VALE OF GLAMORGAN

REPLACEMENT LOCAL DEVELOPMENT PLAN 2021-2036

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

September 2025

BACKGROUND PAPER BP3A

RLDP CDLN

VALE of GLAMORGAN
BRO MORGANNWG

Report on the Rapid Participatory Health Impact Assessment (HIA) of the Deposit Plan of the Replacement Local Development Plan

Vale of Glamorgan Council

September 2025

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This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.

1. Introduction

The report outlines the findings from the Rapid Participatory HIA workshop held on the 10th September 2025. The outcomes will inform the preparations of the Vale of Glamorgan's Replacement LDP Deposit Plan. Further insight and context for the project is held by the Vale of Glamorgan Council, including strategic context, detailed plans, evidence and community profile data. These will be referred to where appropriate.

1.1 Replacement Local Development Plan

National legislation and planning policy places a duty on Local Authorities to produce a Local Development Plan (LDP). 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 in 2017 and sets out the Councils' planning framework for the development and use of the land in the authority over the period 2011 to 2026.

The Vale of Glamorgan Council is currently preparing their Replacement LDP to cover the plan period 2021 – 2036. The current stage of preparation is the production of the Deposit Plan, which will be subject to formal public consultation early in 2026. The plan will then be subject to examination by an independent inspector appointed by the Welsh Government, with final adoption by the Council anticipated in late 2026.

One of the key stages of the production of the Replacement LDP is the Deposit Plan, which sets out the detailed policies, land allocation and development proposals for the LDP.

2. Evidence and the Health Impact Assessment of the Deposit Plan

When preparing a LDP a wide range of evidence is gathered and considered by the local authority, in both local and national context.

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 used to consider 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 local population that 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 Participatory Stakeholder HIA would be undertaken on the Deposit Plan for the Vale of Glamorgan's replacement LDP. The Rapid HIA includes a qualitative approach to considering health impacts through engagement with

stakeholders and is in addition to the HIA which has been undertaken as part of the Integrated Sustainability Appraisal (ISA).

The main purpose of any HIA is to form a set of mitigations or recommendations which will help inform the further development of a plan, policy or initiative to reduce risks and maximise the positive health outcomes.

### 3.	Rapid Participatory Stakeholder HIA Workshop (September 2025)

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 policies in the Deposit Plan for the LDP

b) Consider the draft planning policies in relation to potential health impacts, both positive and negative, which could have an impact on the health and wellbeing of local people, and particularly any 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 LDP policies which would be considered during the workshop, and the population groups and wider determinants checklist produced by WHIASU.

Invitations to the workshop were sent to a variety of key stakeholders, including different departments in the Local Authority (Housing, Corporate, Transport, Community), Cardiff and Vale University Health Board, South Wales Fire and Rescue, and the third sector. The intention of a participatory stakeholder workshop is to enable insights, views and lived experiences to be gathered in relation to impacts and consider these alongside the evidence gathered elsewhere as part of the HIA process.

3.2 Workshop methodology

The workshop was arranged and hosted by Vale of Glamorgan Council and facilitated by the Wales Health Impact Assessment Support Unit. The workshop was held on the morning of 10th September 2025. A list of attendees is in Appendix 1 and the agenda for the workshop is in Appendix 2.

The workshop began with presentations from the Vale of Glamorgan Council, Cardiff and Vale University Health Board and WHIASU 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 Deposit Plan. An overview of the local population health needs provided participants with insights into some of the key health issues in the community and highlighted the areas of highest deprivation.

Following the presentations, discussions were held with the workshop participants in two sessions to consider the wider determinants of health and how the policies within the

Deposit Plan may impact on the health and well-being of the population, and how these impacts could be addressed or mitigated.

There are many ways in which the built and natural environment impact on health and well-being, and there are some key health issues which evidence demonstrates can be directly influenced through planning and design. Appendix 3 summarises some of the key health issues in the Vale of Glamorgan and some design and planning principles that can have an impact on these issues. These principles should be considered alongside the qualitative feedback gathered from participants at the Deposit Plan workshop.

4 Identification of population groups potentially particularly affected by LDP policies

A HIA workshop was held in 2023 for the LDP Preferred Strategy, and participants at that workshop identified vulnerable groups within the population of the Vale of Glamorgan that could potentially be most impacted within the context of the LDP Preferred Strategy. The WHIASU 'Population Groups checklist' (Appendix 4) 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 most of the population groups listed on the checklist would be part of the Vale of Glamorgan community, there were some specific groups it was felt were particularly of note in relation to the LDP.

