

VALE OF GLAMORGAN

REPLACEMENT LOCAL DEVELOPMENT PLAN  
2021 - 2036

REPORT ON THE RAPID PARTICIPATORY  
HEALTH IMPACT ASSESSMENT (HIA) OF  
THE PREFERRED STRATEGY OF THE  
REPLACEMENT LOCAL DEVELOPMENT  
PLAN

June 2023



BACKGROUND PAPER - BP3





## **Report on the Rapid Participatory Health Impact Assessment (HIA) of the Preferred Strategy of the Replacement Local Development Plan**

**Vale of Glamorgan Council**

**27 June 2023**

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## 1. Introduction

### 1.1 Replacement Local Development Plan

National legislation and planning policy place a duty on Local Authorities to produce a Local Development Plan (LDP) and undertake a review of the plan at regular intervals. The LDP is a land use plan for an area and sets out the planning requirements, policies and specific proposals for land use and development.

The current Vale of Glamorgan LDP was adopted by the Council on 28th June 2017 and sets out the Council's planning framework for the development and use of land in the county over the period 2011 to 2026.

Following the preparation of a Review Report in June 2021 the Council commenced preparation of the Replacement LDP to cover the plan period 2021 to 2036. The Delivery Agreement which sets out the consultation process and timetable for review of the plan was agreed with Welsh Government in May 2022. To date, the following milestones have been passed which have contributed to the preparation of the Preferred Strategy:

- Consultation/ Approval of RLDP vision and objectives - January 2022;
- Call for Candidate Sites - Summer 2022;
- Consultation on the Integrated Sustainability Appraisal Scoping Report - summer 2022;
- Consultation on Strategic Options for level of growth and spatial options- autumn / winter 2022; and
- Building up a robust evidence base to inform the plan;

The Council is planning to consult on the Preferred Strategy for 8 weeks between December 2023 and January 2024 . This will include online consultation and surveys, face to face meetings and use of social media to publicise the details of the consultation. The results of this consultation will help inform the preparation of the Deposit Plan. The Deposit Plan or "Full" Plan contains far more detail than the Preferred Strategy in relation to both policies and proposed sites. The Deposit Plan will also be subject to a formal consultation for a minimum of 6 weeks in early 2025.

Following this the plan will be subject to examination by an independent Inspector appointed by Welsh Government in late 2025 and final adoption of the plan by the Council is anticipated to take place in Autumn 2026.

### 1.2 Preferred Strategy

One of the key stages of the production of the Replacement LDP is the Preferred Strategy, which sets out the strategic framework for the LDP such as the levels of growth required and the policy principles that will inform land use allocations. More detail on the policies,

land allocations and development proposals will be included in the later Deposit Plan stage.

## **2. HIA of the Preferred Strategy**

Planning Policy Wales highlights the role of Health Impact Assessments (HIAs) in contributing towards local plan-making. HIA is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. It provides a systematic yet flexible and practical framework that can be applied in a variety of situations, including the development of LDPs. HIA is an evidence based approach to considering the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health.

HIA can help to build in measures to maximise opportunities for health and to minimise any risks and it can identify any 'gaps' that can then be filled. HIA can also provide a way of identifying and addressing the inequalities in health by identifying any groups within the population who may be particularly affected by a policy or plan.

Following the systematic methodology described in the '[HIA and LDPs: a Toolkit for Practice](#)' (WHIASU, 2021), it was decided that a Rapid HIA approach would be undertaken on the Preferred Strategy for the Vale of Glamorgan Council's replacement LDP. The Preferred Strategy stage clearly outlines the aims and vision of the RLDP, the key policies and the preferred growth option, whilst still allowing time for the results of the HIA, and the public consultation to form part of the evidence that will inform later stages of the LDP. The process of developing the RLDP has amassed a large amount of evidence, and much of the health intelligence and population data has been gathered as part of the Integrated Impact Assessment, and undertaking this rapid HIA overlaid this with a qualitative stakeholder workshop.

