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Effaith ar Iechyd Cymru

# Health Impact Assessment (HIA) and Local Development Plans (LDPs): A Toolkit for Practice

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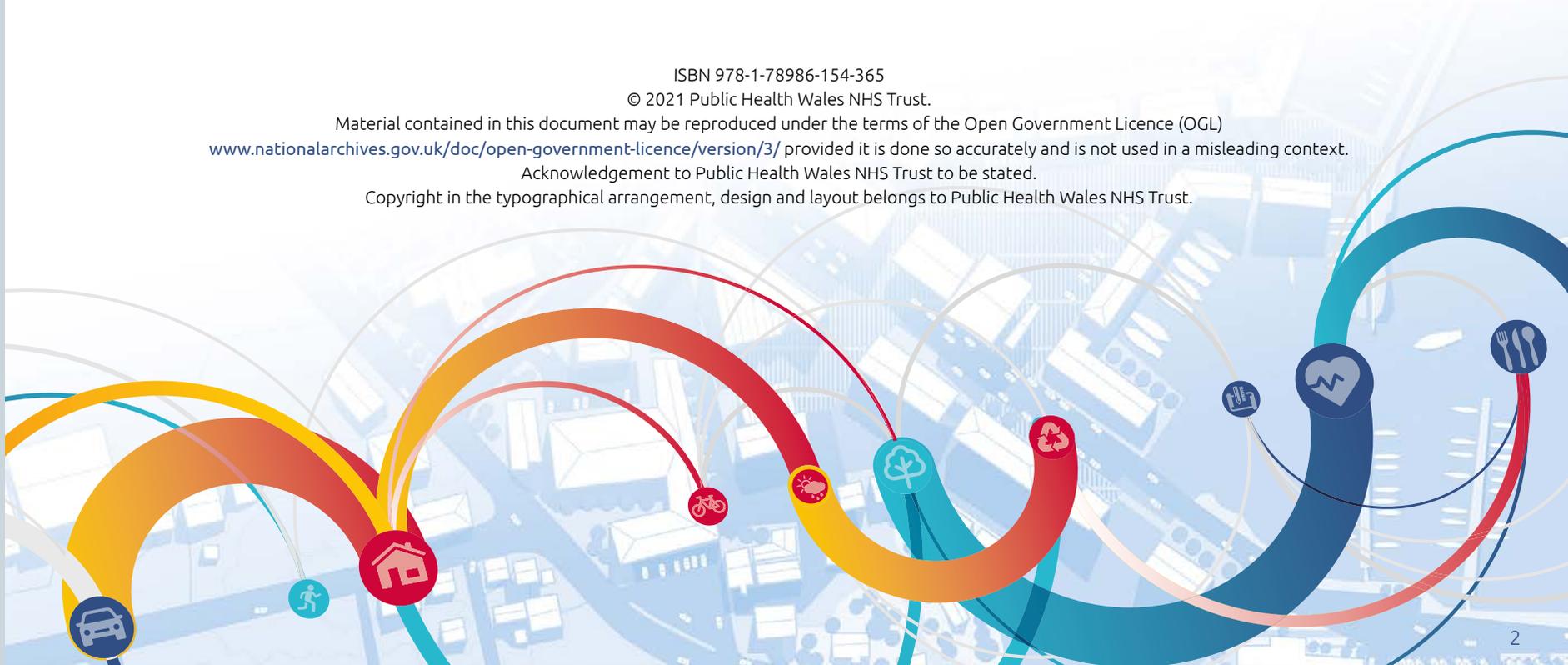
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# Contents

It is envisaged that the Toolkit will initially be read as one complete document but those who are familiar with planning and public health may want to read only those sections which are relevant and useful to them.

For some, the Toolkit will provide fresh or new insight into HIA and / or land use planning but for other more experienced practitioners, it will act as an update or refresh on the topic.

Whilst **Part A outlines the context and policy levers, Part B contains practical advice and resources** which can be used as an accessible reference when required during the development of LDPs, SDPs and SPGs.





## Part A: Context and Policy

### 1.0 Introduction and purpose

There has been a growing momentum in Wales to better integrate health and well-being into spatial planning policy in order to support the creation of ‘healthy environments’ which in turn, can facilitate healthy lifestyles and behaviours. This has been supported in recent years by Welsh Government, regional and local spatial planning, and health policies and systems that have built on the core themes contained within the Well-being of Future Generations (Wales) Act (Welsh Government, 2015), the Planning (Wales) Act (Welsh Government, 2015a) and the Public Health (Wales) Act (Welsh Government, 2017).

The importance of the relationship between the spatial planning and health systems was reinforced in the 2016 publication, *‘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’* (Chang et al, 2016). The 2016 publication provided a catalyst for building on, and facilitating, closer collaboration

between public health and land use planning officers and broadly covered the two sectors, the systems and opportunities for shared working. The importance of and interconnected nature of health and planning has been magnified by the COVID-19 pandemic and the impact that measures to control transmission such as lockdowns, have had in relation to housing, employment opportunities and access to places and spaces. Welsh Government’s ‘Building Better Places’ (Welsh Government, 2020) recognises this and aims to support the recovery through land use planning.

This Toolkit aims to continue to support the ongoing collaboration between the planning and public health sectors in Wales in order to maximize positive health and well-being outcomes through land use planning policies that create healthy, equitable and cohesive communities. The *Toolkit for Practice* is focused on the preparation of Local Development Plans (LDPs) and Supplementary Planning Guidance (SPGs) but it could equally inform and support the development of Strategic Development Plans (SDPs) and reviews of LDPs.

### The aims of the Toolkit are to:

- Outline the strategic considerations that can support the maximisation of public health input into land use planning policy

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- Re-introduce the relevant policy frameworks including any progress since *Planning for Better Health and Well-being* was published in 2016 and note any updates

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- Highlight specific points within the policy development process where key Public Health contributions can be made to support and inform the policy

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- Provide supporting information to maximise a consideration of health and well-being in planning development processes via the application of HIA

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- Provide real-life recent case-study examples and the insight from the officers who worked on these

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- Provide practical resources to apply HIA within the policy development process, primarily at a local level but could be applied at a regional or national level where and when applicable (See Part B, Sections 3 and 4).

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The resource is aimed primarily at public health and local authority land use planning policy officers. Equally, those working within local Health Boards, additional local government departments, environmental health officers, the Third Sector and other built environment professions may find it useful to secure more locally joined-up working and integration of practice.