The participants at the Deposit Plan workshop did not repeat this exercise but noted the findings from the 2023 workshop as below.

Vulnerable groups identified:

• 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 several gypsy and traveller families who have specific needs.

• People with disabilities, in particular a growing number of 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 a number of serving Armed Forces residents due to the military base in St Athan. 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 the 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 the 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 appraisal findings

This section provides a summary of the key determinants and issues raised as the group considered the policies in the Deposit Plan which are most likely to impact on health and wellbeing. The wider determinants of health checklist provided a helpful framework to consider impacts (see Appendix 3). All participants were enabled to contribute, and their discussions focused on key issues around how the Deposit Plan policies were likely to impact upon the determinants, and/or the key population groups identified above.

5.1 Behaviours affecting health

Discussion related to the ability of people in the Vale of Glamorgan to be physically active and access active travel opportunities.

It was agreed that the plan included an emphasis on active travel and provides opportunity for the development of walkable neighbourhoods, increasing walkability and physical activity within the county (policy **PGD1: Creating Well Designed and Inclusive Places & CI1: Open Space Provision**). The plan also includes policy **RCS 3: Hot Food Takeaways** which relates to the location and development of Hot Food Takeaways within the area, creating potential for residents to have access to healthier food options.

Comments on policy **PGD1: Creating Well Designed and Inclusive Places**

- Need to ensure that spaces are designed for all active travel types – for pedestrians, cyclists, people using other wheels such as scooters and trikes.
- There is opportunity to design for both cars and people – safe streets by designing car specific routes and parking areas.
- Physical activity is emphasised well in the policy, specifically the opportunity for walkability.

- Need to consider that people are busy in their everyday lives and convenience may lead to more car usage to aid task burden. Can't just design out all car use, but it needs to be balanced with the need to enable active travel to be accessible and an easy choice.

Comments on policy **RCS3: Hot Food Takeaways**

- Controlling the concentration of hot food takeaways within certain areas potentially provides the opportunity for people to choose healthier options if areas are not dominated by takeaways serving food high in fat, salt and sugar.

Comments on **CI1: Open Space Provision**

- Need to consider designing open spaces for all age groups to be able to be physically active within their community.
- Play spaces – consider the opportunity for natural play areas in open spaces, not just formal play areas.
- On housing developments – consider refraining from putting up signs which hinder options for play and connectedness within them. For example – do not erect 'no ball games' signs.
- Consider repurposing disused open spaces into community food growing spaces.

5.2 Social and community influences on health

This section focused on the creation of neighbourhoods that enable cohesive and well-connected communities. Many of the policies within the plan look to provide opportunities to bring communities together.

Comments on policy **PGD1: Creating Well Designed and Inclusive Places**

- Opportunity for people to connect should be considered when designing for health and wellbeing, for example through community spaces and buildings, benches and seating areas where people can convene.
- Opportunity under this policy to use learning from international developments to create more communal spaces. As discussed during the workshop, in apartment buildings, creation of storage, laundry and reduce and reuse spaces can aid a sense of community within housing developments (more detail could be included within an SPG).

Comment on policy **SP10: Sustainable transport**

- Opportunity to create safe, well-lit and accessible walking/cycling routes to connect communities, supporting cohesion.

Comments on policy **CI1: Open Space Provision**

- Option to provide community growing areas which can promote intergenerational interactions, cultural opportunities and create social spaces for people to engage together.
- Some consideration may be needed when designing space for populations where Wales is not their native home i.e. refugees or asylum seekers housed in the Vale of

Glamorgan. This could aid these groups of people to become settled and gain a sense of belonging within their community.

- Consideration will need to be given to designing spaces in terms of 'designing out violence' where spaces are designed not to facilitate antisocial behaviour, there is a risk of designing out the creation of spaces for community gatherings. For example, if there is removal of benches or communal gathering spaces, the ability for people to rest or stop and chat is also taken away.

Comments on **SP19: Green Infrastructure**

- Option to consider implementing community growing spaces or community orchards (linked to promoting healthy food choices).

Comments on **CI4: Protecting and Enhancing Existing Community Facilities**

- Opportunity to gather high-level community insights about what type of facilities they would like to see regenerated – e.g. community hubs, multi-use facilities.

5.3 Mental Well-being

A small discussion within the workshop which touched upon this determinant and how the LDP policies can help. It was a cross-cutting determinant across the policies.