## **3. Rapid Participatory HIA Workshop**

### **3.1 Purpose and process**

The purpose of the workshop was to:

- a) Identify particular population groups within the Vale of Glamorgan who may be affected differentially by the RLDP.
- b) Identify whether there are potential health impacts, both positive and negative, which could have an impact on the health and wellbeing of local people, and particularly the vulnerable groups identified.
- c) Identify whether there are any potential ways to minimise any negative impacts and maximise positive impacts.

The HIA workshop was qualitative in nature, and enabled participants to give their thoughts during the session which were captured in brief notes. Prior to the session participants were provided with the key policies which would be considered during the workshop, and a checklist which highlights some of the population groups and wider determinants which may be relevant for the Vale population (see Appendix 3).

Invitations to the workshop were sent to a variety of stakeholders, including different departments in the Local Authority (Housing, Corporate, Environmental Health, Transport, Community, Regulatory Services), Cardiff and Vale University Health Board, Natural Resources Wales, and local Members. On this occasion local community representatives were not specifically invited but they will have the opportunity to engage at the consultation stage of the Preferred Strategy.

### 3.2 Workshop methodology

The workshop was arranged and hosted by the Vale of Glamorgan Council and facilitated by Cardiff and Vale UHB.

The workshop was held on the morning of 27<sup>th</sup> June 2023. A list of attendees is in Appendix 1 and the agenda for the workshop is in Appendix 2.

The workshop began with some presentations from Vale of Glamorgan Council and the public health team in the UHB to provide some oversight for the session. An introduction to HIA was provided to participants and then an overview of the replacement LDP and the Preferred Strategy. An overview of the local population health needs provided participants with insights into what and where the key health issues in the community are and highlighted the areas of highest deprivation.

Following the presentations, discussions were held with the workshop participants in two sessions.

## 4. Identification of vulnerable population groups

The first stage of the workshop was the identification of vulnerable groups within the population of the Vale who could potentially be most impacted within the context of the LDP. Whilst a consideration is given to the impact on the population as a whole, it is important to recognise that for certain communities and population groups the impacts may be greater and specific mitigation may be required.

The WHIASU 'Population Groups checklist' (Appendix 3) was used to provide guidance for this discussion. Workshop participants were able to contribute their specific knowledge and intelligence to understand the profile of the community, adding to published population data and demographic details. Whilst the participants recognised that many

of the population groups listed on the checklist would be part of the Vale community, there were some specific groups it was felt were particularly of note in relation to the LDP.

Vulnerable groups identified:

Age related:

- Students – growing numbers of students studying in Cardiff but living in the Vale in areas such as Penarth – spread of student populations from traditional student areas
- Older people – the Vale has a large and growing older population, particularly age 80+, which will continue to grow over the next 20-30 years. (The different needs of different older groups should be considered i.e. 65+/80+/90+)
- Children and young people – these need to be separate in consideration of needs, as children have very different needs and lifestyles to young people (approx. 12-18 years)

Groups at higher risk of discrimination or other social disadvantage:

- Gypsy and Travellers – the Vale has a number of gypsy and traveller families who have specific needs
- People with disabilities, in particular a growing number people with mental health conditions
- Migrants/Refugees/Asylum Seekers
- People with addictions/alcohol or substance abuse problems

Geographical issues and other population groups of note:

- Veterans – the Vale has a high number of veterans, and also a number of serving Armed Forces residents due to the military base in St Athans. There can be a complex range of health issues amongst this population such as substance misuse
- There are areas of Barry experiencing poor economic/health indicators, inequalities and high levels of deprivation
- Social care workers – a lack of affordable housing is particularly an issue in Western Vale, this impacts on the delivery of care for members of the community when workers cannot afford to live locally
- Social care provision – limited availability in the Western Vale resulting in higher costs, and care at home is difficult to access due to the high travel costs for workers and the lack of affordable homes. Travel accessibility for care workers in Western Vale is difficult as a lot of carers don't drive and public transport is limited
- People with complex care needs – there is a high level of complex care patients in the Vale

- The rurality of the Vale can be an issue in terms of access to public transport – particularly for older people and young people accessing employment

## 5. Summary of wider determinants appraisal findings

The groups which were identified above were considered by the workshop participants during the second part of the workshop. This section provides a summary of the key issues raised as the group worked through the wider determinants framework (see Appendix 3).

