples of what could be secured through Section 106 agreements. Many local planning authorities will have Local Development Plan policies or supplementary planning documents setting out clearly what they expect planning applicants to contribute. The Community Infrastructure Levy (CIL) can also be used to fund the capital or maintenance needs of wider local social infrastructure to support health and well-being priorities.

What are the links to the environmental permitting regime?

Planning permission and environmental permitting are subject to separate applications, but they are closely linked. Environmental permits determine whether an operation can be managed on an ongoing basis to prevent or minimise pollution. Permits are issued by Natural Resources Wales.⁵ Both processes should take account of environmental risks and impacts and are needed before a developer can proceed with the proposed development. Where any

⁵ For further guidance, see Natural Resources Wales' 'Development management' webpage, at <https://naturalresources.wales/planning-and-development/development-management/?lang=en>

Section 2: Opportunities for public health involvement in the planning system

significant issues are identified, it is recommended that environmental permits are processed at the same time as the planning application, to resolve any issues as early as possible.

What are ‘use classes’ and why do they matter?

National planning legislation categorises different uses of land and buildings into ‘use classes’, as set out in the Use Class Order. An understanding of the Use Class Order is relevant as any change in use may require planning permission – for example from a retail shop (categorised as ‘A1’ use) to a food and drink outlet (‘A3’). Such changes present opportunities to promote healthier food retailing and vibrant and diverse shopping areas by preventing the proliferation or over-concentration of use of premises that supply unhealthy foods.

Examples of good practice**Adopting a local planning-for-health checklist**

The London Healthy Urban Development Unit has developed a checklist to ensure that the health and well-being implications of major planning applications are taken into account consistently. By bringing together national and London planning policy requirements and standards that influence health and well-being, the checklist seeks to mainstream health into the planning system.

Healthy Urban Planning Checklist. London Healthy Urban Development Unit, Jul. 2015.

<http://www.healthyurbandevlopment.nhs.uk/our-services/delivering-healthy-urban-development/health-impact-assessment/>

Public health response template

The Cardiff and Vale public health team has devised a template to help the Local Health Board respond to planning applications. It sets out the policy frameworks for health and planning and areas for comment on healthcare service provision and public health issues. The local public health team has developed a protocol of engagement between Vale University Health Board and the City of Cardiff Council and the Vale of Glamorgan Council with a view to securing appropriate health service and public health facilities related to large-scale development. It has also developed a planning for health financial model.

Environmental and public health risk assessment

Local Health Boards are supported in providing specialist public health advice by the Environmental Public Health Service in Wales (a collaboration between Public Health Wales’ health protection team and Public Health England’s Centre for Radiation, Chemical and Environmental Hazards in Wales), which provides a holistic public health risk assessment of environmental hazards and advises on measures to safeguard communities, including advice for local planning authorities on proposed or existing developments.

<http://www.wales.nhs.uk/sitesplus/888/page/83906>

Health impact assessment protocol for planning applications

The Wales Health Impact Assessment Support Unit (WHIASU) has published guidance on conducting health impact assessments (HIAs), from considering the need to conduct an HIA to monitoring the implementation of a planning decision (see *Improving Health and Reducing Inequalities*, at <http://www.wales.nhs.uk/sites3/Documents/522/improvinghealthenglish.pdf>). WHIASU has undertaken several HIAs, and case studies can be accessed at <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=10092>

Summary of key actions

- Nominate a contact person or identify an email address to support liaison between the local planning authority and the local public health team during the development management process.
- Agree a process of public health team engagement in the pre-application stage and in consultation during the application stages.
- Where appropriate, agree requirements for health impact assessments between the local planning authority and the local public health team for specified developments which may have potential health implications.
- Ensure that health and well-being considerations are adequately considered during the environmental impact assessment process.
- Submit appropriate public health responses to public consultation.
- Consider whether planning conditions or Section 106 planning obligations may be required to address specific health impacts.

Section 3

Opportunities for planning involvement in the public health system

'Local government is vital to health and wellbeing, through for example, its education, housing and environmental services...'

Together for Health – A Five Year Vision for the NHS in Wales. Welsh Government, 2011.
<http://www.wales.nhs.uk/sitesplus/documents/829/togetherforhealth.pdf>

This Section provides an introduction to the public health system and public health responsibilities, to provide a better understanding of where opportunities lie to foster links and develop alignment with the planning process.

3.1 Health policy context

Our Healthy Future Indicators, 2015

Public Health Wales Observatory. Public Health Wales NHS Trust. 2015.

<http://www.wales.nhs.uk/sitesplus/922/page/83567>

The *Our Healthy Future* strategic framework, published in 2009, set the agenda for public health and commits the Welsh Government and its partners in local government and Local Health Boards to improving health and well-being. It set out a vision and key themes, including reducing health inequities and delivering healthy sustainable communities. A set of indicators has been developed to monitor progress against the priorities in *Our Healthy Future*, and these indicators could be useful in informing Local Development Plan policies and the monitoring thereof.

A Healthier, Happier and Fairer Wales. Public Health Wales Strategic Plan 2015-2018

Public Health Wales, Apr. 2015.

<http://www.wales.nhs.uk/sitesplus/888/page/82750>

The Public Health Wales Strategic Plan sets out seven priorities, including influencing policy to help protect and improve the health of the population. This is a driver for PHW representatives to engage with (among other policy-makers) planners in order to promote consideration of health and well-being in the planning policy and decision-making process.

Together for Health: A Five-Year Vision for the NHS in Wales

Welsh Government, Nov. 2011.

<http://gov.wales/topics/health/publications/health/reports/together/?lang=en>

The Five-Year Vision for the NHS in Wales sets out, with a clear focus on delivery, seven areas of change, including improving health through the activities of the Local Health Boards to create a healthy Wales.

NHS Wales Planning Framework

Welsh Government, Updated 2016.

<http://gov.wales/topics/health/nhswales/organisations/planning/?lang=en>

The NHS Wales Planning Framework provides guidance for the development of integrated medium-term plans (IMTPs) by Local Health Boards and NHS Trusts. IMTPs focus on the health planning role with a view to developing and managing healthcare services to respond to local challenges. IMTPs are the vehicle for strengthening existing and forging new partnerships across the public and third sectors.

NHS Wales Infrastructure Investment Guidance

Welsh Health Circular. Welsh Government, Mar. 2015.

<http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

The Infrastructure Investment Guidance sets out requirements for the planning, delivery and management of NHS infrastructure investment (which includes land and buildings). It aims to support the delivery of safe, sustainable and accessible services and the provision of care closer to home; maximise the efficient use of assets; improve asset condition and performance; and promote innovation to improve the quality of care. It supports the use of health impact assessments as part of the evidence to justify infrastructure investment proposals.

Section 3: Opportunities for planning involvement in the public health system

3.2 The roles and responsibilities of key health organisations

Public Health Wales

Public Health Wales (PHW) was established in October 2009, bringing together a number of organisations previously responsible for public health. Its vision is to achieve a healthier, happier and fairer Wales. It has four statutory functions:

- To provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services, and services relating to the surveillance, prevention and control of communicable diseases.
- To develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters; and to contribute to the provision and development of training in such matters.
- To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales, in particular including cancer incidence, mortality and survival, and prevalence of congenital anomalies.
- To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.

Health improvement falls under the Health and Well-being Directorate of PHW. Health improvement responsibilities are shared across several all-Wales teams, as well as local public health teams. The Policy, Research and International Development Directorate can help support policy development through its activities and outputs.

The Health Protection division of Public Health Wales supports all agencies involved in communicable disease management, prevention and control in Wales. It helps deliver the Environmental Public Health Service (i.e. the service dealing with environmental hazards other than those responsible for communicable diseases) collaboratively with Public Health England's Centre for Radiation, Chemical and Environmental Hazards in Wales. This integrated team provides partner agencies and the public with independent, specialist and contextualised advice and support.

Public Health Wales Observatory

The Public Health Wales Observatory assists local and national partners by providing health intelligence to address public health issues, improve health and

health services and reduce health inequalities. Its aim is to provide signposting and guidance at the appropriate contextual level, in addition to working with others to improve the quality of information available on health and health services in Wales. The Public Health Wales Observatory serves as a resource of information and evidence for planners trying to incorporate health and well-being into the planning process.