Potential positive impacts the policies could have:

- Making safe, accessible and intergenerational spaces where people can engage with their community and services.
- Provide access to green space which is a natural stress reliever.

Potential unintended negative impacts:

- Communal gathering spaces may be stressful to residents if no community engagement is done prior to the implementation of these spaces.
- Some property tenures within developments require service charges to be paid monthly/annually by residents, in a cost-of-living crisis, this may cause further burden to already struggling families and must be managed in planning applications.

5.4 Living and Environmental conditions affecting health

There were several potential impacts identified that the LDP policies could enable, including community safety, play space provision and car free streets.

Comments on **PGD1: Creating Well Designed and Inclusive Places**

- Opportunity to make streets safer by making them more pedestrian friendly, reducing car usage, air pollution and noise pollution.
- Opportunity to plant trees for privacy, security and to reduce air and noise pollution.
- Whilst the overall aim is to reduce car usage, there is still a need for car parking spaces within the proximity of housing developments, however they can be designed to be less intrusive.

Comments on **SP10: Sustainable transport**

- Promotion of active travel will require people who own bikes/e-bikes/scooters to be able to store them safely at places of work, recreation and home – these spaces will need to be considered within developments.

Comments on **CI1: Open Space Provision**

- Opportunity to create open and green spaces for all, inclusivity for all within the community.
- Need to match the needs of the target development population in terms of space allocation for play, recreation and open space.
- Opportunity to 'design out violence' working with local services for safer and appropriate services – link in with South Wales Police.
- Need to consider maintenance of open spaces – who has the financial responsibility.
- Need to consider where the play spaces are located, as people have a perception that anti-social behaviour may rise in these types of space – especially in social housing.
- Current open/park/recreation spaces do not have that 'all day' provision in terms of toilet facilities, access to food premises and other services which limits the amount of time people spend in these spaces.
- Need to consider how to reduce the allotment waiting times in terms of creating open spaces allocated for allotments.
- Opportunity to provide urban tree planting which can be linked to cooling and shading, especially if we are to experience more extreme weather events due to climate change.

Comments on **RCS3: Hot Food Takeaways**

- Controlling the concentration of HFT can impact the amount the litter that an area experiences, protecting the environment.

5.5 Economic conditions affecting health

This determinant was briefly discussed within the workshop and conversation centred around the following potential impacts.

Comments relating to potential negative/unintended impacts:

- Least valuable space tends to become the space for recreation which isn't always the safest or most appropriate for the target population, engagement with developers may help this.
- When planting for privacy, security and noise, consideration needs to be given to who maintains these – is it location dependent? Will costs be passed on to residents?
- For new developments that implement a service charge for waste collection/other services – is this classed as affordable housing with the additional costings? Does this stop certain groups of the population being able to access this newer housing i.e. families, those on low income?
- When developing outdoor recreation facilities, is there means to charge for facilities such as toilets and parking?

5.6 Access and quality of services

A larger discussion focussed on the policies that look to impact access to services and to the quality of those services.

Comments on **SP10: Sustainable transport**

- The creation of developments focussed on the train route running through the Vale of Glamorgan is a great way of making sure people can have the opportunity to be connected to services and other travel routes.
- Opportunity to be flexible with travel routes within developments creates the ability for the target population to have multiple ways to access services within the local area.
- Consideration needs to be given to the local community where development is scheduled. If access to travel such as bus stops/train stations is put in place, it will need to be appropriate i.e. safe, well lit, accessible.
- Conversations across relevant teams would be useful in setting up a transport loop system to ensure routes are linked to facilities and services in the local area and wider.

Comments on **CI1: Open Space Provision**

- If toilets are to be provided as part of the development, the developers will need to be mindful of ongoing maintenance costs, however without putting these services in place, there is a risk that certain groups may not be able to access wider services.
- Consider how open spaces could be designed considering different genders.
- Policy is focused on standards of provision, but this is outdated. It should be design led and requirements should not be so prescriptive i.e. one m2 figure for all open space that can be met through the consideration of local circumstances.

Comments on **C14 protecting and enhancing existing community facilities**

- By regenerating existing infrastructure, buildings can become multi-use, can link multiple services in one location, and support the Health Boards needs for service provision.
- Creating more developments can impact existing services such as more people attempting to access GPs, and less GP appointments then being available for existing residents. Sometimes this is a perception of the existing community in relation to impact, but it can be a reality that healthcare may be stretched in some areas. Cardiff and Vale University Health Board should be consulted at pre-application stage of major development to consider the potential impact on healthcare services, and plan to ensure appropriate service provision is available through appropriate provision of infrastructure where it is required.
- Need to consider how to guide developers to develop existing buildings in line with community needs.

