



Swansea Local Development Plan

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Health Impact Assessment Scoping Report

September 2012

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This Scoping Report has been produced using Health Challenge Wales' criteria as set out in Improving Health and Reducing Inequalities: A practical guide to health impact assessment (2004). This report sets out the main practical factors in conducting a Health Impact Assessment (HIA) of the Local Development Plan (LDP).



Who to Contact for Further Information?

Further information on the HIA of the LDP process is available to view on the Council's website: <http://www.swansea.gov.uk/ldphia>.

The Council's Planning Policy Team are available during normal office hours to discuss any aspect of the HIA of the LDP.

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1.0 Introduction

The Welsh Government (WG) has committed to improving the health of the nation and this has partly been facilitated by revising and updating the planning system (*Better Health, Better Wales, 1998*). In particular, it advocates the use of Health Impact Assessment (HIA) in Planning with particular reference to the preparation of Local Development Plans (DMIPPS 02/06). In Wales, HIA's have been completed at all levels of plans, proposals and projects and aim to broadly look at the wider social determinants of health, such as lifestyle, community, economic and environmental factors. A HIA will assess any potential positive and/or detrimental impacts that a plan may have in these areas and can inform the author. Subsequently, mitigation or reconsideration of options can take place, leading to minimisation of adverse health impacts or maximisation of health benefits. In order to ensure that the Local Development Plan (LDP) works towards improving the health and wellbeing of Swansea a HIA of the Plan will be completed, alongside other assessments that include the Strategic Environmental Assessment (SEA) and Sustainability Appraisal (SA).

Swansea has been granted Healthy City status, and as such the City & County of Swansea Council (CCSC) is working together with various key stakeholders, such as the NHS, Public Health Wales and Community groups, to promote and improve the health and wellbeing of the local population. Healthy City status means that organisations within the City have a higher consciousness of health and are striving to improve this and address any health inequalities that may exist. Planning has been identified as a key driver for aiding and improving health and well being across Swansea.

2.0 When should the Health Impact Assessment be completed?

The HIA will be completed alongside the production of the LDP. The findings will feed into:

- The Preferred Strategy - which provides the context for the policies and proposals that, will form part of the Deposit Plan
- The Assessment Methodology of the Candidate Sites
- The Deposit Draft Plan – the detailed policies of which will set out the proposed site specific allocations
- The Final Draft post Deposit consultation

3.0 What are the timescales for undertaking the Assessment?

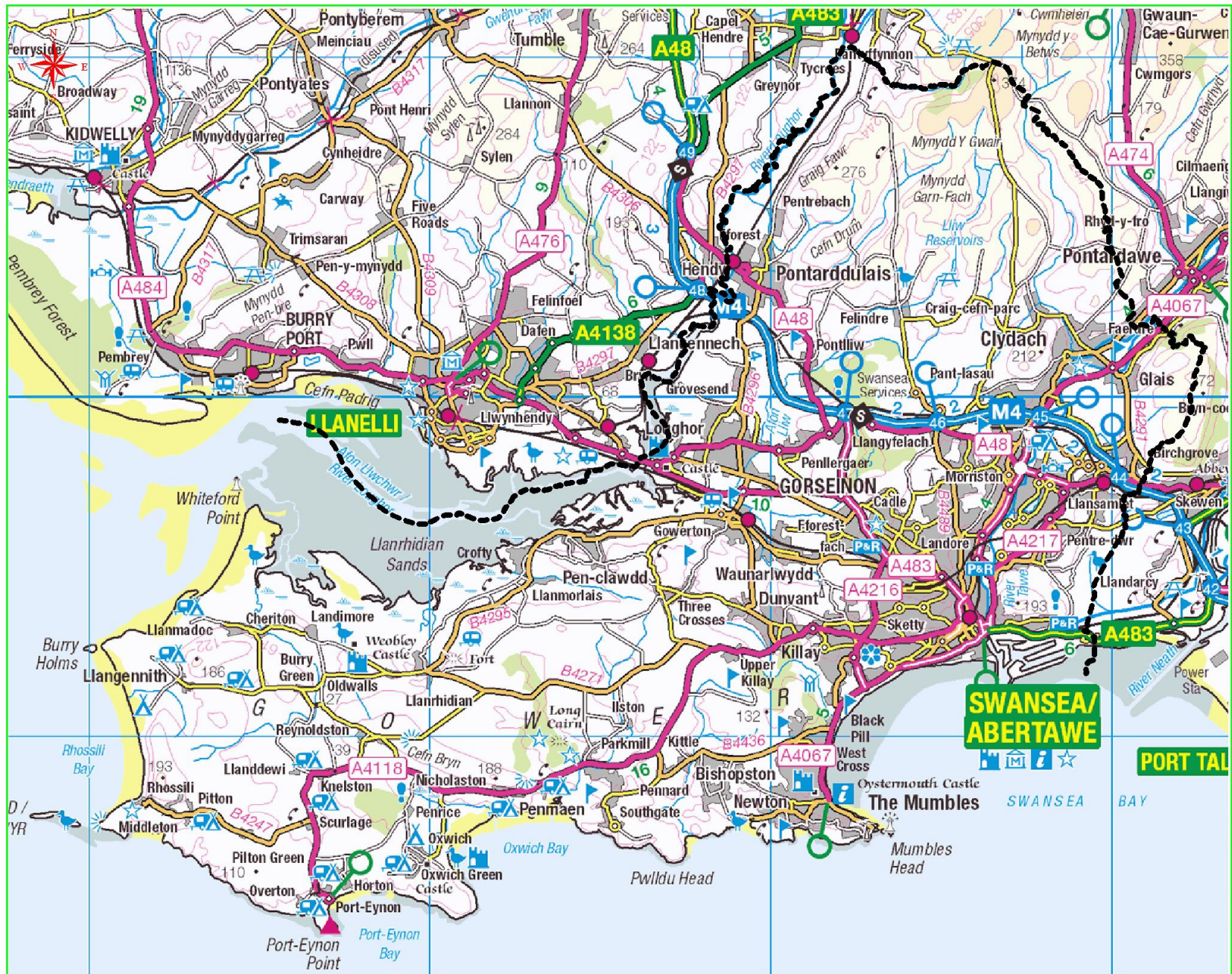
The HIA as explained in the methodology (available to download via: <http://www.swansea.gov.uk/ldphia>) has been split into two component parts. Firstly the overall HIA will integrate with and take place alongside the LDP plan, therefore taking the full plan preparation period to complete. The second, spatial element will take place during the Candidate Sites Assessment phase, which will run from 2012 to 2013.