Wales Health Impact Assessment Support Unit

The Wales Health Impact Assessment Support Unit (WHIASU) is a part of Public Health Wales. Its key roles are:

- To support the development and effective use of the health impact assessment (HIA) approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those conducting HIAs.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

NHS Wales

NHS Wales underwent significant restructuring in 2009. The NHS now delivers services through the seven Local Health Boards, which are responsible for healthcare services.

Local Health Boards and Directors of Public Health

Wales has seven Local Health Boards (LHBs), which plan, secure and deliver healthcare services in their areas. The aim of the LHBs is to improve the health of their communities, reduce health inequalities, and deliver effective and efficient healthcare services, articulated through an integrated medium-term plan of service priorities. Each LHB appoints a Director of Public Health, who has responsibility for the health of the local population, leads on local needs assessment, and has responsibility for producing an independent annual report on the health of the local population.

Local public health team

For every Local Health Board in Wales there is a local public health team (LPHT), which works to the Director of Public Health and is responsible for providing specialist public health support to the LHBs and other stakeholders. Local public health teams also plan, develop, implement and evaluate a range of public health programmes and services that focus on health

Section 3: Opportunities for planning involvement in the public health system

improvement, health protection and disease prevention.

Community health councils

Community health councils represent the voice of the community and the general public in the health process. There are seven community health councils, in alignment with the seven LHBs.

3.3 Opportunities for planners to engage with the public health system

There are no specific statutory 'entry points' within local public health teams and Local Health Boards through which planners can engage – this can prove challenging. However, with the range of statutory and non-statutory points of entry for public health involvement in the planning system (see Section 2), there is already significant scope for collaboration. This Section highlights further opportunities for planners to be involved in public health and health service facilities planning. The overarching principle of building on established links and partnerships between the planning and health professions is very important.

Within the health and care systems, there are opportunities for collaboration, including the following:

- The new **well-being plans** will become the focal point. Previously, the single integrated plans (comprising the community strategy, the children and young people's plan, the health, social care and well-being strategy, and the community safety partnership plan) provided the basis for engagement.
- The statutory rolling three-year **integrated medium-term plans** prepared by Local Health Boards and NHS Trusts provide further opportunities for planners to contribute to health planning and to help align land use planning decisions with the evidence base.

How are the integrated medium-term plans relevant to planners, and how could planners be involved in the plan process?

Like the land use planning process, integrated medium-term plans go through a process of development, approval and monitoring. This includes evidence-gathering and needs assessment activities that cover the physical and mental health and well-being of the resident population, capacity planning across all the health and care services, and

engagement with local communities and local authority partners. Figure 10 on page 27 sets out the opportunities for involving planners and considering issues relevant to the built and natural environments, such as those issues identified in Figure 3 on page 7, including taking into account the location and accessibility of services to the population.

Planning for health infrastructure is an obvious area for collaboration, as planners plan for social infrastructure needs for the local authority area for, typically, 15 years ahead. Other obvious areas are collaborating to address obesity and promote physical activity through the creation of open space; facilitating active travel and minimisation of obesogenic environments through healthy urban planning processes; and mitigating the harmful environmental effects of planning applications (such as impacts on air quality). If a health impact assessment is carried out as part of a Local Development Plan, it could be extended to assess the impact of infrastructure developments on the health of the population.

Could integrated medium-term plans, well-being plans and statements or other health-based strategies be material in the planning process?

Such plans and strategies should be taken into account and referred to as part of the Local Development Plan evidence base and within policy justification texts. They can also be material considerations in decisions on planning applications if they have an impact on how a site will be developed and if, according to Section 3.1.4 of Planning Policy Wales, they are relevant to the 'development and use of land in the public interest'.

Engaging with local public health teams

Local public health teams, in collaboration with the Environmental Public Health Service, can support planners in many ways, as suggested in Section 2 – including by providing advice and guidance on health impact assessments and comments on planning applications. Having a clear engagement protocol for the development management process will be critical. Many Local Health Boards will have topical or sectoral strategies focused on, for example, older people, physical activity or estates, which will touch upon the wider environmental determinants of health where the planning system will have a role. The Director of Public Health can play a central role in securing local commitment and can prioritise working with planners to improve the population's health.

Section 3: Opportunities for planning involvement in the public health system

How can the Director of Public Health's annual report recognise planning's contribution to bringing about healthier environments and a healthier population?

Each Director of Public Health of the Local Health Board is required to produce an annual report on the health of their population. As it sets out key population health priorities and explains why they are important, it provides an ideal opportunity to secure a more positive and proactive recognition of the planning system's contribution to tackling local health issues. Building on health evidence, the annual report can make recommendations for local action to tackle unhealthy environments and promote greater dialogue and collaboration with planners.

Engaging with Local Health Boards to consider healthcare infrastructure needs during the planning process

Local Health Boards can provide local planning authorities with an overview and detailed assessment of NHS service and infrastructure needs, including plans for estate improvements or investments. Such information would normally be mapped and should be made available to local planning authorities to help inform Local Development Plan policies and requirements for strategic development proposals. In particular, such information would be useful in setting out Section 106 planning obligation policies or in informing the infrastructure schedule under the Community Infrastructure Levy.

Summary of key actions

- Engage with and enlist the resources of the Director of Public Health in the first instance, to bring together evidence and share local priorities.
- Maintain dialogue with local public health teams to help implement health-relevant policies set out in Planning Policy Wales in the Local Development Plan and development management processes.
- Include wider environmental priorities and actions in the integrated medium-term plan process.
- Scope out formal roles and contributions for local authority planners in the integrated medium-term plan process.
- Share evidence between the Local Development Plan and integrated medium-term plan processes, such as on population and growth projections and estates capacity and demand planning.
- Explore opportunities to conduct health impact assessments on strategies and plans in order to identify issues of health impacts and improvement, in particular in relation to the built and natural environments.
- Explore opportunities to continue and improve engagement through the new well-being requirements.
- Share spatial information on population projections and growth areas to ensure that planning for new healthcare infrastructure is aligned with new developments.
- Include access to healthcare facilities in infrastructure plans.

Section 4

Opportunities in the Well-being of Future Generations (Wales) Act 2015

'Local government is vital to health and wellbeing, through for example, its education, housing and environmental services...'

Together for Health – A Five Year Vision for the NHS in Wales. Welsh Government, 2011.

<http://www.wales.nhs.uk/sitesplus/documents/829/togetherforhealth.pdf>

The new well-being duty and requirements on public bodies provide opportunities to improve population-level health across local areas. Carrying out sustainable development through the well-being duty as well as the planning function is the core underlying principle.

While the requirements are relatively recent, and statutory guidance was published only in early 2016, this Section highlights where potential synergies may lie for planners and public health professionals in meeting their collective well-being responsibilities.

4.1 Well-being policy context

Well-being of Future Generations (Wales) Act 2015
TSO, 2015.

<http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

Sections 3 and 4 of the Well-being of Future Generations (Wales) Act place a sustainable development duty on public bodies and require them to carry out their functions to achieve seven well-being goals:

- A prosperous Wales.
- A resilient Wales.
- A healthier Wales.
- A more equal Wales.
- A Wales of cohesive communities.
- A Wales of vibrant culture and thriving Welsh language.
- A globally responsible Wales.

Detailed statutory guidance has been developed for those public bodies (including Public Services Boards) subject to the well-being requirements. In addition, Section 4.4, 'Objectives' of Planning Policy Wales, on planning for sustainability, sets out what the well-being goals mean for the planning system.

Well-being statements and objectives, and local well-being plans

Detailed statutory guidance on the Well-being of Future Generations (Wales) Act, setting out requirements for well-being statements and objectives and local well-being plans and the roles of public bodies, is available at <http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

There are two main outputs from the well-being requirements:

- **The well-being statement and objectives** – a set of well-being objectives to be delivered in achieving the sustainable development principle, and a statement of how these objectives are to be met.
- **The local well-being plan and assessment** – a plan setting out how to improve the economic, social, environmental and cultural well-being of the local area, made with regard to an assessment of the economic, social, environmental and cultural well-being in the area, including consideration of the extent of health inequalities.