## 1.1 COVID-19

The **Toolkit for Practice** was developed prior to, and finalised during, the COVID-19 coronavirus pandemic. There may well be aspects of this pandemic, such as approaches to public and private space, which over time and with reflection, come to influence spatial planning and how land use is allocated. There will undoubtedly be a great deal of future research, examining all dimensions of the COVID-19 outbreak and its long-term consequences, including for health and well-being and places, spaces, housing and how populations use them and interact within them.

In July 2020, the Wales Health Impact Assessment Support Unit (WHIASU) undertook a health impact assessment (HIA) of social distancing policy in Wales: **'A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic'** (Public Health Wales, 2020). This notes the impact for employment, active travel, social and community interaction in public space and settings and housing – all of which are considered as part of Local Development Planning processes – and reinforces the relationship between these and positive and negative health and well-being and health inequalities.

A subsequent HIA was carried out which assessed the impact of home and agile working on the population in Wales (Public Health Wales, 2020a). This again highlighted the importance of the built and natural environment in facilitating home and agile working and health and well-being.

Welsh Government have acknowledged the need to focus on *'Building Better Places'* as part of the pandemic recovery (Welsh Government, 2020). They also requested that any local Planning Authorities in Wales whose Local Development Plans were undergoing review and not yet submitted for inspection carry out a *'COVID-19 Impact Assessment'* on them (Welsh Government, 2020b). This Toolkit can also assist those authorities to do so.

## 1.2 Why is collaboration between land use planners and public health practitioners so important?

It is widely recognized that planning is intrinsically linked to health and well-being (Marmot, 2011, Public Health England, 2017, Public Health Wales, 2018). Originally, the planning system emerged in response to public health concerns around the spread of infectious diseases, the need for improved air quality, better housing and town planning (Brody et al, 2000, Barton, 2017).

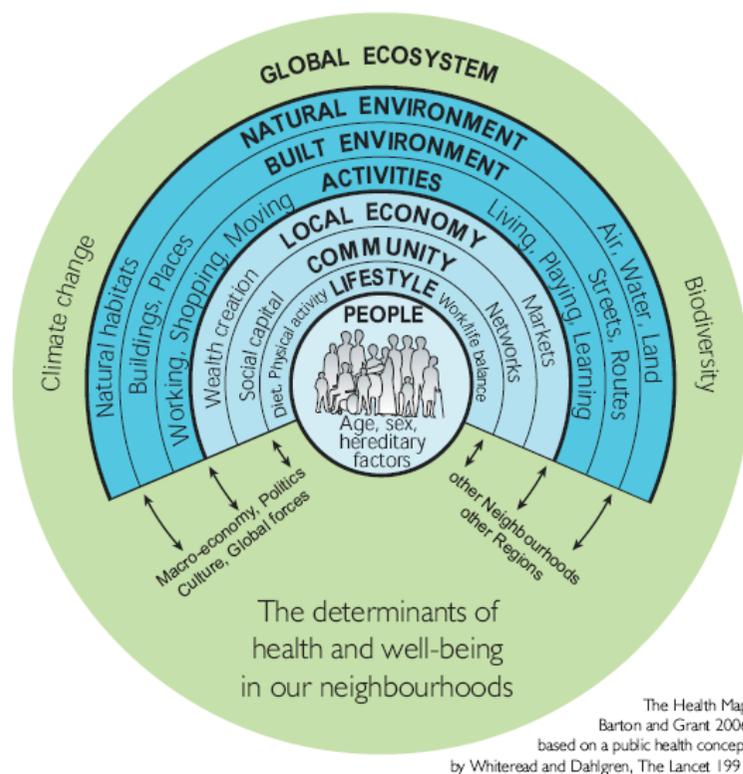
However, the main aims of land use planning today are focused on delivering sustainable development to meet the needs of both current and future generations, provide quality housing, and develop land use for essential services (including health care) and ensuring the creation of well-planned communities and spaces. Planning has an important role in facilitating and enabling health and well-being and addressing inequalities as well as developing and shaping urban and rural environments. It does this through ensuring that land is available and utilised for good quality housing to be built, access to services including health, leisure and retail are facilitated and that employment areas are created. In order to deliver on these aims the planning system recognises the need to work with specialist consultees such as Local Health Boards (LHBs) and Public Health Wales (PHW) for expert public health evidence based opinions.

The contribution from land use planning to improving health and well-being is both, evidenced in detail, and widely understood (Marmot, 2011, Public Health England, 2017, Public Health Wales, 2018). This understanding is framed within a positive concept of health, which encompasses mental, physical and social well-being and is captured in the World Health Organisation's definition that states:

*'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948)*

Improving the health and well-being of the population including the reduction of health inequalities is a key responsibility of Public Health Wales and Local Health Boards. Both systems recognise that they have a role in influencing key wider determinants (such as behaviours affecting health for example, physical activity and food environment; and community and social factors such as place making and community infrastructure) through land use planning as depicted in Figure 1 below.

**Figure 1: Wider determinants of health – The Health Map**  
(Barton and Grant, 2006)



Land use planning contributes to health and well-being across a number of wider determinants including:

- Economic impacts
- Built and natural environment
- Food environment
- Transport and active travel
- Social and community cohesion
- Accessibility to facilities and services

'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' (Chang et al, 2016) remains highly relevant and is a useful reference and refresher for practitioners and officers involved in both the land use planning and public health sectors.

The aims of that particular publication were:

- 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.
- To highlight opportunities at key stages within the two systems, including the development of local planning policy, where greater integrated working between planners and public health professionals can help deliver health, well-being and sustainable outcomes.
- To re-appraise the evidence linking health and well-being outcomes with the quality of the built and natural environment.

The publication provided a catalyst in Wales to build on and foster closer collaboration between public health, land use planning and environmental officers. This continues to be strengthened through work being carried out nationally and locally in Public Health Wales and the Wales Health Impact Assessment Support Unit (WHIASU)<sup>1</sup> and a wide range of organisations and public bodies.