Participants discussions focused around considering whether the Preferred Strategy policies were likely to impact upon these determinants. The completed matrices and the policies which link to each section are included in Appendix 4.

### 5.1 Behaviours affecting health

Discussion in this section related to the ability of people in the Vale to be physically active, through access both to formal facilities and by being able to be active within their local environment.

Potential positive impacts identified:

- Provision of necessary infrastructure for enabling participation in active lifestyles amongst accessible housing developments
- Increased use of sustainable transport options
- Provision of access to healthy food, for example community growing spaces and allotments so that people can grow their own food will enhance opportunities for healthy food options.

Potential negative/ unintended impacts:

- In some areas there is a more transient population – which can make it more difficult to ensure positive community ownership and ensure adequate maintenance therefore potential for spaces to decline
- Changing behaviour is very difficult and some areas of the Vale are more car dependant, particularly in the rural areas. Planned infrastructure and development needs to be easy, attractive and direct.

### 5.2 Social and community influences on health

This section focused on the creation of neighbourhoods that enable cohesive and well connected communities.

Potential positive impacts identified:



- Mixed community developments (mixing generations, families, single persons etc) – can help provide more social cohesion and interaction
- Community Enterprise Spaces providing multi-functional and accessible community spaces will enable social cohesion, and is an innovative use of disused/ vacant building
- Active travel opportunities provided at the outset of a development will encourage participation in social activities
- Increased opportunities to participate in health related decision making
- Increased leisure/A3 uses to improve opportunities for socialising and vibrancy of places

Potential negative/ unintended impacts:

- Demand for social and health facilities from the population of a new development – a lack of provision at early stages of development could increase travel demand and travel by car e.g. to get to school or a GP
- Cost of participating in social activities can be a barrier, so the provision of activities should be as inclusive as possible.
- Cost of rents of commercial spaces can be a barrier to mixed use within developments
- Poorly designed developments could limit social interaction e.g. where no communal areas exist or no local facilities
- Disparity between rural and urban areas such a public transport services. The cost of public transport is a limiting factor, especially since the increase in the cost of living
- Increase in leisure/A3 uses, could potentially only be beneficial to more affluent areas due to the associated cost. Affordable/cost-free solutions will be required in low-income areas.

Specific population group the comments apply to:

- Families
- Young people
- Children
- Older people
- Low income groups

### 5.3 Mental Well-being

There was a small amount of discussion around this determinant as most of the points were considered within the section above.

Potential positive impacts identified:

- Provision of shared community spaces – social interaction has positive impacts on mental well-being
- Provision of green spaces has positive benefits on mental health

Potential negative/ unintended impacts:

- None identified

Specific population group the comments apply to:

All

#### 5.4 Living and environmental conditions affecting health

There were a number of positive impacts identified including the opportunities the LDP will provide around placemaking, good design of infrastructure, improvements to quality of housing provision and the environment. It was felt there were some ways in which the current policies could be strengthened in order to provide the optimum living and environmental conditions to enable people to live healthy lives. Solutions for each community will differ greatly, one size fits all does not always work.

Potential positive impacts identified:

- Proximity to good green space / access to healthy food growing opportunities in the Vale
- Multi-functional open spaces
- Net Zero carbon buildings planned

Potential negative/ unintended impacts:

- Noise impact in residential areas from increased use of air source heat pumps and therefore background noise - excess noise has considerable impact on health and well-being, so must be considered in policy and design guides for developments.
  - Need to add reference minimising the impact of noise into key policies.
  - Need to consider potential for cumulative noise from air-source heat pumps.
- Respiratory problems related to developments could increase
- Farm waste – increasing problems with odours and air pollution. Nitrates in the air impact water quality and ecology

Specific population group the comments apply to:

All

## 5.5 Access and quality of services

Potential positive impacts identified:

- Opportunities for multi-use facilities in new community/centralised services. Community healthcare teams could potentially occupy sites/buildings as part of a mixed use facility, so some joined up service provision would be possible. There is also desire from third sector for joined up working. There is potentially a lot of community space and developers want it occupied.