4.0 Geographical boundaries of project?

The LDP will apply to the City and County of Swansea, and its extent is shown on the following map. The City is the second largest in Wales and the regional capital for South West Wales. The County, which is 378 sq. km in area, can be broadly divided into four distinct physical areas.

- to the north lie the open moorlands of the Lliw Uplands;
- to the south west the Gower Peninsula (including Britain's first Area of Outstanding Natural Beauty);
- across the centre of the County extends a series of scattered urban settlements broadly situated along the main road corridors that radiate out from Swansea; and
- at the centre of the coastal belt, the City of Swansea and its Waterfront encompassing Swansea Bay and the River Tawe corridor.

The following map highlights the geographic boundaries of the project.



CITY AND COUNTY OF SWANSEA

CITY AND COUNTY OF SWANSEA

KEY

--- CCS BOUNDARY

THIS MAP PRODUCED BY:-
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PLANNING POLICY TEAM
REGENERATION & HOUSING DEPARTMENT

G:\ST\Education\ken\new\primary
school catchments 2009
comp schools & wards

Prepared By: Keith Miller Date: 20.12.2011
Checked By: Rachel Davies Date: 20.12.2011

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SCALE:- 1:55000

Produced for:-
Phil Holmes
Head of
Economic Regeneration
& Planning Services

5.0 What impacts/determinants should the Assessment focus on?

The Assessment will focus on information detailed within in the SA/SEA Scoping Report's health and wellbeing section (see Appendix 2). The Full SA/SEA Scoping Report is available to download via: <http://www.swansea.gov.uk/ldpsasea>), together with the LDP Ward Profiles (see Appendix 3). These documents were produced in July 2012 and will be updated at key stages during the LDP process. They are available to download via: <http://www.swansea.gov.uk/ldpwardprofiles>).

6.0 What financial and human resources are available?

The HIA will potentially demand some resource and time commitments from a range of officers; however this has been taken into account in work programmes and can be delivered within existing committed budgets.

7.0 What kind of assessment is necessary and/or possible in the time available?

An in-depth primary assessment will inform stakeholder meetings and consultation during the plan preparation period. A rapid assessment will be undertaken for the Candidate Site HIA assessment, which will mainly consist of desk-based planning officer assessments supported by the Key Stakeholders in the form of the provision of statistics and guidance. Workshops for the Steering Group will also be arranged at key stages of the LDP preparation process. Similarly, health elements will also be incorporated into public consultation events, complemented by the involvement of the Key and Community Stakeholders in the LDP process.