<sup>1</sup> The Wales Health Impact Assessment Support Unit (WHIASU) is part of the Policy and International Health, WHO Collaborating Centre on 'Investment for Health and Well-being' Directorate in Public Health Wales

## 2.0 Policies and drivers for HIA

The policies and guidance detailed in this section are not only relevant to the discussion due to the topics that they cover but also the approach taken by Welsh Government (WG) to develop them – an approach embodied in WG strategic drivers such as the Well-being of Future Generations (Wales) Act 2015 (WFG Act) (Welsh Government, 2015) which promotes sustainable development, integrated long-term thinking and collaborative working. Box 1 outlines the Act. The concept of ‘Health in All Policies’ (HiAP) has been implicitly implemented within the WFG Act by accounting for health, well-being and equity implications as part of its seven Well-being Goals. HiAP is defined as:

*“An approach to public policies that **systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity**”*

*(8<sup>th</sup> Global Conference on Health Promotion, Helsinki, 2013) (WHO, 2013)*

### Box 1: The Well-Being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act (2015) (Welsh Government, 2015) requires public bodies to undertake sustainable development (in particular focusing on social, economic, environmental and cultural well-being) by establishing Well-being Objectives to maximise their contribution to achieving seven Well-being Goals defined by the Act. The Goals include ‘A Healthier Wales’ and a ‘More Equal Wales’ which both directly tie them to public health, equality, health care and services and also HIA practice. The five remaining Goals encompass the wider determinants of health for example, ‘A Resilient Wales’ with its emphasis on environments, and ‘A Wales of Cohesive Communities’ which ties it to community and social determinants such as community networks and a sense of belonging. The WFG Act is also a clear illustration of the implementation of HiAP by requiring public bodies to demonstrate how they are striving to maximise their contribution to the Well-being Goals through the sustainable development principle and the five ways of working – which are summarised as: integration, involvement, long-term thinking, prevention and collaboration.

By promoting HiAP, it also creates a key connection to HIA – which is the main vehicle through which to drive and apply HiAP in practice (Leppo 2013, WHO 2013, Rogerson et al. 2020, Green et al. 2020). This Toolkit can effectively support public bodies and other organisations to demonstrate how they are meeting their duties in practice, including for the Welsh Socio-Economic Duty (SED) (Welsh Government, 2021) which aims to deliver better outcomes for those who experience socio-economic disadvantage. It can also utilise and link to for example, local Well-being Plans and Future Trend reports.

## 2.1 Planning Policy in Wales

Planning Policy Wales (PPW) (Edition 10) (Welsh Government, 2018) was substantially revised and updated in 2018 and revised again in 2021 (Welsh Government, 2021a). It reflects the WFG Act requirements for public bodies within it and emphasises the need for integrated working across sectors including ‘planning’ and ‘public health’ disciplines in order to achieve prosperous, healthy, fair and sustainable communities in Wales via effective place making. The revised guidance (Welsh Government, 2021a) also provides clear direction about assessing potential impacts on health through ‘...*integrated approaches to evidence gathering and assessments...*’ (p.30).

Planning policy and its implementation is also reflected in the Planning (Wales) Act 2015 (Welsh Government, 2015a), the Local Development Plan Manual (Edition 3) (Welsh Government, 2020a) and other spatial strategies including Future Wales – the Welsh National Development Framework (NDF) (Welsh Government, 2021b). The revised LDP Manual (Welsh Government, 2020a) states that ‘*the Strategic Environmental Assessment (SEA) Directive (Annex I (f)) requires human health to be considered as part of the assessment of environmental effects. The health component of an SEA can be broadened to include both physical and mental health objectives of an HIA*’ and using the HIA process within an Integrated Sustainability Appraisal (ISA) and / or as a standalone process is promoted by Welsh Government.

In Wales, an Integrated Sustainability Appraisal incorporates SEA. Future Wales’s preparation and evolution has utilised this approach with a comprehensive HIA and consideration of health and inequalities interwoven into the ISA (Welsh Government, 2021b).

## 2.2 Public Health (Wales) Act 2017 and Health Impact Assessment

HIA is a key tool through which to raise awareness of the effect that traditionally described ‘non-health’ sectors (such as planning and housing) have on health and well-being in Wales and how they can support health improvement, prevention and protection. As referred to previously, HIA is also a key tool through which to apply HiAP and the Sustainable Development principle by bringing stakeholders together (**participation / involvement**) to consider the short and long term impacts of policies or plans (**long term thinking**), in a collaborative and integrated way (**collaboration; integration**) to maximise potential positive impacts / opportunities or mitigate for any negative or unintended negative impacts (**prevention**).

Following the passage of the Public Health (Wales) Act 2017 (Welsh Government, 2017), a duty is placed on public bodies to carry out HIAs in specific circumstances. These will be contained in statutory regulations as directed by the First Minister. These are unpublished at the time of writing.

### Box 2: Definition of Health Impact Assessment (HIA)

HIA is defined as (ECHP, 1999):

*‘A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of the population, and the distribution of those effects within the population’ (p.4)*

It is also understood by WHIASU as (WHIASU, 2012):

*‘...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population’ (p.4)*

The latter of these definitions particularly emphasises the role of evidence and stakeholder involvement in the HIA process. However, evidence, and types of evidence, can mean different things in different sectors and the ‘quality and burden of proof’ may differ between sectors. A number of sectors, including public health, will apply in certain circumstances the ‘precautionary principle’. This denotes that where there could be potential risk to human health but the strength of evidence does not fully establish cause and effect then precautions should be taken to avoid harm or risk to health and well-being. Land use planning is similarly evidence based and thus it provides an ideal framework for shared and strengthened collaboration and working towards shared objectives and outcomes for places and people in Wales.

Building Better Places (Welsh Government, 2020) recognises the value of HIA and the need to consider the impact of spatial planning in the recovery from the COVID-19 pandemic. This emphasises the importance of places and spaces during the period and how they have influenced and shaped the population’s experiences of measures such as home working and changes to the food and retail environment (Welsh Government, 2020, Public Health Wales, 2020a, Chang et al, 2020).

## 2.3 Public Health Strategic Considerations

As the leading public health organisation and the national Public Health Institute (NPHI) for Wales, Public Health Wales (PHW) has a pivotal role to play in influencing and informing both health and spatial planning policy and practice alongside Directors of Public Health at a local level. Together, they have the potential to lead, co-ordinate and support the whole public health system to do this, to support the achievement of a collective goal of creating communities that embrace and deliver on the principles set out in the WFG Act and help achieve the national Well-being Goals.

PHW and Local Health Boards also have a role in assisting all sectors and organisations to maximise health and well-being outcomes via not only spatial planning processes but through their own strategies and plans (Public Health Wales, 2020b). This role will be strengthened through the Public Health (Wales) Act 2017 (Welsh Government, 2017), which introduces a statutory duty for HIA. PHW has a defined role in assisting public bodies to implement the HIA provisions of the Act via making training available and producing guidance and resources such as this Toolkit.

## 2.4 Planning Policy Development, Public Health and HIA

Advocating for public health involvement in, and enabling a consideration of, health and well-being can contribute to and strengthen planning policy objectives. It can also help in the delivery and support of spatial planning policy and decisions for the future.

Building in health, well-being, and HIA into the LDP development / preparation process is one approach to ensure that an explicit regard is given to population health and well-being outcomes and any inequalities that may unintentionally arise as part of the implementation of an adopted plan.