How to Measure a Nation's Progress? National Indicators for Wales

National Indicators for Wales, as required by Section 10(1) of the Well-being of Future Generations (Wales) Act 2015. Welsh Government, Mar. 2016

<http://gov.wales/topics/people-and-communities/people/future-generations-act/national-indicators/?lang=en>

The Well-being of Future Generations (Wales) Act places a duty on Welsh ministers to provide an annual report setting out progress on meeting the seven well-being goals, using national indicators. A set of 46 indicators have been proposed, including healthy life expectancy, healthy lifestyle behaviour, and levels of deprivation. Public Services Boards must have regard to these indicators, which will also be useful reference points for public bodies.

Section 4: Opportunities in the Well-being of Future Generations (Wales) Act 2015

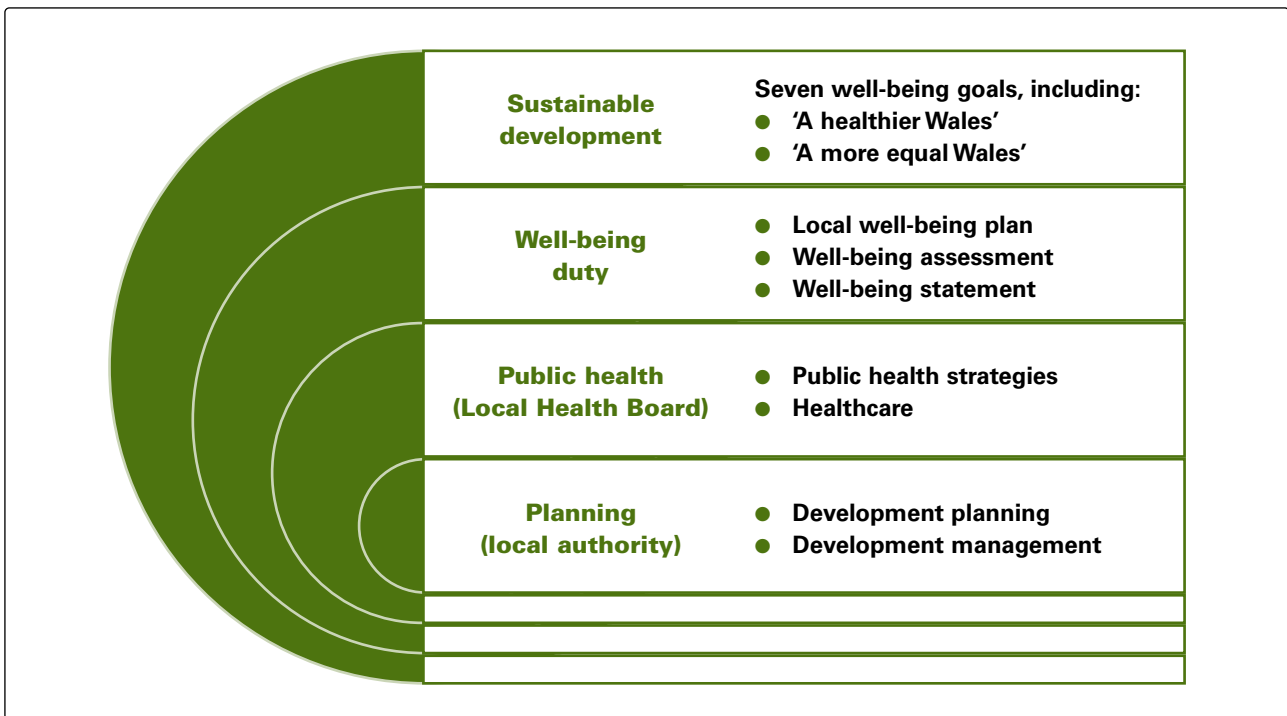


Figure 5
How the planning, public health and well-being requirements align

4.2 The roles and responsibilities of key bodies

Public bodies

Local planning authorities (as part of local authorities), Local Health Boards and Public Health Wales are public bodies. Individually, they must set out and publish well-being objectives to contribute to achieving each of the seven well-being goals. The Welsh Government has published statutory guidance on the individual roles of public bodies. The specific outputs from a public body include:

- publishing well-being objectives and a well-being statement; and
- publishing an annual progress report.

Public Services Boards

Public Services Boards bring public bodies together in a local authority area with a duty to improve the social, economic, environmental and cultural well-being of the area and contribute to achieving the seven well-being goals set out in the Well-being of Future Generations (Wales) Act. The Welsh Government has published statutory guidance on the collective role played through Public Services Boards. The specific outputs from a Public Services Board include:

- undertaking an assessment of economic, social, environmental and cultural well-being (also encompassing health and well-being);

- publishing a local well-being plan; and
- publishing an annual progress report.

4.3 Ensuring planning representation in Public Services Boards

Who can be part of the Board?

The Act requires the local authority, the Local Health Board, the fire and rescue authority and Natural Resources Wales to be statutory members of the Public Services Board. As the local planning authority is effectively part of the local authority, planners already have an entry point. The Board is empowered to invite other participants with a well-being interest, including Public Health Wales. Similarly, local public health teams should be part of the governance arrangements.

Is representation for planning recommended?

Delivering on the Act's aspirations for health and well-being will require activities related to the wider environmental determinants of health, including those relating to the built and natural environments. Planning's role in delivering the 'A healthier Wales' well-being goal set out in the Well-being of Future Generations (Wales) Act is explicit in Planning Policy Wales, and planning as a delivery mechanism will be crucial in the implementation of local well-being plans. Representation from the local planning authority – or

Section 4: Opportunities in the Well-being of Future Generations (Wales) Act 2015

someone with extensive knowledge of the planning system – will prove be beneficial; this can be achieved either through membership of the Board or as part of the sub-groups.

4.4 Setting out local planning for health objectives in the local well-being plan and statement

How does the local well-being plan relate to the Local Development Plan?

The Well-being of Future Generations (Wales) Act amends legislation to replace the community strategy with the local well-being plan, and Local Development Plans have generally referenced the priorities of community strategies as the basis for setting the local spatial vision and objectives. The local well-being plan should continue to underpin future Local Development Plans, which will act as the delivery mechanism of spatial elements of the well-being plan.

Planning Policy Wales sets out national planning objectives for achieving the 'A healthier Wales' well-being goal, which Local Development Plans will have to take into account. Locally, public bodies should set out clear objectives relevant to the built and natural environments. These objectives can then be taken into account in the process of drawing up new or revising existing Local Development Plans. And these objectives can then be a material consideration in the determination of planning applications.

The annual reporting requirements for the well-being plans can be aligned with the annual monitoring report produced by local planning authorities.

What local well-being objectives could be developed?

Local well-being objectives should be based on local evidence identified in the well-being assessment. However, such objectives should contain elements relevant to the built and natural environments so that they can be taken into account as material considerations in both the creation of the Local Development Plan and the determination of planning applications. For example, local objectives can promote actions in:

- housing;
- transport and active travel;
- road safety;
- air, noise and water pollution, historical land contamination, and other environmental hazards;
- open space;
- social infrastructure;

Summary of key actions

- Explore the opportunity for planning representation on the Public Services Board.
- Identify and assess well-being needs as part of a well-being assessment that clearly addresses the wider environmental determinants of health.
- Translate these needs into planning interventions that could be taken forward through the Local Development Plan or as material considerations when determining planning applications.
- Ensure both the development planning and development management processes take into account the outputs of the well-being requirements, including using the well-being assessment as part of the evidence base.
- Adopt a clear process for aligning the annual monitoring and reporting processes of the Local Development Plan and the well-being requirements.

- community safety;
- health and care provision; and
- injury prevention.

What kind of planning evidence can feed into the well-being assessment?

The statutory guidance refers to the use of planning surveys as part of the evidence. In addition, evidence prepared as part of the Local Development Plan process can also be useful, such as open space and recreation assessments, housing needs assessments, and transport surveys. Evidence from the health component of the well-being assessment can also be used to support any objectives in the well-being plan, i.e. identifying levels of obesity and the neighbourhoods where they are most prevalent; and levels of physical activity and how such activity can be facilitated further.