8.0 Should a Steering Group be set up and who should be involved?

A Steering Group has already been set up, after the initial training seminar was held in September 2010. The membership of the Group includes key Council Officers, a member from Wales Health Impact Support Unit (WHIASU), Public Health Wales, Abertawe Bro Morgannwg University (ABMU) and NHS officers (refer to section 12.1 for full details). The Steering Group will engage Key Stakeholders and Community Stakeholders once necessary preparation work has been undertaken.

9.0 Roles and responsibilities?

The roles and responsibilities are as detailed in the Terms of Reference (set out in Appendix 1).

10.0 Leadership of the HIA process?

The HIA process will be led by the Planning Policy Team (CCSC).

11.0 How should decision-makers be involved?

Throughout the LDP process the outcomes are fed back to decision makers, in this case elected Councillors of the CCSC for endorsement and approval. The HIA Methodology was approved by Planning Committee on 10th November, 2011. The agenda and minutes for that meeting can be found via: <http://www.swansea.gov.uk/index.cfm?articleid=46562>

12.0 Who are the Stakeholders and how should they be involved?

Key Stakeholders (which include members of the steering group) will be contacted and engaged in order to employ their expertise during the drafting of documents and implementation of the HIA. Following this wider consultees will be engaged in order to inform the final document.

12.1 Steering Group:

Paul Meller CCSC Planning Policy
Emyr Jones CCSC Planning Policy
Rachel Davies CCSC Planning Policy
Euros Owen CCSC Access to Services
Chloe Chadderton WHIASU Research Associate, CISHE, School of Social Sciences, Cardiff University
Liz Green WHIASU Principal Health Impact Assessment Development Officer, Public Health Wales, Wrexham
Julia Lester HIA Development Officer, WHIASU
Christian Heathcote-Elliott Senior Public Health Practitioner, Public Health Wales
Dr Nina Williams Consultant in Public Health Medicine/Local Public Health Director Swansea and Bridgend
Sharon Miller ABMUHB Deputy Director of Planning
Tony Kluge ABMU LHB Health Social Care and Well Being Development Manager

12.2 Additional Key Stakeholders:

Caroline Carter CCSC Community Regeneration Coordinator
Helen Clancy CCSC Community Regeneration Projects
Matt Clifton CCSC Strategic Manager for Parks, Development and Outreach
Jayne Copues CCSC QEd Programme and Capital Strategy Manager
Kim Flanders CCSC Planning and Environment Manager
Karen Grunhut CCSC Anti-Poverty Policy Co-ordinator
Huw Morgan CCSC Pollution Control Officer
Tanya Nash CCSC Sustainable Development Team Leader
Kate Sinclair CCSC Housing Enabling Officer
Eleanor Norton CCSC Principal Community Regeneration Officer

12.3 Community Stakeholders:

Community Groups and Key Stakeholders that appear on the LDP consultation database (of over 7,400 as of September 2012) will be informed and involved in any consultations.

13.0 Should the Assessment be an in-house exercise or should it be commissioned?

The assessment will be conducted by members of the Planning Policy Team, with assistance from Key Stakeholders, including Public Health Wales, NHS officers and the WHIASU and other relevant Council officers.

14.0 What methods to collect evidence could be used?

Evidence and health data has already been collected for the SA/SEA (see appendix 2). This was collated and formulated in consultation with the HIA Stakeholder Group and wider consultees. Ward Profiles have also been developed for the LDP process. They include general statistics and maps which highlight environmental, social and economic factors as well as a section on Health.

Appendix 1: HIA Terms of Reference

Health Impact Assessment Steering Group Terms of Reference

Aim

The aim of the Steering Group is to assist the City & County of Swansea's Planning Policy Team to undertake and complete a successful Health Impact Assessment (HIA) of the Local Development Plan (LDP) and to contribute to the HIA's production.

Objectives

The objectives of the Group are to provide:

- Advice and guidance on the direction, development and implementation of the health impact assessment.
- Support and advice to the Planning Policy Team on ensuring health improvement is enshrined into the LDP.

Membership

The Group includes representatives from the following in its membership:

- Abertawe and Bro Morgannwg Health Trust
- Public Health Wales
- Wales Health Impact Assessment Support Unit
- City and County of Swansea Council

The chair of the Group will be a representative of the Planning Policy Team.

Frequency of Meetings

LDP preparation is a 5 year process. The HIA will take place during the lifespan of the Plan's preparation and production. Monitoring will take place as part of the LDP's Annual Monitoring Report.

- A meeting will be held prior to HIA *Stage 5: Involving Stakeholders* in order to ensure appropriate stakeholders are consulted in an adequate fashion.
- Group members will be asked to attend a stakeholder event for their input in HIA *Stage 6: Identifying and Assessing Impacts*.
- Group members will be provided with report's detailing the output of the consultation to devise recommendations before a final meeting will be called at HIA *Stage 7: Decision Making and Recommendations*. These recommendations will be prepared prior to the production of the Deposit LDP.
- Group members will also be involved in the Monitoring of Impacts, which will occur annually alongside general LDP monitoring responsibilities.