Potential negative/ unintended impacts:

- Access to services and facilities may be difficult for certain groups, for example if public transport is limited and if services are located out of town centres which are more accessible

Specific population group the comments apply to:

Disabled groups, older people

## 6. Additional comments raised at the workshop

- The wording of the policies should be strengthened so that there is no ambiguity around requirement, for example using the phrase “should” implies something is not that important, whereas “must” is clear of the importance. This is particularly key for delivering the climate change agenda, the Council has set out its clear intent in addressing climate change through the Climate Change Emergency and Project Zero, therefore planning policy must be strong enough to support this.
- Agricultural development intensification is a particular concern in the rural parts of the Vale. There are health implications from noise and air pollution / smells due to farm waste. New development encroaching on farmland is going to exacerbate this problem. Nitrate pollution in water courses is also key to address.
- There is potential to consider the need for and provision of community spaces, health services and other amenities at the masterplanning stage of new sites
- The RLDP could consider including reference to taking a partnership approach to achieving the delivery of the plans vision and objectives

- Consider how the RLDP can best support the delivery of future healthcare and public health requirements for new housing sites, for example the provision of GP surgeries. The Health Board should always be consulted at pre-planning stage on large sites, and inform the Council of primary care capacity and growth options, and provide the evidence base for how the built environment can promote good health and well-being
- The LDP needs a section on the influence of the PSB, how they can contribute to achieving the goals of the plan, and how they have fed in to it for example through the joining up with the Well-being Plan

## 7. Recommendations

- Give consideration within the RLDP policies to the impact on the specific population groups in the Vale who are likely to be affected, particularly the older and younger population groups.
- Consider whether the policies can support any alleviation of the issues raised around the problem of social care workers not being able to live and work in Western Vale.
- Provision of active travel routes and opportunities feature in the Strategic Policies, but they need to connect well to existing and new facilities and services, be accessible for a range of users, and designed to appeal to users as the easiest and most attractive way of getting around.
- Consider how best to provide joined up community and health facilities and services.
- Encourage developers to engage at an early stage with healthcare providers and the local community to give consideration to the health implications and opportunities of new developments.
- Climate change mitigation should be at the heart of policies, including provision of green and blue spaces, adequate shading, orientation, green roofs, use of renewable energy.
- Clearly word policies to avoid any ambiguity about whether something should be done.
- Give specific consideration around dealing with agricultural development and residential development compatibility in terms of noise, smell and nitrate pollution.

## 8. Conclusion

It was felt that the high level Strategic Policies in the Preferred Strategy will overall have a positive impact on health.

The workshop generated useful discussion about the needs of the population living and working in the Vale and those attending the workshop had a good opportunity to highlight specific issues related to the wider determinants which could well be influenced through the Strategic Policies for the coming years.

The issues raised in the workshop will be considered in the drafting of the detailed policies for the "Deposit" or full plan over the next 12 months and a further HIA Workshop will be held at this time to assess the detailed policies.