5.7 Macro-economic, environmental and sustainability factors

Whilst this determinant was not discussed in detail, it was briefly touched upon in many of the policies.

Comments of potential impacts

- The plan developments should not negatively impact the local population in terms of the cost-of-living crisis.
- Green infrastructure – e.g. tree planting can aid with the extreme weather events resulting from climate change.
- Regeneration of existing infrastructure within the county can help to make the area more attractive to prospective residents and developers.

6. Conclusion

It was felt that the detailed policies in the Deposit Plan which were reviewed have the potential to positively impact health. Participants felt that there were some elements of the policies that could be strengthened in terms of more clarification, however the Planning team from Vale of Glamorgan council explained that detail for the policies can be included within the Supplementary Planning Guidance.

Those attending felt that the workshop had provided a good opportunity to consider the needs of the local population in more detail and highlighted specific issues related to the wider determinants which could well be influenced through Planning Policies for the coming years.

Evaluation of the workshop provided an insight into the how well the workshop went. Overall, the participants provided excellent scores, with many outlining that they wanted further discussion on the topic and would welcome the opportunity to participate or collaborate on future participatory workshops.

Participant feedback:

'It was good to share views – which will be part of the LDP policies'

'Very useful in being involved and understanding the process'

'(good to be able to consider) the width and range of potential impacts of proposed policies'

Appendix 1: Attendees

Name	Organisation
Adam Sargent	Parks
Andrew Wallace	Senior Planner, Planning Policy, Vale of Glamorgan Council
Anne-Marie Little	Vale 50+ Forum Chair
Carol Price	Housing Strategy
Catrin Lyddon	Public Health Wales
Cheryl Williams	Public Health Wales, Principal Public Health Practitioner
Chloe Horner	Planner, Planning Policy, Vale of Glamorgan Council
Emma Davies-McIntosh	Public Health, Team Lead for Planning
Emma Rowlands	Wales and West Housing Association
Freddie Eul-Barker	Student Planner, Planning Policy, Vale of Glamorgan Council
Heather Wright	Wales and West Housing Association
Helen Moses	Central Policy
Ian Robinson	Head of Sustainable Development, Vale of Glamorgan Council
Ieuan Williams	Senior Planner, Planning Policy, Vale of Glamorgan Council
James Holmes	Student Planner, Planning Policy, Vale of Glamorgan Council
Joanne Brennan-Lloyd	Wales and West Housing Association
Julie Odgers	South Wales Police Designing Out Crime Officer
Karen Davies	Healthy Living
Kate Roberts	Primary Care, Vale Locality Lead Nurse
Lani Tucker	Glamorgan Voluntary Service, Health & Social Care Lead
Louise Denham	Food Vale
Martin O'Keefe	South Wales Fire and Rescue Service
Mererid Velios	Placemaking
Rebecca Lewis	Public Health, Cardiff and Vale UHB
Rob Wilkinson	Strategic Planning, Cardiff & Vale University Health Board
Susannah McWilliam	Project Zero
Victoria Hayman-Teear	Primary Care, Senior Nurse
Victoria Morgan	Principal Planner, Planning Policy, Vale of Glamorgan Council

Appendix 2: Agenda

Rapid Participatory HIA Workshop

The Deposit Plan for Vale of Glamorgan RLDP

10 September 2025, 09.30am- 1.00pm

Agenda

Time	Activity	Speaker
09.15	Registration (tea/ coffee available)	
09:30	**Welcome and Introduction to the Workshop**	**Cheryl Williams**, WHIASU
09:40	**Presentation**: Overview of the Deposit Plan and summary of Preferred Strategy HIA	**Victoria Morgan,** Vale of Glamorgan Council
09:55	**Presentation:** Key health indicators and population demographics for Vale of Glamorgan	**Emma Davies-McIntosh,** Cardiff and Vale University Health Board
10:05	**Presentation**: Overview of HIA process	**Catrin Lyddon,** WHIASU
10.15	**Workshop activity**: consideration of potential health impacts of the RLDP policies on the population of the Vale of Glamorgan	**Facilitated groups**
11:00	BREAK	
11:15	**Workshop activity continued**	**Facilitated groups**
12:30	**Summary of recommendations**	**All**
12:55	**Final comments and concluding remarks**	**Cheryl Williams/ Victoria Morgan**
13:00	**Close**	