Section 5

Practical resources

Preceding Sections of this document provide an overview of and some insight into how planning officers and health system practitioners and lead officers can engage with, and become involved in, integrating health and planning for the well-being of the population. The Well-being of Future Generations (Wales) Act 2015 has given an underpinning to this aim, with its focus on promoting sustainable development – the cornerstones of which are involvement, integration, prevention, long-term thinking and collaboration. Working together, local and national officers and practitioners can support this approach.

This Section contains diagrams and tables which are intended to clarify the applicable processes and protocols in both the planning and health domains:

- **Resource 1:** Local Development Plan checklist.
- **Resource 2:** Public health involvement in development planning (planning policy) chart.
- **Resource 3:** Public health involvement in development management (planning applications) chart.
- **Resource 4:** Consulting with public health in planning applications – process chart.
- **Resource 5:** Planning considerations in developing integrated medium-term plan – checklist.

They have been produced as quick reference guides, and practitioners are encouraged to adapt and tailor them to local circumstances and processes. They should add value to existing arrangements and not be an additional burden.

Resource 1: Local Development Plan checklist Figure 6, page 23

The checklist provides a good starting point in considering whether a Local Development Plan (LDP) ‘fits’ with Planning Policy Wales (PPW) on key health-related themes. PPW provides the main reference for LDPs and planning applications, and covers a range of issues such as transport, the natural environment,

housing, minerals and recreation. The checklist can be used to guide the development of an LDP or when reviewing an existing LDP, and to help ensure that the LDP is ready for the Examination in Public.

Resource 2: Public health involvement in development planning (policy) chart

Figure 7, page 24

The chart provides an indicative guide to the scope for involvement at each stage of the development planning (policy) process. There is a greater chance of impacting on policy development if practitioners are involved at early stages in the process, up to ‘pre-deposit’ stage. Section 2.3 provides further explanation and information.

Resource 3: Public health involvement in development management (planning applications) chart

Figure 8, page 25

The chart provides an indicative guide to the scope for involvement at each stage of the development management (planning application) process and sets out key issues and considerations for planners and public health practitioners alike. Section 2.4 provides further explanation and information.

Resource 4: Consulting with public health in planning applications – process chart

Figure 9, page 26

Taken from a planners’ guide developed in 2015 by Public Health Wales, the process chart can help planners to determine whether and how to notify and consult with public health officers on planning applications deemed to have public health concerns.

Resource 5: Planning considerations in developing the integrated medium-term plan – checklist

Figure 10, page 27

Produced by the Local Health Board, the integrated medium-term plan can be a useful mechanism for aligning public health planning with the land use planning and infrastructure planning processes.

Section 5: Practical resources

Figure 6

Resource 1 – Checklist with policy considerations for aligning local development policies and planning decisions with Planning Policy Wales

Themes	Questions for planners	Questions for public health practitioners
<p>Sustainability and well-being <i>PPW policy reference:</i> 4.4 Sustainability objectives</p>	<ul style="list-style-type: none"> ● How are local health priorities embedded into the LDP vision and strategic objectives? 	<ul style="list-style-type: none"> ● Have you provided planning with information on health priorities?
<p>Neighbourhood and built environment <i>PPW policy references:</i> 4.11 Good design (accessibility, designing out crime) 11.1.3 Sport and recreation</p>	<ul style="list-style-type: none"> ● How does the LDP promote development patterns and design that support active travel, physical and mental well-being? ● What provision is made to include formal and informal recreational opportunities? 	<ul style="list-style-type: none"> ● How can you support area-based LDP policies with evidence of local area health statistics, evidence of needs and evidence in general about impact?
<p>Food environments <i>PPW policy reference:</i> 5.5.18 Allotments</p>	<ul style="list-style-type: none"> ● How are considerations for promoting access to healthy-food environments included through food growing or by limiting over-concentration of unhealthy food retailing around schools (Healthy Eating in Schools (Wales) Measure 2009)? 	<ul style="list-style-type: none"> ● Can you support LDP policies with evidence of where vulnerable populations are spatially located in terms of exposure and proximity to food retail uses and food-growing spaces? ● Have you considered the case for managing unhealthy retail such as hot-food takeaways?
<p>Transport <i>PPW policy references:</i> 8.2 Promoting active travel 8.4 Managing traffic</p>	<ul style="list-style-type: none"> ● How are requirements for promoting active travel routes (Active Travel (Wales) Act 2013) and travel plans included and considered in terms of promoting health? 	<ul style="list-style-type: none"> ● Can you support the implementation and ongoing monitoring of travel plans?
<p>Natural environment <i>PPW policy references:</i> 4.8.2 Green Belts and green wedges 11.1.11 Green open spaces</p>	<ul style="list-style-type: none"> ● How does the LDP recognise the benefits of and plan for networks of green and blue infrastructure? ● Could there be explicit links to Natural Resources Wales' area statements? 	<ul style="list-style-type: none"> ● Are LDP policies on open space informed by health evidence demonstrating benefits for physical and mental well-being? ● Could you work more closely to align objectives with Natural Resources Wales?
<p>Health protection and environmental health <i>PPW policy references:</i> 13.10 Air and water quality 13.13 Noise and light pollution</p>	<ul style="list-style-type: none"> ● What, where and for whom are the risks and vulnerabilities to significant impacts from pollution and noise? 	<ul style="list-style-type: none"> ● How can you jointly support planning by engaging environmental health officers and other relevant stakeholders?
<p>Health Impact Assessment <i>PPW policy references:</i> 2.4.5 Integrated appraisal 14.8.5 Health impact assessment (opencast coal working)</p>	<ul style="list-style-type: none"> ● Should a requirement for HIA be included as a policy for specified developments, and would it add value to existing assessments? 	<ul style="list-style-type: none"> ● Can you support planning in undertaking an HIA on the LDP and in quality assuring HIAs received during planning applications?
<p>Healthcare provision <i>PPW policy reference:</i> 9.2.9 Social infrastructure</p>	<ul style="list-style-type: none"> ● Are requirements for healthcare facilities from the local health board IMTP reflected in the infrastructure planning schedule? 	<ul style="list-style-type: none"> ● Have health commissioning strategies been shared with the local planning authority and reflected in the local development process?

Section 5: Practical resources

Figure 7

Resource 2 – Process for public health involvement in development planning (policy) (see Section 2.3 for further information)

Stage	How to engage (for planners)	How to engage (for public health practitioners)
<p>Stage 1: Evidence base Initial scoping of planning issues, draft vision and strategy, place-based policies and development allocations, commissioning and compilation of material evidence.</p>	<ul style="list-style-type: none"> ● Scope planning interventions relevant to health: <ul style="list-style-type: none"> ■ Potential planning interventions. ■ Priority areas – areas of deprivation, high obesity. ● Align strategies and plans by taking into account: <ul style="list-style-type: none"> ■ Health priorities set out in well-being statements. ■ Local Health Board plans and strategies. ■ Other council corporate plans and strategies. 	<ul style="list-style-type: none"> ● Provide public health evidence to planners as part of the LDP evidence base (see page 11, above). ● Make planners aware of local health and well-being and healthcare service priorities.
<p>Stage 2: Pre-deposit – issues and options consultation</p> <p>Stage 3: Pre-deposit preferred options plan consultation Early stakeholder engagement and formal consultation on evidence, issues, objectives, alternatives, site allocations, policies, and integrated SA/initial SA report. Consideration of responses.</p>	<ul style="list-style-type: none"> ● Support health-relevant policies <ul style="list-style-type: none"> ■ Develop a specific health policy, including healthcare. ■ Mainstream health into policies and justification texts. ● Embed health into area-specific policies and sites: <ul style="list-style-type: none"> ■ Align planning interventions to areas which will benefit from specific health policies. ● Contribute to the assessment and appraisal process: <ul style="list-style-type: none"> ■ SEA/SA and HIA as appropriate. 	<ul style="list-style-type: none"> ● Consider the opportunities to develop health-specific policies on active travel, green spaces and access to healthy food; and then agree with planners. ● Comment on SEA/SA and identify health and well-being impacts and benefits and address any inequalities. ● Refer to WHIASU or LPHT for advice and guidance about HIA as appropriate. ● Submit formal public health response to consultation stages via the Director of Public Health.
<p>Stage 4: Deposit Formal consultation on the deposit LDP. SA report. Consideration of responses.</p>	<ul style="list-style-type: none"> ● Check conformity to national policy and guidance: <ul style="list-style-type: none"> ■ Refer to PPW and TAN policies. ● Check conformity to other plans and strategies: <ul style="list-style-type: none"> ■ Refer to local well-being plans. 	<ul style="list-style-type: none"> ● Make sure that health elements of national policies are taken into account in the draft LDP when formulating responses to planners.
<p>Stage 5: Examination in Public (EiP) and inspector recommendations Testing of the LDP by the planning inspector, taking the format of topic discussions.</p>	<ul style="list-style-type: none"> ● Seek expert witness support and evidence from public health as appropriate. 	<ul style="list-style-type: none"> ● Supporting planners during the examination as requested. <ul style="list-style-type: none"> ■ Expert statements to the planning inspector if required, with health evidence.
<p>Stage 6: Local authority adoption The point at which the LDP comes into force.</p>	<ul style="list-style-type: none"> ● Ensure that public health and relevant colleagues in environmental health are aware of the adopted document. 	<ul style="list-style-type: none"> ● Promote awareness among public health colleagues in Local Health Boards and other health organisations on the adopted document.
<p>Stage 7: Monitoring and plan review The local authority is required to monitor progress on implementing policies and achieving related targets in an annual monitoring report.</p>	<ul style="list-style-type: none"> ● Ensure that health-relevant indicators are included in the LDP and assessed in the annual monitoring report. ● Where appropriate, seek support and evidence from public health. 	<ul style="list-style-type: none"> ● Consult and agree with planners on supporting annual monitoring: <ul style="list-style-type: none"> ■ Set out targets and indicators relevant to health. ● Submit health and health inequalities data from the Public Health Wales Observatory to planners as part of the annual monitoring report.