## APPENDIX 1: Attendees

Victoria Morgan	Principal Planner (Planning Policy/LDP Team), Vale of Glamorgan Council
Andrew Wallace	Senior Planner (Planning Policy/LDP Team), Vale of Glamorgan Council
Marcus Bayona-Martinez	Senior Planner (Planning Policy/LDP Team), Vale of Glamorgan Council
Georgia Peters	Assistant Planner (Planning Policy/LDP Team), Vale of Glamorgan Council
Cheryl Williams	Principal Public Health Practitioner, Cardiff and Vale University Health Board (Public Health)
Claire Hartrey	Team Manager, Neighbourhood Services, Shared Regulatory Services
Neil Morgan	Cardiff and Vale University Health Board (Primary Care)
Victoria Hayman-Tearar	Cardiff and Vale University Health Board (Primary Care)
Kate Roberts	Cardiff and Vale University Health Board (Primary Care)
Sarah Congreve	Cardiff and Vale University Health Board (Primary Care)
Carole Murphy	Cardiff and Vale University Health Board (Primary Care)
Lisa Elliot	Active Travel Officer, Vale of Glamorgan Council
Susannah McWilliam	Programme Manager Project Zero (Climate Change), Vale of Glamorgan Council
Helen Moses	Strategy and Partnership Manager, Vale of Glamorgan Council
Mererid Velios	Place Manager (Barry), Vale of Glamorgan Council
Geoff Hobbs	Senior Natural Resources Planning Officer, Natural Resources Wales
Steve Meaden	Lead Specialist Advisor: Health and Well-being, Natural Resources Wales
Mike Cuddy	Vale of Glamorgan Public Service Board Town and Community Council representative
Cllr Ruba Sivagnanam	Cabinet Member for Community Engagement, Equalities and Regulatory Services



## APPENDIX 2: Agenda


Time	Activity	Speaker
09:00	Registration (tea/ coffee available)	
09:15	<b>Welcome and Introduction to the Workshop</b>	<b>Cheryl Williams:</b> Principal Public Health Specialist, Cardiff and Vale University Health Board
09:25	<b>Presentation:</b> Overview of the Preferred Strategy	<b>Victoria Morgan:</b> Vale of Glamorgan Council
09:45	<b>Presentation:</b> Overview of HIA and introduction to the appraisal tool	<b>Cheryl Williams</b>
10:00	<b>Presentation:</b> Key health indicators and population demographics for the Vale of Glamorgan	<b>Cheryl Williams</b>
10:10	<b>Workshop activity 1:</b> identification of vulnerable groups	<b>Facilitated groups</b>
10.45	BREAK	
11:00	<b>Workshop activity 2:</b> identification of Preferred Strategy potential health impacts and mitigations (part 1)	<b>Facilitated groups</b>
12.05	BREAK	
12:15	<b>Workshop activity 2:</b> identification of Preferred Strategy potential health impacts and mitigations (part 2)	<b>Facilitated groups</b>
12:55	Final comments and concluding remarks	<b>Victoria Morgan</b>
13:00	Close	



### ATODIAD 3: Grwpiau poblogaeth WHIASU / rhestr wirio penderfynyddion ehangach




 Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales


**WHIASU**  
Wales Health Impact  
Assessment Support Unit  
Uned Cymorth Asesu  
Effeithiau ar Iechyd Cymru

## Rhestr Wirio Grwpiau Poblogaeth

**Mae'r rhestr wirio hon i'w defnyddio yn ystod Proses Sgrinio ac Arfarnu HIA er mwyn nodi'r grwpiau poblogaeth y gellid cael mwy o effaith arnynt nag eraill drwy bolisi/prosiect/cynnig.**

Mae'r grwpiau a restrir isod wedi'u nodi fel rhai sy'n fwy agored i ganlyniadau iechyd a llesiant gwaeth (anghydraddoldebau iechyd) ac felly mae'n bwysig eu hystyried wrth Sgrinio ac Arfarnu HIA. Mewn HIA, bydd y grwpiau y nodwyd eu bod yn fwy sensitif i effeithiau posibl yn dibynnu ar nodweddion y boblogaeth leol, y cyd-destun, a natur y cynnig ei hun.

Canllaw yn unig yw'r rhestr hon felly ac nid yw'n hollgynhwysol. Gall fod yn briodol canolbwyntio ar grwpiau sydd ag anfanteision lluosog. Nodwch hefyd y gall terminoleg newid dros amser/cyhoeddiad.