This need not be a large undertaking but can utilise existing evidence and health intelligence that has already been gathered as part of the initial stages of an LDP for example, at the Issues and Options or the Preferred Strategy stages of a Sustainability Appraisal (SA).

HIAs can also provide distinct opportunities for key stakeholder involvement including from health, and foster discussions between planning, public health and health care services officers which can lead to access to public health and other databases.

Involvement can include facilitating a well-being focussed Rapid Participatory workshop(s) as part of the required consultation processes. A workshop would be one form of consultation and evidence gathering process to inform the final LDP. Those undertaking robust and fit for purpose HIAs need to involve local communities / stakeholders to obtain contextual local evidence and perspectives and inform the LDP. In tandem, this

can raise awareness amongst a community that the planning system has a wider positive contribution to make to health and well-being other than ensuring land use for health care services and those communities can contribute to the land use planning processes in an effective way. In addition, the participatory approach to consultation provides evidence of the application of the *5 Ways of Working* (Welsh Government, 2015).

If there has, or has not, been full engagement and contribution from the public health system throughout the LDP development phases then undertaking a HIA at a key stage for example, the Preferred Strategy would provide an opportunity for further exploration of health and well-being implications of the evolving policies. This would draw on the knowledge and experience of key stakeholders who can bring a range of perspectives to the discussions. Stakeholders in this instance should be representative of all sectors (public, private and Third), populations (older, children and young people) and policy areas affected (housing, economic development) to truly enact a HiAP approach to policy making.

This approach could also be used for wider public engagement and could be more effective and 'add value' in obtaining communities' insight about the developing LDP in comparison to public open meetings or 'drop-ins'. HIA does this as it can facilitate wide-ranging discussions and focus on potential positives and opportunities as well as potential negative and unintended negative impacts.

## 2.5 Local Development Plans and HIA

Spatial planning and health sectors are united in an aim to better integrate health and well-being into local land use planning policy but also to support and provide opportunities for spatial planning officers to engage and interact with core stakeholders and communities. This can help to strengthen plans and meet consultation and WFG Act requirements (Welsh Government, 2015).

An LDP provides the focal point for strategic and long-term local land use policy implementation. The development of an LDP is a detailed process informed by the Local Development Plan Manual Edition 3 (Welsh Government, 2020a).

In Wales, public health practitioners and environmental officers within the public health system have for a number of years been working with local planning authorities and local health boards and public health teams on LDPs and SPGs including, Anglesey, Blaenau Gwent, Cardiff, Conwy, Swansea, and Wrexham (Isle of Anglesey County Council 2008, Blaenau Gwent County Borough Council 2010, Cardiff City Council, 2012, Parry-Williams 2015, Robert & Holmes 2012, Sayed & Baines 2018). However with the recent updates to national policies like the WFG Act and PPW, there is now an opportunity to strengthen and solidify further any collaboration and partnership working or form and forge new relationships.

WHIASU has provided advice guidance and support to both spatial planning and public health officers who wish to consider health and well-being more comprehensively in their land use planning processes. HIA is one of the key approaches that can be utilised along with, or run complementary to, other forms of impact assessment such as SEA and SA and it can contribute to the evidence base at appropriate times within the LDP development process.

It has been noted that HIA makes a *'valuable contribution towards plan making'* (Welsh Government, 2020a). The spatial planning system is instructed to *'identify proactive and preventative measures to reduce health inequalities'* (Welsh Government, 2020a).

Spatial planning, public health, and health services officers therefore have an opportunity to embrace HIA to inform and influence evidence based decision making which provides a strong and coherent approach towards maximising health and well-being outcomes and the Well-being Goals. Prior to the adoption of an LDP and during its preparation, conducting a HIA can ensure: the LDP maximises any potential positive impacts / opportunities of the plan on health and well-being; mitigate for any negative impact or unintended negative consequences; seek synergies in the process; and maximise the sustainable development principle and five Welsh ways of working as documented earlier in this text.

WHIASU has produced practical guidance for HIA (WHIASU, 2012) and this adopts a transparent, systematic, yet flexible, methodological approach. This approach promotes the value of early inclusive engagement with communities and organisations to support the identification of measures to maximise opportunities for health and minimise any detrimental impacts or unintended negative impacts. It can identify any 'gaps' in a Plan or policy which may need to be discussed and addressed. It also identifies any potential or actual population groups who may be affected and notes how these impacts can be addressed. This guidance was last updated in 2012 and since then practice in Wales has evolved, with new checklists and tools developed to support and enable practice. This resource includes the new and revised tools and they can be found in Section 4 and online at: [www.phwwhocc.co.uk](http://www.phwwhocc.co.uk) and [www.whiasu.wales.nhs.uk](http://www.whiasu.wales.nhs.uk).

Public health stakeholders have an important role in supporting land use planners who have commissioned, or are carrying out, integrated assessments and / or standalone HIA. This includes guidance on the application and timing of HIAs and health and well-being integration into other impact assessments such as Environmental Impact Assessments (EIAs) or SEAs / SAs.

Early engagement and dialogue between land use planners and public health will ensure health and well-being is considered holistically and in its entirety and that any policies or plans are viewed through the lens of the wider determinants of health and well-being. This applies at all stages of the policy development stages and can involve the provision of evidence, signposting to resources and health intelligence as well as practical input and assistance for impact assessments including HIA.

## 2.6 Case Studies

### Case Study 1 - 'Ripe for Development'

The following case study is written from the perspective of public health practitioners who have provided, and continue to do so, assistance to local authority planning policy teams. Whilst their initial support was through facilitating HIA workshops in **partnership** with the LA team, their reflections are useful in understanding what can be gained by additional collaboration to support wider planning policy development and application.

This case study draws on the experience of Public Health practitioners from the Betsi Cadwaladr University Health Board (BCUHB) Public Health team in North Wales. They are providing assistance and support to policy planning leads who are responsible for the development of the LDPs of Flintshire County Council (FCC) and Wrexham County Borough Council (WCBC).

The title is a reference to the opportunities afforded through strengthening the collaboration between local public health professionals and the spatial planning profession to ensure health and well-being outcomes and health inequalities are given full consideration within the land use planning processes.

Planning for health and well-being is not a new activity but recent policy developments such as the revised PPW has reinforced the role of LDPs in contributing to positive health and well-being outcomes and a consideration of health inequalities in the population. Carrying out a HIA within the LDP development process of the LDP has been one identified mechanism to enable public health practitioners to collaborate with spatial planners.