Section 5: Practical resources

Figure 8

Resource 3 – Process for health involvement in the development management (planning applications) (see Section 2.4 for further information)

Stage	How to engage (for planners)	How to engage (for public health practitioners)
<p>Stage 1: Pre-application discussion Advice given by planners to applicants before making a planning application.</p>	<ul style="list-style-type: none"> ● Agree with health consultees an arrangement for notifying public health. ● Highlight with applicant the need for EIA or HIA, and seek the support of public health consultees. ● Check what the adopted LDP says about health. ● Engage environmental health. 	<ul style="list-style-type: none"> ● Seek to agree with planners an arrangement for notifying public health on discussions. ● Understand what can/cannot be considered in planning – material considerations.
<p>Stage 2: Submission and validation – Planners check the application for validation, including information requirements from the local validation list.</p>	<ul style="list-style-type: none"> ● Ensure that advice is provided to the validation officer on the scope of health information requirements, if required by LDP policy. ● Ensure that an HIA or checklist assessment is included if required in LDP policy for developments. 	<ul style="list-style-type: none"> ● Provide planners, where necessary, with relevant policies, strategies or position statements. ● Provide health evidence for planners.
<p>Stage 3: Publicity and consultation A statutory consultation period of 21 days for the public to make comments.</p>	<ul style="list-style-type: none"> ● Read community comments to support and/or evidence common themes. ● Any community concerns to be highlighted to health consultees and applicant if appropriate. 	
<p>Stage 4: Statutory consultation Consultation with statutory and non-statutory consultees, with 21 days to respond.</p>	<ul style="list-style-type: none"> ● Ensure that public health is consulted as a consultee. ● Suggest how the development can be made acceptable through planning conditions or Section 106 obligations. ● Review comments made by health consultees and consider the need for further dialogue. 	<ul style="list-style-type: none"> ● Formally respond to consultation via the Local Health Board as a health consultee. ● Where necessary, review any supplemental information provided by the planners/applicant and provide further public health response/public health risk assessment.
<p>Stage 5: Consideration The case officer makes a recommendation to be considered by the planning committee.</p>	<ul style="list-style-type: none"> ● If to be discussed by the planning committee. 	<ul style="list-style-type: none"> ● If required and requested, public health consultee to attend the meeting with planning officers.
<p>Stage 6: Planning decision A decision is made for either unconditional approval with conditions, or refusal.</p>	<ul style="list-style-type: none"> ● Ensure that recommended public health-related planning conditions and/or Section 106 obligations are included in the decision notice. ● Provide health consultees with the written decision. 	<ul style="list-style-type: none"> ● Review outcome of decision and continue to provide support if necessary. ● Assist with the monitoring and implementation of Section 106 obligations.
<p>Stage 7: Appeal (if submitted)</p>	<ul style="list-style-type: none"> ● Review any comments made by health consultees, including a need for further dialogue with the applicant. 	<ul style="list-style-type: none"> ● Assist planners with evidence if health impacts are a key concern in any appeal made.
<p>Stage 8: Development commencement and enforcement</p>	<ul style="list-style-type: none"> ● Ensure compliance with the planning decision. 	<ul style="list-style-type: none"> ● Assist planners with evidence if health impacts are a key issue in enforcement.

Section 5: Practical resources

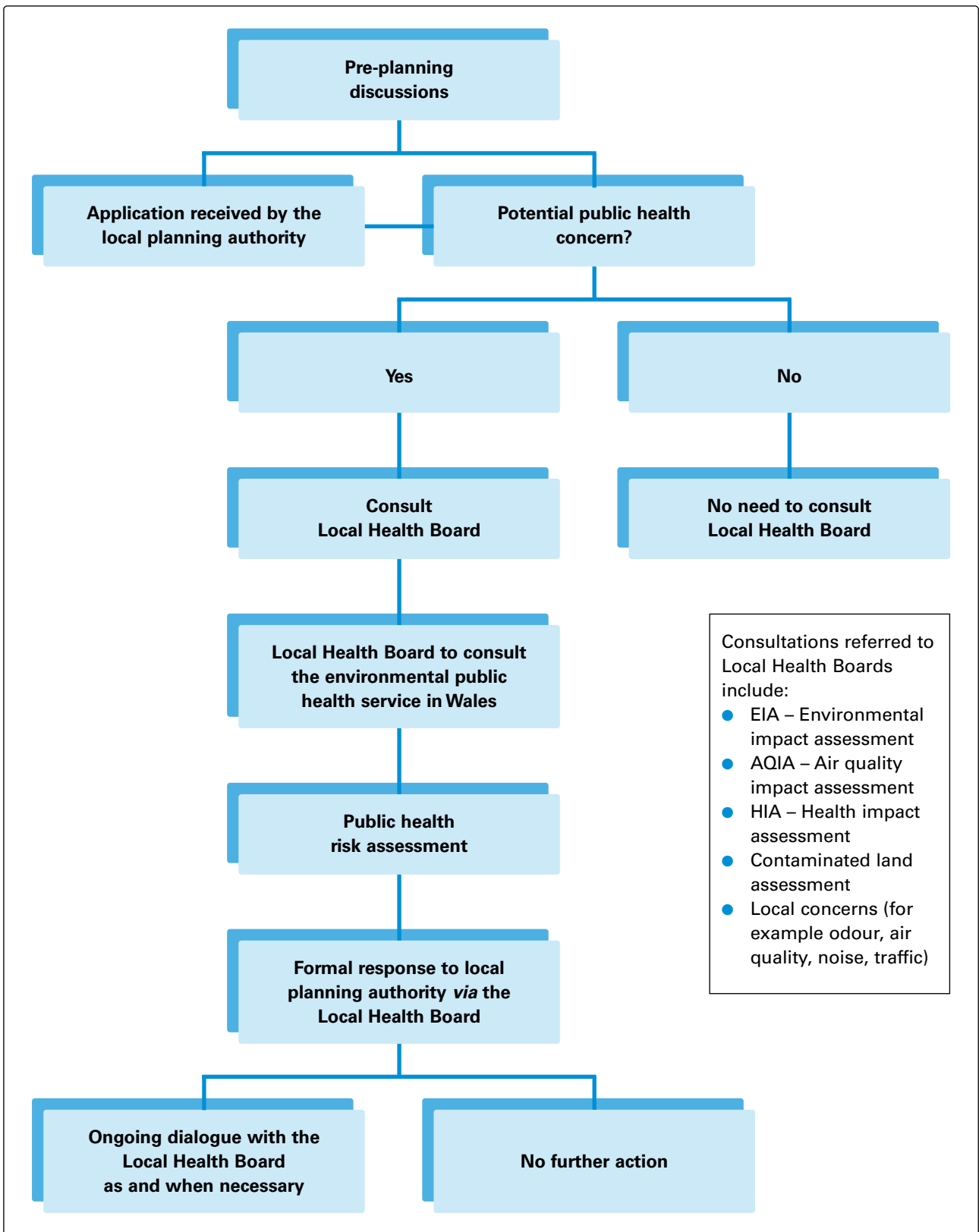


Figure 9
Process for consulting with public health

Source: *Planners Guide – When to Consult with Public Health in Supporting Local Planning Authorities*. Public Health Wales, Sept. 2015. <http://www.wales.nhs.uk/sitesplus/888/page/83906>