<p><b>Grwpiau cysylltiedig â rhyw/rhywedd</b></p> <ul style="list-style-type: none"> <li>• Berywaidd</li> <li>• Gwrywaidd</li> <li>• Trawsryweddol</li> <li>• Arall (<i>rhowch fanylion</i>)</li> </ul>	<p><b>Grwpiau sy'n wynebu risg uwch o wahaniaethu neu anfantais gymdeithasol arall</b></p> <ul style="list-style-type: none"> <li>• Pobl dduon a grwpiau lleiafrifoedd ethnig (<i>rhowch fanylion</i>)</li> <li>• Gofalwyr</li> <li>• Cyn-droseddwyr</li> <li>• Sipsiwn a Theithwyr</li> <li>• Y Digartref</li> <li>• Iaith/diwylliant (<i>rhowch fanylion</i>)</li> <li>• Pobl lesbiaidd, hoyw a deurywiol</li> <li>• Plant sy'n derbyn gofal</li> <li>• Pobl sy'n ceisio lloches</li> <li>• Pobl â chyflyrau iechyd hirdymor</li> <li>• Pobl â chyflyrau iechyd meddwl</li> <li>• Pobl sydd ag anabledau/anawsterau corfforol, synhwyradd neu ddysgu</li> <li>• Grwpiau ffoaduriaid</li> <li>• Grwpiau crefyddol (<i>rhowch fanylion</i>)</li> <li>• Teuluoedd rhiant unigol</li> <li>• Cyn-filwyr</li> </ul>	<p><b>Grwpiau cysylltiedig ag incwm</b></p> <ul style="list-style-type: none"> <li>• Economaidd anweithgar</li> <li>• Pobl ar incwm isel</li> <li>• Pobl sy'n methu gweithio oherwydd salwch</li> <li>• Di-waith/heb waith</li> </ul>
<p><b>Grwpiau cysylltiedig ag oedran (gellid nodi ystod oedran ar gyfer ystyriaeth arbennig)</b></p> <ul style="list-style-type: none"> <li>• Plant a phobl ifanc</li> <li>• Blynyddoedd cynnar (gan gynnwys beichiogrwydd a blwyddyn gyntaf bywyd)</li> <li>• Poblogaeth oedolion yn gyffredinol</li> <li>• Pobl hŷn</li> </ul>	<p><b>Grwpiau a/neu leoliadau daearyddol (sylwer - gall hyn fod yn gyfuniad o ffactorau)</b></p> <ul style="list-style-type: none"> <li>• Pobl mewn lleoliadau allweddol: gweithleoedd/ysgolion/ysbytai/cartrefi gofal/carchardai</li> <li>• Pobl sy'n byw mewn ardaloedd lle ceir dangosyddion gwael o ran yr economi a/neu iechyd</li> <li>• Pobl sy'n byw mewn ardaloedd gwledig, ymysig neu orboblog</li> <li>• Pobl sy'n methu â chael mynediad at wasanaethau a chyfleusterau</li> </ul>	

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Gellir atgynhyrchu'r deunydd a gynhwysir yn y ddogfen hon o dan delerau'r Drwydded Llywodraeth Agored (OGL) [www.nationalarchives.gov.uk/doc/open-government-licence/version/3/](http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/) cyn belled â'i fod yn cael ei wneud yn gywir ac nad yw'n cael ei ddefnyddio mewn cyd-destun amaneiniol. Cydnabyddiaeth i'w nodi i Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru.  
Mae hawlfraint yn y drefn deipograffyddol, y dyluniad a'r gosodiad yn perthyn i Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru.

## Rhestr Wirio Penderfnyddion Iechyd a Llesiant

### IECHYD A LLESYNT CORFFOROL, MEDDYLIO, CYMDEITHASOL, AMGYLCHEDDOL

#### 1. Ymddygiadau sy'n effeithio ar iechyd

- Diet / Maeth / Bwydo ar y fron
- Gweithgarwch corfforol
- Gweithgaredd cymryd risg h.y. ymddygiad caethiwus, gamblo
- Defnyddio cyfryngau cymdeithasol
- Defnyddio alcohol, sigarêts, systemau cyflawni nicotin electronig (h.y. e-sigarêts)
- Gweithgarwch rhywiol
- Defnyddio sylweddau, meddyginiaeth ddi-bresgripsiwn, a cham-drin meddyginiaeth presgripsiwn