Three public health practitioners facilitated HIA workshops in collaboration with the Local Authority (LA) during their respective LA LDP pre-deposit consultations. The planning/scoping for the sessions has enabled working relationships to be strengthened between the public health team and planning officers in the LAs. The initial benefits identified by the public health practitioners are listed below:

- The Public Health practitioners gained a greater understanding of the LDP process, the planner's role and what can (and cannot) be addressed in relation to public health priorities within the planning regulations and process.
- Undertaking the HIA workshops has contributed to building relationships between key partners/stakeholders such as the Local Health Boards and planners, which it is hoped will develop further outside of the LDP process.
- In the case of WCBC a HIA workshop had been undertaken at the Preferred Strategy phase and this was followed by an additional one at the Pre-deposit phase (Wrexham County Borough Council, 2018). It was recognised that an expanded range of stakeholders generated a wider focused discussion on topics at the second workshop. This would indicate a wider understanding of the process and the public health outcomes by stakeholders, which could be addressed through the planning process. An example was within a discussion on natural/open play spaces.

- One of the public health practitioners has been involved in both LA workshops for the Pre-deposit phases. The practitioner approached the scoping of the second differently having gained valuable insight from the first. Recognising the complexity of the Pre-deposit plan the scoping for the second workshop involved prioritising the Pre-deposit strategic objectives to be focused on in the assessment. They were identified by considering existing health inequalities within the county that could, in part, be addressed through specific strategic objectives. The facilitators then used targeted questions to initiate the discussion for the assessment that resulted in a more informed and wider discussion.
  - All the practitioners recognised that the findings from the HIA workshops whilst not directly influencing the content of the pre-deposit LDP have identified areas for future development such as introducing specific SPGs i.e. Health and well-being and Green/Open Space infrastructure. These will in the future influence and strengthen the consideration given to health and well-being outcomes in future land use development applications. In addition utilising the resulting report from the HIA workshop has informed the Local Health Board's responses to specific planning applications around key points such as transport, access to services and active travel.
- The practitioners have gained a greater understanding of the LDP development process. They have recognised they could strengthen their contribution to address key public health priorities and objectives through the planning system if they could contribute at an earlier stage of the LDP development. Public health has a role in providing evidence and interpreting health data in the context of the specific LDPs and if that contribution was made earlier in the LDP's development, it would provide greater opportunities to influence the developing and final LDP. In addition they recognise that if an HIA was to be undertaken within the development of a LDP the preferred strategy is potentially the stage where the maximum benefit would be gained.
  - All the practitioners recognised the importance of maintaining their involvement in the land use planning process to maximise the contribution that can be made to health improvement and key public health priorities.

## 2.7 Supplementary Planning Guidance (SPGs)

LDPs which have utilised HIA along with other processes will ensure that policies reflect local population health needs and issues and set new standards for developments or strategic sites in the area. It will also identify where there may be a need to strengthen the existing guidance or add detailed guidance within SPGs. SPGs offer specific guidance that supports and expands upon LDP policies and their aim is to guide and improve the process, design and quality of new developments. From a planning system perspective SPGs can be treated as a material consideration when determining planning applications and appeals. From a public health system perspective, involvement in the development of a SPG offers additional opportunities to strengthen / influence the contribution for planning applications to enhance health and well-being outcomes and address health inequalities.

For those unfamiliar with the hierarchy of planning policy and SPGs specifically there is further explanation in Box 3, showing the joined up nature between policies and therefore the additional opportunity SPGs provide to enhance health and well-being outcomes through the planning process.

### Box 3: Supplementary Planning Guidance

Extracts from the LDP Manual, Edition 3 (Welsh Government, 2020a)

*'Only the policies in the adopted development plan have special status under section 38(6) of the PCPA 2004 in deciding planning applications. However, SPG can be taken into account as a material consideration provided it is derived from and is consistent with the adopted development plan and has itself been the subject of consultation, which will carry more weight.'*

*'SPG does not form part of the development plan and is not subject to independent examination, but it must be consistent with the plan and with national planning policy. SPG cannot be linked to national policy alone; there must be an LDP policy or policy criterion that provides the development plan 'hook' whilst the reasoned justification provides clarification of the related national policy.'*

The **case study** (Denbighshire County Council, 2017) below describes and reflects on joint working at a local level to inform the review of an SPG in Wales and shares learning from that.

## 2.8 Case Study 2

### Development of an SPG Guidance Note: Recreational Public Open Space by Denbighshire County Council (Denbighshire County Council, 2017)

A good working relationship had grown over a number of years between the Denbighshire LA planning team and the Betsi Cadwalader Public Health Team (BCPHT). When Denbighshire County Council (DCC) Planning Policy Officers were developing a specific SPG focused on recreational public open space, they agreed to undertake a HIA workshop as part of the SPG development process. They approached the local public health team area representative and WHIASU to facilitate the HIA workshop.

Outlined below is the insight obtained by the lead planning policy officer for the SPG in relation to how the HIA informed the consultation process and influenced the final SPG document:

- The HIA brought together representatives from internal departments as well as external stakeholders which allowed for an interesting discussion and differing points of view and ideas.
- The HIA helped to improve knowledge of other services and activities within DCC and allowed for a more integrated approach to the content and guidance within this document.

- Having the event facilitated independently by WHIASU and PHW helped ensure the discussion remained focussed on the health impacts of the SPG which was the ultimate aim of the HIA workshop.
- Thinking from a health perspective put a different slant on the SPG and how it would affect the health of different groups of people.
- It helped me to consider how open space provision would influence people's lives, both positively and negatively not just the target audience of developers and planning officers.
- I hadn't previously considered how the SPG could affect income related groups, for example if there was a cost associated with an open space facility, this may limit its accessibility to certain groups.
- It also led me to consider the Welsh language and culture and how that can be incorporated into open space facilities such as play areas.
- Geographical groups where open space facilities need to be of sufficient access to people should the open space facility not be provided on site at the new development.