Section 5: Practical resources

Stage	How planners and public health practitioners can engage and collaborate
<p>Stage 1: 'Diagnostic phase' Understanding your population/healthcare environment</p>	<ul style="list-style-type: none"> ● Explore the opportunity to undertake joint needs assessments and profiles of local communities and places.
<p>Stage 2: Engagement Talking to your stakeholders</p>	<ul style="list-style-type: none"> ● Consider how Local Development Plan statutory consultation stages could be aligned with the integrated medium-term plan engagement stage. ● Communication between local authority planners and public health teams about joint priorities and issues.
<p>Stage 3: Plan development Creating a vision and defining outcomes</p>	<ul style="list-style-type: none"> ● Consider how the visioning process aligns with the spatial vision and objectives of the Local Development Plan. ● Encourage planners to formally feed into the visioning process as consultees.
<p>Stage 4: Plan development Articulating key actions</p>	<ul style="list-style-type: none"> ● Ensure that priorities and actions reflect the planning system's contribution to health needs and infrastructure planning. ● Ensure that Local Development Plan policies are consistent with actions set out in the integrated medium-term plan.
<p>Stage 5: Plan approval</p>	<ul style="list-style-type: none"> ● Ensure that planning and other relevant built environment colleagues and partners are aware of the approved document.
<p>Stage 6: Plan monitoring Monitoring, governance and delivery mechanisms</p>	<ul style="list-style-type: none"> ● Identify opportunities for Local Development Plan monitoring indicators to inform integrated medium-term plan monitoring mechanisms. ● Although monitoring timescales may not align, ensure that planning and health planning monitoring processes reflect shared evidence and outcomes. ● Involve planners in formal governance and delivery arrangements.

Figure 10
Potential planning involvement during the integrated medium-term plan development process

Section 6

Conclusions

The Welsh Government has provided strong foundations for taking integrated action to improve health and well-being for the people of Wales through legislation, including the Well-being of Future Generations (Wales) Act 2015, the Planning (Wales) Act 2015 and the Environment (Wales) Act 2016. Figure 11 summarises how this Briefing can help improve public health and other stakeholders’ involvement in planning.

The Briefing presents four key messages:

- **Stronger together through improved collaboration:** In times of diminishing capacity there are stronger incentives and greater opportunities for practitioners within and across different organisations to benefit from sharing expertise, especially when undertaking evidence and needs assessments of local populations and places.
- **Shared evidence leading to shared policy actions:** With the development of shared evidence comes a shared understanding of local place-based priorities and long-term development aspirations. Practitioners can harness the range of existing informal and formal opportunities offered by the planning system to develop policies that can make a difference to the population’s health – on active

travel, open space, play and recreation provision, healthy-food environments, an accessible public realm, and high-quality housing.

- **Shared policy actions leading to shared outcomes:** When communities grow or are regenerated, planning permission is required from the local planning authority. Public health practitioners can assist in highlighting not only where the negative health impacts of change will fall, but also where health improvements can be gained through health impact assessments. They can also assist the local planning authority in monitoring and reviewing the long-term implications of planning decisions in meeting well-being goals.
- **Building crucial relationships and exchanging knowledge:** The planning and health systems are necessarily complex, reflecting the complexities of tackling the wider determinants of well-being and inequalities. With local government firmly at the heart of planning for health and well-being, it makes sense for professionals to build relationships and networks to share good practice and take advantage of opportunities to collaborate both within and across local areas.

Issues	For planners	For public health practitioners
Raising awareness and knowledge of issues	<ul style="list-style-type: none"> ● Understand the gaps in staff’s health knowledge of public health. 	<ul style="list-style-type: none"> ● Understand the gaps in staff’s knowledge of planning.
Improving communication and engagement between the professions	<ul style="list-style-type: none"> ● Start a conversation about the needs of public health and share joint evidence. 	<ul style="list-style-type: none"> ● Nominate someone to act as the point of contact with planners and share joint evidence.
Integrating health into planning policies	<ul style="list-style-type: none"> ● Adopt health evidence in Local Development Plans. 	<ul style="list-style-type: none"> ● Ensure that health evidence is presented spatially and appropriately for planners.
Better consideration of health in planning decisions	<ul style="list-style-type: none"> ● Front-load health engagement and understand the benefits of health impact assessments. 	<ul style="list-style-type: none"> ● Secure a process of supporting planners through planning applications.
Aligning planning and health strategies	<ul style="list-style-type: none"> ● Ensure that there are cross-references to each other’s policies and strategies, and provide a spatial element to the local well-being plan and commissioning strategies. 	

Figure 11
Improving public health and other stakeholders’ involvement in planning

Annex 1

Glossary

Community Infrastructure Levy (CIL)	A discretionary charge levied by the council on new developments to contribute towards the capital or maintenance costs of infrastructure. What is spent on local infrastructure is determined by each council, and could include healthcare/health improvement infrastructure.
Development management	This describes the planning application process, in which planning applications for a development scheme are assessed for planning permission.
Environmental impact assessment (EIA)	EIA aims to prevent, reduce or offset significant adverse environmental impacts of development proposals, and enhance positive effects. An EIA is required if the proposed development is likely to have a significant effect on the environment.
Health impact assessment (HIA)	A combination of procedures, methods and tools by which a policy, programme or project may be judged in terms of its potential effects on the health of a population and the distribution of those effects within the population.
Local Development Plan (LDP)	The plan for the future development of the local area, drawn up by the local planning authority.
Local Health Board	A public body responsible for planning, funding and delivering primary care services, hospital services for inpatients and outpatients, and community services, including mental health services and services provided through community health centres.
Local planning authority (LPA)	A public authority responsible for carrying out statutory planning functions. There are 22 LPAs in Wales.
Material consideration	Any consideration which relates to the use and development of land is capable of being a planning consideration. It must 1) relate to the purpose of planning legislation, which is to regulate the development and use of land in the public interest; and 2) fairly and reasonably relate to the application concerned. Often the term 'weight' will be used to explain how material considerations are applied in practice.
Planning condition	A requirement as part of a planning permission to address an impact, including submission of further details to be approved before or after the development.

Annex 1: Glossary

Section 106 agreement/obligation	A legal requirement for a monetary or in-kind contribution to address the impact of a development, negotiated with developers as part of the grant of planning permission.
Soundness	Key criteria when an LDP is examined by the Planning Inspector before being adopted as a final document by the local authority.
Strategic environmental assessment (SEA)/ Sustainability appraisal (SA)	SEA and SA aim to increase the consideration of environmental issues during decision-making related to strategic documents such as LDPs. They identify significant environmental effects that are likely to result from the implementation of the plan or any proposed alternatives.
Supplementary planning guidance (SPG)	Non-statutory planning documents developed to give further guidance on LDP policies.
Sustainable development principle	In the context of Section 5 of the Well-being of Future Generations (Wales) Act 2015, public bodies acting in accordance with the sustainable development principle will ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

Annex 2

Useful resources

Shared Purpose: Shared Future. Statutory Guidance on the Well-being of Future Generations (Wales) Act 2015.

Welsh Government, February 2016.

<http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

Guidance from the Welsh Government on the implementation of the well-being duty and requirements on public bodies.