#### 2. Dylanwadau cymdeithasol a chymunedol ar iechyd

- Profiadau niweidiol yn ystod plentynod h.y. camdriniaeth gorfforol, emosynol neu rywiol
- Cydlyniant cymunedol, hunaniaeth, balchder lleol
- Cydnerthedd cymunedol
- Rhaniadau yn y gymuned
- Trais yn y cartref
- Iaith
- Perthnasoedd, trefniadaeth a rolau teuluol
- Ethos diwylliannol ac ysbrydol
- Bod yn gymdogol
- Allgáu cymdeithasol arall h.y. digartrefedd, carchariad
- Rhianta ac ymlyniad babanod (bond cynnar cryf rhwng baban a'r gofalwr sylfaenol)
- Pwysau gan gyfoedion
- Hiliaeth
- Ymdeimlad o berthyn
- Unigedd cymdeithasol/unigrwydd
- Cyfalaf cymdeithasol, cefnogaeth a rhwydweithiau
- Trydydd Sector a Gwirfoddoli
- Grym a dylanwad y dinesydd

#### 3. Iechyd a llesiant meddwl

##### A allai fod effeithiau posibl ar:

- Llesiant emosynol, bodlonrwydd bywyd neu gydnerthedd?
- Ymdeimlad o reolaeth?
- Teimlo'n werth chweil, yn cael eu gwerthfawrogi neu'n meddwl ar ymdeimlad o bwrsas?
- Ansicrwydd neu bryder?
- Teimlo'n saff a diogel?
- Cyfranogiad mewn bywyd cymunedol ac economaidd?

#### 4. Amodau byw ac amgylcheddol sy'n effeithio ar iechyd

- Ansawdd aer
- Ardalydd ddeniadol
- Diogelwch cymunedol
- Mynediad, argaeledd ac ansawdd mannau naturiol gwyrdd a glas
- Ansawdd a deiliadaeth tai
- Amgylchedd dan do
- Iechyd a Diogelwch
- Llygredd golau
- Swm
- Ansawdd a diogelwch mannau chwarae (ffurfiol ac anffurfiol)
- Diogelwch ar y ffyrdd
- Arogleuon
- Amgylchedd adeiledig a naturiol trefol/gwledig a dyluniad y gymdogaeth
- Gwaredu gwastraff, ailgylchu
- Ansawdd dŵr h.y. dŵr môr

#### 5. Amodau economaidd sy'n effeithio ar iechyd

- Diweithdra
- Tlodi gan gynnwys tlodi bwyd a thanwydd
- Incwm
- Dyledion personol ac aelwyd
- Anweithgarwch economaidd
- Math o gyflogaeth h.y. parhaol/ dros dro, amser llawr/rhan-amser
- Amodau gwaith h.y. bwlio, iechyd a diogelwch, yr amgylchedd

#### 6. Mynediad ac ansawdd gwasanaethau

- Cyngor gyrfaol
- Addysg a hyfforddiant
- Technoleg gwbyodaeth, mynediad i'r rhyngwyd, gwasanaethau digidol
- Gwasanaethau hamdden
- Gwasanaethau meddygol ac iechyd
- Cyngor lles a chyfreithiol
- Gwasanaethau gofalu eraill h.y. gofal cymdeithasol; Trydydd Sector, gwasanaethau ieuencntid, gofal plant
- Amwynderau cyhoeddus h.y. neuaddau pentref, llyfrgelloedd, canolbwynt cymunedol
- Siopau a gwasanaethau masnachol
- Trafnidiaeth gan gynnwys parcio, trafniadaeth gyhoeddus, teithio llesol

#### 7. Ffactorau macro-economaidd, amgylcheddol a chynaliadwyedd

- Bioamrywiaeth
- Newid yn yr hinsawdd h.y. llifogydd, tywydd poeth
- Costau byw h.y. bwyd, rhent, cludiant a phrisiau tai
- Datblygu economaidd gan gynnwys masnachu a chytundebau masnach
- Cynnyrch Mewnwladol Crynswth
- Adfywio
- Polisiâu'r llywodraeth h.y. egwyddor Datblygu Cynaliadwy (integreiddio; cydweithredu; ymglymiad; meddwl tymor hir; ac atal)



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