- Having a representative from Natural Resources Wales gave an insight into how we can combine the need to provide amenity and natural green open space with the impacts of climate change and the increased risk of flooding and heavy rain events. It highlighted the importance of incorporating different stakeholders and knowledge to ultimately benefit the local community who live in the new developments.
- Allowed me to take account that there was a sports centric approach to the definition of open space and how these types of facilities are not accessible to everyone in the community, particularly low income groups. I considered different types of outdoor sports open space provision in the amended SPG such as mountain bike tracks, outdoor gyms, fitness trails and skate parks which are all usually free of charge and accessible to a wider population.
- Holistic approach where all different perspectives are considered and married together where possible to ensure the most benefit is received by the community in that area. (Incorporation of Green infrastructure into the guidance on amenity greenspace and a new paragraph on accessible natural and semi natural greenspace).
- The HIA highlighted opportunities for health improvement such as improving access from new developments into the open countryside or to other settlements/ services as a form of open space provision so people may opt for active methods of transport which would ultimately affect their health in a positive way. This resulted in a section in the design guidance of the SPG for green corridors and active travel.
- Breaking down the discussion into health and well-being determinants allowed for an organised discussion on potential impacts, consequences and opportunities and allowed the group to cover all topics in the allocated time provided for the meeting.
- Discussion of not only the positive and negative points but opportunities as well which arose from the consultation allowed for different perspectives to come together on how the SPG can be improved and enhanced.
- Undertaking the HIA helped in the consideration of perspectives for the mandatory Well-being Impact Assessment which is undertaken on all policy documents within DCC.

## 2.9 HIA and Integrated Sustainability Assessment (ISA)

Health Impact Assessments can be carried out separately to, in tandem with, or integrated into, the SEA / SA process as part of an Integrated Sustainability Assessment for an LDP. As an approach, the latter makes sense to maximise resources. However, the health and well-being and inequalities components must be explicit – particularly in any commissioned SA evidence gathering and work.

This guide aims to support spatial planners and public health officers to maximise any opportunities that may present themselves to enable healthy planning and development as part of the LDP preparation process. Meetings with a wide range of health and well-being representatives should take place and a minimum of one HIA or health and well-being focussed stakeholder workshop is recommended. This can be part of the LDP mandatory consultation events. This Toolkit can support both standalone HIAs to be carried out, as well as provide clear direction on how to best integrate health, well-being and inequalities into local, regional and national planning processes such as Strategic Development Plans and National Development Frameworks. It contains a suite of resources and tools which can be applied and adapted to local needs and local contexts and policies.



## Part B: Practice and Resources

### 3.0 Practice and collaboration: The LDP process, key trigger points for Public Health collaboration and HIA integration and approaches.

**3.1 This section provides practical resources to enable engagement and collaboration between land use planners and public health specialists for HIA and collaboration so that they can identify and if necessary address, public health priorities and issues in tandem with strengthening land use planning objectives, stakeholder engagement and evidence.**

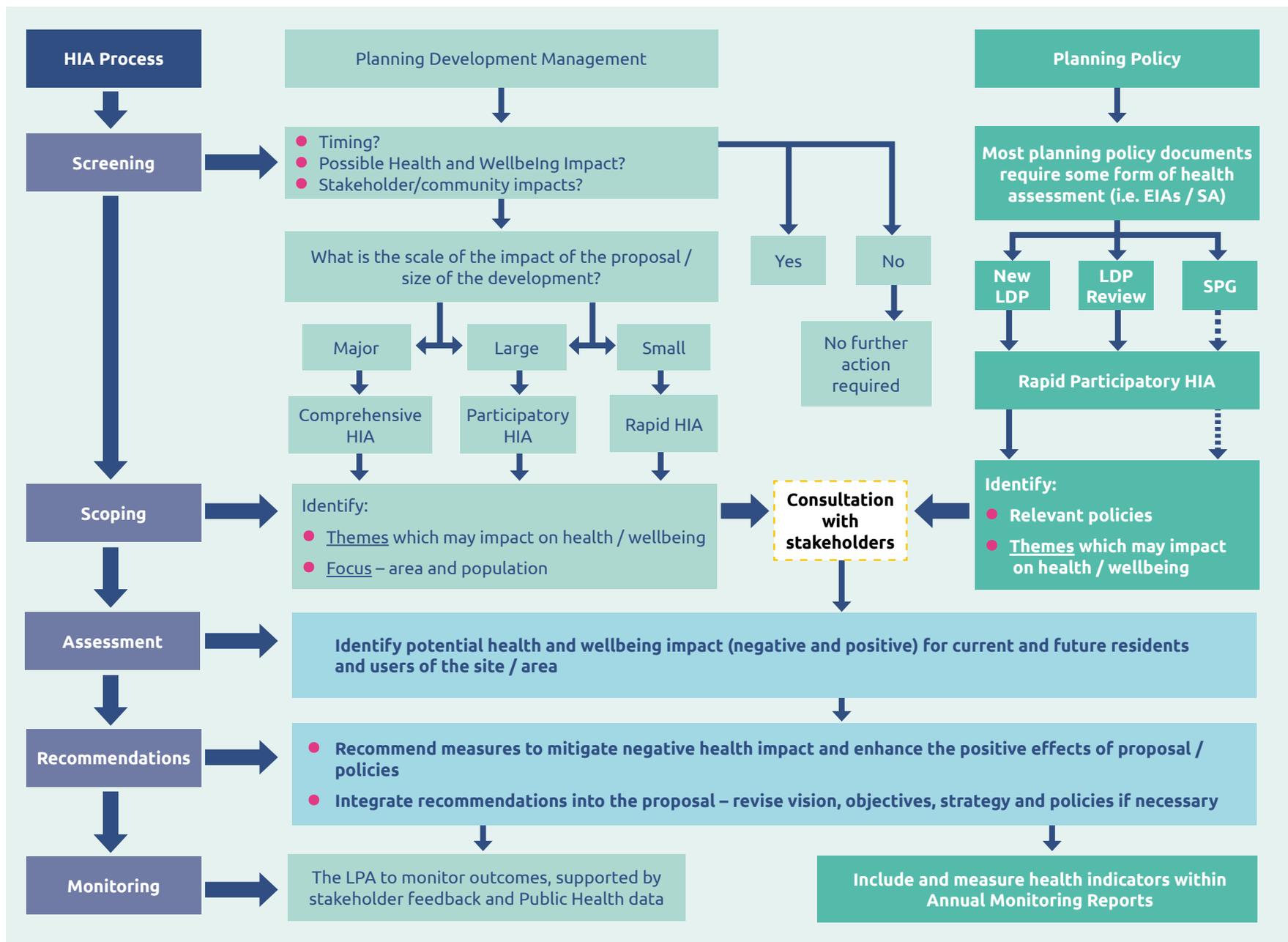
This includes

- Collaborative triggers in the LDP development process
- Maximising the application of HIA in both planning policy and development management<sup>2</sup>
- Practical resources to support the implementation of HIA

Figure 1 depicts the key steps in the HIA process and how these relate to stages in the development management and planning policy processes. It highlights the types of HIA which can be carried out and how the stages of the HIA process reads across to the stages of the planning processes and activities.