Cardiff and Vale public health team template for responses to planning applications

Please direct enquiries to the Cardiff and Vale public health team.

<http://www.cardiffandvaleuhb.wales.nhs.uk/meet-the-public-health-team>

Planners Guide – When to Consult with Public Health in Supporting Local Planning Authorities

Public Health Wales, September 2015.

<http://www.wales.nhs.uk/sitesplus/888/page/83906>

Guidance to help local planning authorities identify when there is a need for public health evidence and support during the development management (planning application) stage and consider public health engagement at the strategic planning stage.

Public Health in Planning Good Practice Guide

TCPA, with Angie Jukes (Stockport Council) and Chimeme Egbutah (Luton Borough Council), July 2015.

http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/TCPA_Public_Health_in_Planning_Good_Practice_Guide.pdf

A best practice guide for councils on public health involvement and collaboration in the planning process, including templates and examples.

Healthy Urban Planning Checklist

London Healthy Urban Development Unit, July 2015.

<http://www.healthyurbandevlopment.nhs.uk/our-services/delivering-healthy-urban-development/health-impact-assessment/>

The checklist aims to ensure that the health and well-being implications of Local Plans and major planning applications are consistently taken into account. It

brings together planning policy requirements and standards that influence health and well-being.

Health Impact Assessment: A Practical Guide

Wales Health Impact Assessment Support Unit (WHIASU), November 2012

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

Comprehensive and practical toolkit describing the HIA process, providing methods and listing resources to support HIA of a policy, programme, plan, project or a change to an organisation or delivery of a public service.

HIA (Case Study) Reports

Wales Health Impact Assessment Support Unit (WHIASU)

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=10108>

HIA reports undertaken by WHIASU on LDPs.

Mental Well-being Checklist

National Mental Health Development Unit, October 2010.

Available from <http://www.southwestyorkshire.nhs.uk/wp-content/uploads/2012/06/mental-wellbeing-checklist.pdf>

A framework for giving detailed consideration to mental well-being when commissioning, delivering or developing a plan, policy, strategy, service or initiative.

Useful national organisations

Wales Health Impact Assessment Support Unit (WHIASU)

<http://www.wales.nhs.uk/sites3/home.cfm?OrgID=522>

Environmental Public Health Service

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=28457>

Public Health Wales

<http://www.publichealthwales.wales.nhs.uk>

Natural Resources Wales

<https://naturalresources.wales>

RTPI Cymru

<http://www.rtpi.org.uk/the-rtpi-near-you/rtpi-cymru>

Planning Aid Wales

<http://www.planningaidwales.org.uk>

Annex 3

Topical summaries

Health and the built environment

- Neighbourhoods with good access to a variety of destinations (land use mix), connected street networks and higher densities are consistently associated with residents walking more. These characteristics can be described as a ‘walking-friendly urban form’ and show influence on the amount of walking even when a number of biases such as neighbourhood self-selection are taken into account (Sinnott *et al.*, 2011, McCormack & Shiell, 2011).
- Walking-friendly urban forms are associated with between 25% and 100% greater likelihood of walking (Sinnott *et al.*, 2011). A recent study found that between environments that were the most and least supportive of physical activity there was a difference of up to 89 minutes in the physical activity (mainly walking for transport) of residents (Sallis *et al.*, 2015).
- The aesthetics of the neighbourhood and access to facilities such as parks or beaches are more important factors for recreational walking (McCormack & Shiell, 2011; Goodell & Williams, 2007).
- A Welsh study using the innovative approach of a longitudinal design using data covering 12 years found the body mass index (BMI) index of residents to be significantly linked to a number of features in the built environment such as higher retail density, and more recreation facilities (Sarkar *et al.*, 2013)
- A review of a number of studies further suggests that there are strong links between regular walking and not just physical health but also mental health, with benefits on stress, mindset and self-worth, anxiety and depressive symptoms (Sinnott *et al.*, 2011).
- Evaluations of the cost-benefit impact of a number of walking-friendly neighbourhood projects showed positive cost-benefit ratios of up to 37.6 (Sinnott *et al.*, 2011).
- In 2011, the total cost to NHS Wales of dealing with category-one housing hazards, which include unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, was around £67 million per year.
- Wales has a higher proportion of poor-quality housing than England. 29% of Welsh homes have at least one major health hazard, compared with 22% in England (Davidson *et al.*, 2011).
- Poor housing quality is associated with an increased risk of cardiovascular diseases, respiratory diseases, depression and anxiety. Cold, damp and mouldy homes present the greatest risks with regards to respiratory conditions, poor indoor air quality, and infestation with dust mites and other allergens. House type and overcrowding represent further examples of risk factors (Parliamentary Office of Science and Technology, 2011; Barnes *et al.*, 2013).

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- Sallis J.F., Cerin E., Conway T.L., *et al.* (2016), Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. *The Lancet*, 6736 (16): 348

Annex 3: Topical summaries

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Health and the natural environment

- Natural England estimates that if every household in England were provided with equitable access to good quality green space, then savings of £2.1 billion could be achieved every year in health costs (Natural England, 2009).
- People who have good access to green space are 24% more likely to be active (Natural England, 2009).
- A study conducted in Caerphilly in Wales with elderly men found that an increase of available green space within 400 metres of the home had a significant impact on the level of physical activity (Gong *et al.*, 2014).
- Access to green space has a range of positive health effects, via increased levels of exercise, and has a series of positive impacts on body mass index (Coombes *et al.* 2010) and other conditions typically associated with inactivity, such as diabetes, cardiovascular disease, musculoskeletal conditions and cancers (Department of Health, 2011).
- Access to green space can also result in improvements in mental health and well-being, and has positive effects on depression, stress and dementia (White *et al.*, 2013).
- A study in a hospital found that patients with a tree view, contrasted with a wall view, had shorter post-operative hospital stays and fewer negative evaluative comments from nurses (Ulrich, 1984).
- In a recent study, mental health patients reported reduced levels of rumination after taking part in a 90-minute nature walk, while patients taking part in a similar walk in an urban environment reported no improvements. The self-reported results were also tested with a cortex scan, showing that regions of the brain associated with ruminative thoughts were less active in the first group (Bratman *et al.*, 2015).
- Evidence can be found in a number of studies of the restorative effects of green space on attention deficit disorder (ADD). Taylor *et al.* (2001) studied 96 children suffering from ADD and found that the children experienced fewer symptoms when they had access to green space.
- Green infrastructure has indirect positive effects on health, for example via climate regulation. Research in Manchester found that increasing urban green infrastructure by 10% can be expected to result in cooling by up to 2.5°C (Gill *et al.*, 2007).

Evidence references

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Health and the food environment

- Obesity – like a number of unhealthy behaviours, such as smoking and physical inactivity – is strongly linked to socio-economic status, with lower economic status being correlated with higher

Annex 3: Topical summaries

incidence of obesity and less health-conscious behaviour (Pampel *et al.*, 2010). However, the exact pathways through which this plays out are unclear (Pampel *et al.*, 2010). Takeaway exposure can be one contributing factor, as takeaways are predominantly located in areas with lower socio-economic status (National Obesity Observatory, 2012).

- Some studies found no association between the concentration of fast-food outlets and body mass index (Griffiths *et al.*, 2014). Others found exposure to takeaways to be associated with higher consumption of fast food, and a higher body mass index of up to 1.21 compared with those less exposed (Burgoine *et al.*, 2014). Another recent study found that this association was present for the living environment but not for the school environment (Williams, 2015).
- A number of studies have found that allotment gardening is positively linked to health. One study found that less than 30 minutes of allotment gardening can result in improvements in self-esteem and mood via reductions in tension and depression (Wood *et al.*, 2015)
- A Welsh study found that allotment gardeners aged over 50 had significantly lower levels of perceived stress levels when compared with other adults of similar ages who were active in other outdoor and indoor activities (Hawkins *et al.*, 2011).
- Some studies have expressed concern about levels of pollutants present in home-grown food, particularly in urban areas (Prasad & Nazareth, 2000).
- Findings of a recent study conducted at Kew suggested that home-grown tomatoes show higher levels of nutrients than supermarket varieties (Nutrition Insight, 2015).