Appendix 3:

Key health issues and lifestyle behaviours in the Vale of Glamorgan and links to planning and design

The table below highlights key health issues which can be directly influenced by planning and design: obesity and mental health. It also highlights local data around some key lifestyle behaviours which link to these health issues: physical activity levels and dietary habits. The overweight and obesity levels (BMI of 25+) amongst adults are the fourth highest in Wales at 70% of all adults (Wales average is 62%), and almost a quarter of children aged 4 to 5 are overweight or obese. Overweight and obesity have wide-ranging health implications, including being a main risk factor for type 2 diabetes.

Although supporting the population to be a healthy weight requires system-wide intervention and is of course wider than just considering access to food and movement opportunities, planning and design can play a major role in creating environments which enable people to be physically active, access nutritious food, and have positive mental well-being.

The physical environment has a major impact on mental health and well-being, for example noise and light pollution, housing quality, green spaces, access to services and facilities and being able to socialise within the community. Planning plays a key role in creating environments which benefit mental health. The growing number of older people in the population will lead to higher levels of dementia, but sensitive planning and design can support people to live in the community when they have dementia.

The table includes evidence-based recommendations for planning and design principles which can help to address the health issues identified, and highlights how land use planning can create the spaces to enable people to thrive.

Key health issue	Data (local and/or national)	Land use planning contribution to addressing key health issues	Recommendations for planning and design principles
Obesity (and diabetes) The causes of obesity are multi-factorial, including obesogenic environments and lifestyle choices. Obesogenic environments limit the availability of healthy sustainable food at locally affordable prices, limit access to facilities, services and shops by means of	57% of adults in the Vale were living with overweight or obese (BMI 25+) in 2022/23 (Wales 62%) 21% of adults in the Vale were living with obesity (BMI 30+) in 2022/23 (Wales 25%)[1] 22% of children age 4 to 5 were living	Increase opportunities for physical activity in day-to-day life Create spaces which are attractive, social and safe for people to do physical activity, and increase socialisation	Enhance neighbourhood walkability Build complete and compact neighbourhoods, enabling active travel to be an easy option and services / activities in easy reach Enable access to, and engagement with, the natural environment

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[1] Welsh Government, Stats Wales: Population health

physical activity and public transport. Obesity is linked to many health conditions, including heart disease, cancers, and type 2 diabetes. Living with overweight or obesity is the main risk factor for type 2 diabetes, with adults living with obesity five times more likely to be diagnosed with diabetes than adults of a healthy weight. *Half of all type 2 diabetes cases are preventable through lifestyle changes*	with overweight or obese in the Vale in 2022/23 (Wales 24.8%)[2]. 10.6% are obese (Wales 11.4%) Obesity is estimated to cost the NHS in Wales £465M per annum by 2050 There was an increase of almost 60,000 adults with diabetes in Wales (40%) over a 12-year period up to 2021/22, mostly of Type 2 Predicted to be a 22% rise in diabetes by 2035/36 if current trends continue	Support the creation of healthy food environments	Provide accessible, appropriately located, safe active travel routes[3] Include easy links to public transport in new development Enable and encourage active play for children, informal and formal spaces Enhance community food infrastructure – community food growing opportunities and management of food retail opportunities[4]
Mental health (and dementia) Noise, pollution, housing quality, quality of green space, and access to services all impact mental health Evidence indicates that many people with a mental health condition live or have lived in poor housing and people living in material deprivation	11% of adults in the Vale reported a mental health condition in 2022/23 (Wales 11%)[5] 82% of working age adults in the Vale rated their satisfaction with their life as 7 out of 10 or higher in 2022/23. (Wales 79.2%)[6]	Increase opportunities for physical activity and social interaction Providing good quality, safe, secure, affordable and appropriate housing Good quality housing and	Build complete and compact neighbourhoods, with easy access to services and opportunities for socialisation Enable access to, and engagement with, the natural environment Reduce exposure to environmental hazards Consider mobility for all in design and planning