<sup>2</sup> This was formerly known as planning control or development control and relates to planning and development applications and the process

**Figure 1: HIA Process showing key steps in planning policy (includes development management for comparison)**  
 (Adapted from Worcestershire County Council *Health Impact Assessments in Planning Toolkit* (2016))



### 3.2 Table 1 provides the rationale for and answers to potential questions that may be asked as to why those developing land use planning policies should consider undertaking a HIA as part of that development.

Table 1. Strategic considerations in maximising the application of HIAs in planning policy development

Key Points	
<b>Why undertake a HIA?</b>	<ul style="list-style-type: none"> <li>✓ Ensure robust evidence base for health and well-being</li> <li>✓ Identify local health needs/issues directly from relevant stakeholders in a participatory manner</li> <li>✓ Ensure policies reflect appropriate local community needs</li> <li>✓ The Development Plan supports healthy and sustainable communities</li> </ul>
<b>Who should undertake a HIA?</b>	Local Planning Authority <ul style="list-style-type: none"> <li>✓ In-house (consider PSB involvement)</li> <li>✓ External consultants</li> </ul>
<b>When should HIA be undertaken?</b>	At an Early Stage <ul style="list-style-type: none"> <li>✓ Evidence gathering</li> <li>✓ Issues and Options</li> <li>✓ Preferred Strategy (as part of consultation to maximise benefits)</li> <li>✓ Deposit Stage</li> </ul>
<b>What type of HIA should be undertaken?</b>	Local Development Plan <ul style="list-style-type: none"> <li>✓ Rapid Participatory HIA</li> </ul> Local Development Plan Review or Supplementary Planning Document <ul style="list-style-type: none"> <li>✓ Rapid Participatory HIA</li> </ul>
<b>How should HIA be undertaken?</b>	There are two ways of undertaking a HIA <ul style="list-style-type: none"> <li>✓ Standalone assessment</li> <li>✓ Integration within the wider Sustainability Appraisal (SA) Process</li> </ul>
<b>What is the added value of a HIA?</b>	<ul style="list-style-type: none"> <li>✓ Additional qualitative and quantitative evidence provided to add to existing base</li> <li>✓ Fits into all consultation stages as a participatory process</li> <li>✓ Improved links to policy areas and sectors such as public health and well-being agendas</li> <li>✓ Increased mutual understanding amongst public health practitioners and planning professionals</li> <li>✓ Demonstrable understanding, accountability and consideration of the impact of planning on health and well-being of the local population/community</li> </ul>

### 3.3 Collaborative triggers for Land Use Planning and Public Health Officers within the key stages of the LDP Development Process

The development of an LDP involves a number of key stages. The aim of any collaboration between the spatial planning and public health systems and the planning policy development process is to ensure that a full consideration of potential health and well-being outcomes including for health and allied care services are considered within the process at the most appropriate times. Table 2 highlights the key stages and the specific points where contributions from public health would be most effective to support Planning Policy Officers to strengthen an integration of health and well-being and inequalities into their policy and LDP development processes. It also details how and when HIA can be maximised to benefit all throughout the stages of the LDP process.

**Table 2. Collaboration between land use planning and public health sectors**

LDP Stage	Consideration	Action
<b>Preparation and planning for the development of the LDP</b>	Identify and establish key contacts between the Local Planning Authority (LPA) and the local Public Health Team (LPHT) if not already known.	Invite a Public Health (PH) representative to be a member of the Key Stakeholder Forum to enable public health intelligence and evidence to be considered at all stages of the LDP development in addition to existing representation from Health Boards.
<b>LDP Delivery Agreement</b>	<p>Opportunity to include the HIA approach as part of any stakeholder engagement and consultation plans at appropriate points in the LDP process i.e. Preferred Strategy.</p> <p>Within the Delivery Agreement insert a statement of intent in relation to health and well-being and the use of wider determinant led HIA to inform the Sustainability Appraisal (SA) and Strategic Environmental Assessment (SEA).</p> <p>Reference needs to be made to Public Health Act (Wales) 2017 – Regulations for Statutory HIA (detail to be updated when HIA regulations are published in respect to LDPs).</p>	<p>PH representative to be given opportunity to input in the drafting of the Delivery Agreement (DA).</p> <p>Include a statement in the DA that states that a HIA will be conducted and / or integrated as part of the SA process and HIA participatory workshops will be held at appropriate times within the LDP / SPG development.</p> <p>Specify it will follow the WHIASU approach (and when published the PH Act HIA statutory regulations as appropriate).</p>

LDP Stage	Consideration	Action
<p><b>Evidence gathering and Issues/Vision and Objectives</b></p>	<p>PH/HBs have a wealth of evidence to support the development of planning policies that can maximise health benefits for the population. Contribution from PH to inform evidence base and topic papers includes:</p> <ul style="list-style-type: none"> <li>● Local health and well-being needs / intelligence               <ul style="list-style-type: none"> <li>○ Population trends</li> <li>○ Inequalities in health and gaps in life expectancy</li> <li>○ Health conditions</li> <li>○ Causes and burdens of ill health</li> <li>○ Trends such as obesity, physical inactivity, alcohol abuse and mental well-being</li> <li>○ Health challenges across equality groups</li> <li>○ Demographics</li> </ul> </li> <li>● Place based information               <ul style="list-style-type: none"> <li>○ Indices of multiple deprivation (IMD)</li> <li>○ Accessibility and proximity to existing community services</li> <li>○ Safety and crime (including road safety)</li> <li>○ Locations and quality of green and open spaces</li> <li>○ Air quality, noise and water pollution, and other environmental health risks</li> <li>○ Flood risk areas</li> <li>○ Minerals and waste</li> </ul> </li> <li>● Access to/demand for health facilities               <ul style="list-style-type: none"> <li>○ Locations, accessibility and proximity to existing health facilities of all kinds</li> <li>○ Quality, capacity and condition of existing health facilities of all kinds</li> </ul> </li> <li>● Evidence sources i.e.               <ul style="list-style-type: none"> <li>○ Planning and health intelligence</li> <li>○ Urban/rural and health</li> <li>○ Investment for Health for different policy sectors such as housing</li> </ul> </li> </ul>	<p>Planning Authority request PH representative to contribute evidence and/or signpost them to documents and health intelligence.</p> <p>PH contribute/signpost health intelligence, statistics and other evidence.</p> <p>Note: key evidence, data and contextual insight can be provided by Health Boards in relation to Health Care Facilities and Estates planning.</p>