Evidence references

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Health and active travel

- It has been estimated that the cost of physical inactivity in Wales is around £650 million per year (Welsh Assembly Government, 2009). It has been estimated that half of all women and a third of all men in Wales are not meeting guidelines on physical activity (Statistics for Wales Welsh Health Survey, 2015).
- Regular walking can reduce the risk of mortality by up to 20%, and the risk of cardiovascular disease by up to 30%. It also reduces the risk of high blood pressure, stroke and high cholesterol (Sinnott *et al.*, 2011).
- Short car trips in cities have a relatively high per-mile emission rate. Reducing these trips can bring relatively large net emissions reductions. These short trips also have the most potential to be substituted with walking and cycling (De Nazelle *et al.*, 2010).
- Public transport infrastructure can result in increases in commuting active travel trips, decreases in trips made entirely by car, and increases in weekly cycle commuting time (Ogilvie *et al.*, 2016)
- Mortality has been found to be 39% lower in cycle commuters compared with commuters using passive transport (Andersen *et al.*, 2000).

Annex 3: Topical summaries

- A switch in transportation mode has also been shown to be linked to a significant reduction in body mass index over time in those who switched to active travel (Martin *et al.*, 2015).
- Researchers who undertook a longitudinal study found that people who walked or cycled to work benefited from improved mental well-being in comparison with those who travelled by car (Martin *et al.*, 2014).
- Overall in the UK, potential savings to the NHS over 20 years from a modal shift to walking and cycling could be over £17 billion (Jarrett *et al.*, 2012).
- A recent study, using 'per hour' comparisons with other means of travel (instead of the more usual 'per mile' or raw data comparisons), found that cycling is not markedly more dangerous, and may in some cases even be less dangerous than driving (Mindell *et al.*, 2012).
- A number of studies have found that pollution levels were higher inside cars than for other road users such as cyclists and pedestrians (Air Quality News, 2014; Rank *et al.*, 2001)
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Annex 4

The health of the population in Wales

This Annex provides a snapshot of the health profile of the population in Wales, to illustrate the scale of the national challenge to improve well-being. More localised data, including additional information on housing, transportation and environmental quality which explicitly links to specific areas and the built and natural environments, will be more useful when feeding into Local Development Plans and making decisions on planning applications.

Demography

- The population of Wales has increased from around 2.8 million in 1991ⁱ to approximately 3.1 million in 2014. The largest proportion of the population (27%) is aged 45-64, and the smallest proportion is aged 16-24 years (12%).ⁱⁱ
- Wales has an ageing population, and by 2031 more than two-fifths of the population will be over 50.ⁱⁱⁱ

Social and environmental context

- The Welsh Index of Multiple Deprivation 2014^{iv} demonstrated that there are pockets of high relative deprivation in the South Wales valleys and in large cities, as well as in some North Wales coastal and border towns.
- The unemployment rate has fallen in recent years from 8.5% in 2011 to 6.3% in 2015, and there are variations between local authority areas, ranging from 9.2% in Blaenau Gwent to 5.0% in Denbighshire.^v
- In 2014 13% of the population claimed out-of-work benefits; however, this varied from 8.5% in Ceredigion to 19.3% in Blaenau Gwent.^{vi}
- In 2014, police recorded 180,648 crimes, most in the South Wales region. Antisocial behaviour remains the most common type of crime.^{vi}

i *Mid-year Population Estimates by Local Authority and Year*. Welsh Government, 2015. Available from: <https://statswales.wales.gov.uk/Catalogue/Population-and-Migration/Population/Estimates/Local-Authority/populationestimates-by-localauthority-year>

ii *Usual Resident Population by Broad Age Group and Local Authority*. Welsh Government, 2012. <https://statswales.wales.gov.uk/Catalogue/Census/2011/UsualResidentPopulation-by-BroadAgeGroup-LocalAuthority>

iii *Chief Medical Officer for Wales Annual Report 2014-15*. Welsh Government, 2015. <http://gov.wales/topics/health/professionals/cmo/annual/cmo-report-15/?lang=en>

iv *Welsh Index of Multiple Deprivation (WIMD) 2014. Revised*. Welsh Government, 2014. <http://gov.wales/docs/statistics/2015/150812-wimd-2014-revised-en.pdf>

v *ILO Unemployment Rates by Welsh Local Areas and Year*. Welsh Government, 2015. <https://statswales.wales.gov.uk/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Unemployment/ILO-Unemployment/ilounemploymentrates-by-welshlocalareas-year>

vi *Out-of-Work Benefit Claimants by Welsh Local Authority, Measure and Year*. Welsh Government, 2016. <https://statswales.wales.gov.uk/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Key-Benefit-Claimants/benefitclaimants-by-welshlocalauthority-measure-year>

Annex 4: The health of the population in Wales

Health and well-being and inequalities

- The proportion of the population reporting good general health is consistently lower among those who are in the most-deprived quintile.
- The life expectancy difference between least deprived and most deprived populations in 2005-09 was 7.1 years for females and 9.2 years for males.
- Healthy-life expectancy (years in good health) was 63.5 years for males and 65.3 years for females in 2005-09. In males the healthy-life expectancy was 57.1 years in Blaenau Gwent compared with 68.2 years in Monmouthshire.
- Children living in the most-deprived areas have a 70% higher risk of injury and death compared with children living in the least-deprived areas.

Health behaviours

- More than half of the adult population are classified as overweight or obese (58%), as are 26% of children aged 4-5 years. 28.5% of children living in the most-deprived areas were overweight or obese compared with 22.2% in the least-deprived areas.
- Around 30% of the adult population report meeting the guidelines for physical activity. Similarly, only 35% of children reported undertaking at least an hour of physical activity every day.
- 40% of the Welsh population reported drinking above the 2014 daily guidelines on at least one day a week, and 24% reported binge-drinking (drinking more than twice the daily guidelines). Annually, 4.9% of all deaths are attributable to alcohol.^{viii}
- The average annual car mileage in 2008-10 was 3,734 miles per person, compared with 349 miles by bus and 300 miles by rail. Walking and cycling mileage combined was around 200 miles per person.

Burdens of illness and disease

- 33% of the adult population report a limiting long-term illness, including 15% reporting activities being limited a lot.^{ix}
- Chronic conditions remain common, with high blood pressure (20%), respiratory illness (13%), arthritis (12%), mental illness (12%), heart conditions (9%) and diabetes (7%) being the most common. In 2014 50% of the adult population reported being treated for at least one of these conditions.
- The number of new cancer cases continues to rise, with 19,118 new cases in 2014, an increase of 14% since 2005. There is a general trend of cancer incidence being higher in areas of increased deprivation.^x
- In 2014 1 in 8 adults reported being treated for mental illness. A higher percentage of women (14%) than men (8%) report being treated for a mental illness.

vii *Crime in England & Wales, Year Ending December 2014 – PFA Tables*. Office for National Statistics 2014. <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-december-2014/rft-4.xls>

viii *Alcohol and Health in Wales 2014*. Public Health Wales Observatory. NHS Wales, 2014. [http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/d7ead329fc08591480257d7200326f03/\\$FILE/AlcoholAndHealthInWales2014_v2a.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/d7ead329fc08591480257d7200326f03/$FILE/AlcoholAndHealthInWales2014_v2a.pdf)

ix *Welsh Health Survey 2015: Initial Headline Results*. Welsh Government, 2016. <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

x *Cancer in Wales*. Welsh Cancer Intelligence and Surveillance Unit 2016. Public Health Wales NHS Trust, 2016. <http://www.wcisu.wales.nhs.uk/cancer-in-wales-1>

Annex 4: The health of the population in Wales

Further sources of information

- **Health Assets Reporting Tool**
<http://www.wales.nhs.uk/sitesplus/922/page/79374>
- **Public Health Outcomes Framework for Wales interim reporting tool**
<http://gov.wales/topics/health/publications/health/reports/public-health-framework?lang=en>
- ***Measuring Inequalities 2016***
<http://www.wales.nhs.uk/sitesplus/922/page/87233>
- **Wales Health Survey lifestyle trends**
<http://www.wales.nhs.uk/sitesplus/922/page/82563>
- **Pregnancy and childhood surveillance tool**
<http://www.wales.nhs.uk/sitesplus/922/page/84657>