[2] Public Health Wales, Childhood Measurement Programme
[3] Public Health England, 2018. *Cycling and walking for individual and population health benefits*.
[4] Public Health Wales NHS Trust, 2021. *Planning and Enabling Healthy Environments Incorporating a template for planning policy*.
[5] Welsh Government, Stats Wales. Adult general health and illness by local authority and health board, 2020-21 onwards
[6] Public Health Wales, Public Health Outcomes Framework. Public Health Outcomes Framework (2022) - Public Health Wales

have worse mental wellbeing. **Dementia** Rates of dementia are rising in line with an ageing population. The environment and housing quality have substantial impacts on the quality of life of people with dementia	Estimated cost to society of mental ill health is £7.2 billion per year There are around 850,000 people in the UK living with dementia and expected to increase to 1.6 million by 2040	well-planned local environments can have a substantial impact on the quality of life for someone living with dementia, helping them to live well in their community for longer	Design 'dementia-friendly' public realm (accessible, comfortable, safe, well signposted and distinctive)[7]

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[7] RTPI | Dementia and Town Planning

Appendix 4: WHIASU Population groups and wider determinants checklist

Population Groups Checklist

This checklist is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal.

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time/publication.

Sex/Gender related groups
- Female
- Male
- Transgender
- Other (please specify)

Age related groups
(could specify age range for special consideration)
- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

Groups at higher risk of discrimination or other social disadvantage
- Black and minority ethnic groups (please specify)
- Carers
- Ex-offenders
- Gypsies and Travellers
- Homeless
- Language/culture (please specify)
- Lesbian, gay and bisexual people
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups
- Religious groups (please specify)
- Lone parent families
- Veterans

Income related groups
- Economically inactive
- People on low income
- People who are unable to work due to ill health
- Unemployed/workless

Geographical groups and/or settings
(note – can be a combination of factors)
- People in key settings: workplaces/schools/hospitals/care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in rural, isolated or over-populated areas
- People unable to access services and facilities

Health and Wellbeing Determinants Checklist

PHYSICAL, MENTAL, SOCIAL, ENVIRONMENTAL HEALTH AND WELLBEING

1. Behaviours affecting health

- Diet / Nutrition / Breastfeeding
- Physical activity
- Risk-taking activity i.e. addictive behaviour, gambling
- Social media use
- Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes)
- Sexual activity
- Use of substances, non-prescribed medication, and abuse of prescription medication

2. Social and community influences on health

- Adverse childhood experiences i.e. physical, emotional or sexual abuse.
- Community cohesion, identity, local pride
- Community resilience
- Divisions in community
- Family relationships, organisation and roles
- Domestic violence
- Language
- Cultural and spiritual ethos
- Neighbourliness
- Other social exclusion i.e. homelessness, incarceration
- Parenting and infant attachment (strong early bond between infant and primary caregiver)
- Peer pressure
- Racism
- Sense of belonging
- Social isolation/loneliness
- Social capital, support and networks
- Third Sector and Volunteering
- Citizen power and influence

3. Mental Health and Wellbeing

Could there be potential impacts on:

- Emotional wellbeing, life satisfaction or resilience?
- A sense of control?
- Feeling worthwhile, valued or having a sense of purpose?
- Uncertainty or anxiety?
- Feeling safe and secure?
- Participation in community and economic life?

4. Living and environmental conditions affecting health

- Air Quality
- Attractiveness of area
- Community safety
- Access, availability and quality of green and blue natural spaces
- Housing quality and tenure
- Indoor environment
- Health and safety
- Light pollution
- Noise
- Quality and safety of play areas (formal and informal)
- Road safety
- Odours
- Urban/Rural built and natural environment and neighbourhood design
- Waste disposal, recycling
- Water quality i.e. sea water

5. Economic conditions affecting health

- Unemployment
- Poverty including food and fuel poverty
- Income
- Personal and household debt
- Type of employment i.e. permanent/temporary, full /part time
- Economic inactivity
- Working conditions i.e., bullying, health and safety, environment

6. Access and quality of services

- Careers advice
- Education and training
- Information technology, internet access, digital services
- Leisure services
- Medical and health services
- Welfare and legal advice
- Other caring services i.e. social care; Third Sector, youth services, child care
- Public amenities i.e. village halls, libraries, community hub
- Shops and commercial services
- Transport including parking, public transport, active travel

7. Macro-economic, environmental and sustainability factors

- Biodiversity
- Climate change i.e. flooding, heatwave
- Cost of living i.e. food, rent, transport and house prices
- Economic development including trade and trade agreements
- Gross Domestic Product
- Regeneration
- Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)

GIG CYMRU / NHS WALES — Iechyd Cyhoeddus Cymru / Public Health Wales

UGAEIC
Uned Gymorth Asesu
Effaith ar Iechyd Cymru
WHIASU
Wales Health Impact
Assessment Support Unit

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