LDP Stage	Consideration	Action
<p><b>Strategic Options and Preferred Strategy</b></p>	<ul style="list-style-type: none"> <li>● Opportunity to consider a commitment to develop specific local policies/SPGs, to complement the LDP i.e. development of a Health and Well-being or HIA SPG</li> <li>● PH contribute to the assessment and appraisal process, SEA/SA and HIA as appropriate</li> <li>● Ensure health and well-being is considered as part of the LDP consultation process using HIA or other Health in all Policies approaches</li> <li>● It has been recognised that the most value from a HIA can be gained at the Preferred Strategy stage when it can influence and inform the Plan and process and maximise the use of resources i.e. through carrying out a half / full day workshop and harnessing the stakeholder interaction and involvement from this</li> </ul>	<p>Planning Authority to carry out a Rapid Participatory HIA workshop of the Preferred Strategy as part of the consultation period to strengthen the health and well-being element and stakeholder involvement and contribute to health integration within the SA.</p> <p>PH or HB to provide assistance to enable the Planning Authority to carry out the HIA during the consultation phase of the Preferred Strategy, roles to be discussed but the elements can include:</p> <ul style="list-style-type: none"> <li>● Screening - undertaken with representation from the Key Stakeholder Forum (screening will not only consider whether a wider HIA is required but also support the planning and scoping stages of a HIA)</li> <li>● Scoping - for a Rapid Participatory HIA workshop including a stakeholder analysis and planning the logistics and resources required</li> <li>● Rapid Participatory Workshop – half day / full day as deemed necessary</li> <li>● Short summary report to contribute to the evidence and knowledge gathered within the consultation</li> <li>● Planning Authority to evidence how they have considered and utilised the information and evidence and respond to stakeholders</li> <li>● Note: Local Health Board representation within the HIA is required in addition to Public Health representation</li> </ul> <p><b>A full outline along with resources, for undertaking a participatory HIA workshop follows this section.</b></p>

LDP Stage	Consideration	Action
<b>LDP Preparation and Deposit</b>		<p>Local Planning Authority ensures PH and Local Health Board are on the distribution list for consultation and responses.</p> <p>Consider a further Rapid HIA workshop to 'health proof' the final proposed plan and key objectives.</p> <p>PH/HB to submit appropriate PH responses to public consultation.</p> <p>Quality Assure any HIA report or process (WHIASU, 2017).</p>
<b>Submission, Examination and Adoption</b>	<p>Expert statements to Planning Inspectorate Wales (if required), with health intelligence and evidence.</p> <p>Seek additional evidence from PH stakeholders as appropriate/required to inform the Local Authority's (LA) response to Planning Inspectorate.</p>	<p>PH to assist Planning Officers through the contribution of additional evidence during the examination (as requested/appropriate).</p> <p>Adoption: Local Planning Authority to promote awareness to PH and LHB about the Adoption of the LDP.</p>
<b>Monitoring</b>		<p>PH to inform/agree indicators aligned where appropriate with national health and well-being indicators/local Health and Well-being Plans and Assessments.</p>
<b>Review of the LDP</b>		<p>PH to update evidence / inform any key strategic development from HB perspective requiring consideration within planning policy context.</p> <p>Consider a Participatory HIA workshop as part of the Review process.</p>
<b>Ongoing local planning policy development i.e. Supplementary Planning Guidance</b>	<p>Strengthening the approach to embedding a health and well-being within planning policy/processes; seek opportunities to collaborate on developing specific SPGs to enhance policy guidance i.e. Open Space, Health and Well-being, Healthy Weight Environments.</p>	<p>PH to contribute to the development of discrete work and assist local planning colleagues (if resources and capacity allows).</p> <p>A HIA screening workshop to take place to establish whether a HIA is required for any proposed SPGs.</p>

## 3.4 Undertaking a Participatory HIA Workshop

This section provides all the necessary planning and resources required for undertaking a participatory HIA workshop.

This approach can be taken for:

- Local Development Plan stages including LDP reviews
- Strategic Development Plan stages including SDP reviews
- Supplementary Planning Guidance
- Draft Briefs for Key Strategic Sites
- Transport Plans, policies and projects
- Waste Plans, policies and projects
- Other spatial planning policies, plans and projects

**Table 3. HIA Participatory Workshop process, planning and resources**

Stages	Activity	Resources
<b>Planning/ scoping the workshop</b>	<p>Planning the workshop:</p> <p>The LDP Delivery Agreement could outline the stages of the LDP development that the Planning Authority feels would be the best stage/stages for applying HIA.</p> <p>Undertake a <b>Scoping Review</b>:</p> <p>Scoping determines the logistics (who, when, where), the Terms of Reference, roles and responsibilities, and stakeholder analysis for invites.</p>	Sample Scoping Template <b>(see Section 4.1)</b>
<b>Inviting participants</b>	<p>Key to enabling a good representation of stakeholders is giving advance notice and providing context of what to expect and why this is being undertaken. This requires an invitation letter accompanied with LDP documents to be assessed. It is also helpful to include an overview of HIA and the Agenda.</p>	<p>HIA Overview <b>(see Section 4.2)</b></p> <p>Sample Agenda <b>(see Section 4.3)</b></p>
<b>Undertaking the workshop</b>	<p>Workshop:</p> <p>Requires a facilitator and scribe</p> <p>Duration 4 hours</p> <p>Group size max 20 (depending on the number of invites may need to split into groups and therefore requires more facilitators/scribes)</p> <p>Accessible venue/facilities</p> <p>If online - accessible technology and platforms and smaller group numbers (max of 10 is recommended)</p>	<p>Session plan <b>(see Section 4.4.1)</b></p> <p>Presentation to introduce overview of LDP, an introduction to the concept of HIA and inclusion of key public health data relevant to the issues addressed within the LDP. <b>(see Section 4.4.2)</b></p> <p>Population Groups and Wider Determinants checklists <b>(see Section 4.4.3)</b></p> <p>Workshop HIA recording template <b>(see Section 4.4.4)</b></p> <p>Session evaluation form <b>(see Section 4.4.6)</b></p>
<b>Post workshop</b>	<p>Draft notes are written up and circulated to all attendees for accuracy, amendments and additional comments</p>	
<b>Report</b>	<p>If the workshop was undertaken as part of a consultation, the report will be sent to planning policy officer leading the collation of the consultation responses.</p> <p>For other circumstances the report will be sent to those who commissioned or have responsibility for the decision making process.</p>	Sample Report <b>(see Section 4.4.5)</b>
<b>Review and Reflection on process:</b>	<p>Build health and well-being indicators into Annual Monitoring Reporting process and any HIA as part of future review(s) of the LDP</p>	

## Section 4

### Practical resources to use as part of any Health Impact Assessment:

#### 4.4 Workshop Resources

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