Format of Meetings

The agenda and all supporting papers will be circulated to members at least two working days before the date of the meeting.

Date of Review for Terms of Reference

As required.

Appendix 2: Section 11 of the SA/SEA Scoping Report: Human Health.

11.0 Human Health

Key Plans, Programmes and Policies

- Environmental Noise Directive (END), 2002/49/EC
Requires Member States to produce strategic noise maps for road, rail, air, traffic and for agglomerations and action plans to manage noise issues. The aim is to define a common approach across the European Union with the intention of avoiding, preventing or reducing, on a prioritised basis, the harmful effects, including annoyance, on human health due to exposure to environmental noise.
- The Environmental Noise (Wales) Regulations 2006 Environmental Noise Action Planning (Wales) Swansea/Neath Port Talbot (WAG)¹
This Action Plan addresses noise from roads, railways and industry within the agglomeration (large urban area) of Swansea/Neath Port Talbot. It is one of four Action Plans required by EC Directive 2002/49/EC. The objective of the Action Plan is to prevent and reduce environmental noise where necessary and particularly where exposure levels can induce harmful effects on human health and to preserve environmental noise quality where it is good. It is concerned with the first round of the action planning in relation to roads, rail, industry and Quiet Areas inside the Swansea/Neath Port Talbot agglomeration including those roads or rail impacting receptors within the agglomeration.
- One Wales – A Progressive Agenda for the Government of Wales 2007 (WAG)²
A four-year programme setting out WAGs agenda for improving the quality of life of the people of Wales, with special focus on the most vulnerable and disadvantaged. There are three underlying principles of social justice, sustainability and inclusion.
- Environment Strategy for Wales, 2006 (WAG)
- Wales Spatial Plan 2008 Update (WAG)
Aims to create a strong and well run network of streamlined and integrated care services. Sound and accessible health services also help to sustain communities.
- Sport and Physical Strategy: Climbing Higher (WAG)
- The Walking and Cycling Action Plan for Wales 2009-13 (WAG)
- TAN16: Sport, Recreation and Open Space (WAG)³
This aims to further integrate the links between health and well-being, sport and recreational activity and sustainable development in Wales through the development of land use planning guidance in accordance with policies set out in PPW.
- Swansea's Healthy Weight Strategy Standards, 2010 (CCS)⁴
- Swansea Unitary Development Plan, 2008 (CCS)⁵
Goal: Ensure the full range of housing and facility needs of the community can be accommodated.
- Swansea Children and Young People's Plan 2008-2011 (CCS)
The Plan covers all services that support children and young people in Swansea from the antenatal stage to age 19 years, together with care leavers up to age 21

¹ <http://wales.gov.uk/docs/desh/policy/090114noiseswanseaplan1en.pdf>

² <http://wales.gov.uk/strategy/strategies/onewales/onewalese.pdf?lang=en>

³ <http://wales.gov.uk/docs/desh/policy/090206tan16en.pdf>

⁴ http://www.swansea.gov.uk/hcswip/media/pdf/s/7/HWS_Standards.pdf

⁵ <http://www.swansea.gov.uk/index.cfm?articleid=25530>

(or above if continuing education or training), and those receiving youth support services up to age 25. The Plan responds to a requirement of the Children Act 2004. The Plan develops linkages with other major relevant local and national policy & strategy. Ensuring that safe, accessible and relevant services are available to young people is crucial to the future of Swansea. There are seven priority areas and the most relevant areas are:

P2: Health and well being, and reducing health risk behaviours

P3: Improving opportunities for those living in poverty

P5: Integrated service delivery and service accessibility

- Health Challenge Swansea, The Health, Social Care and Well-being Strategy, 2008-2011 (CCS)⁶
- Swansea's Health, Social Care and Well-being Needs Assessment, Summary, 2007 (CCS)⁷
- 'Making a Difference' Corporate Improvement Plan 2010-2011, Summary (CCS)⁸.
 - Objective 1: *'Improve services for children and young people, maximise well-being, raise standards of attainment and achievement and ensure they are safe so that the City and County provides excellent education opportunities'*.
 - Priority: *'Reduce the impact of poverty on children and young people in conjunction with others'*
 - Objective 2: *'Improve and protect our environment and make communities feel safer so that the City and County is a great place to live'*.
 - Objective 3: *'Improve Health and Social Care services for all so that the City and County supports and promotes good health'*
 - Priority: *'Promote and encourage healthier lifestyles'*.

11.1 General Health

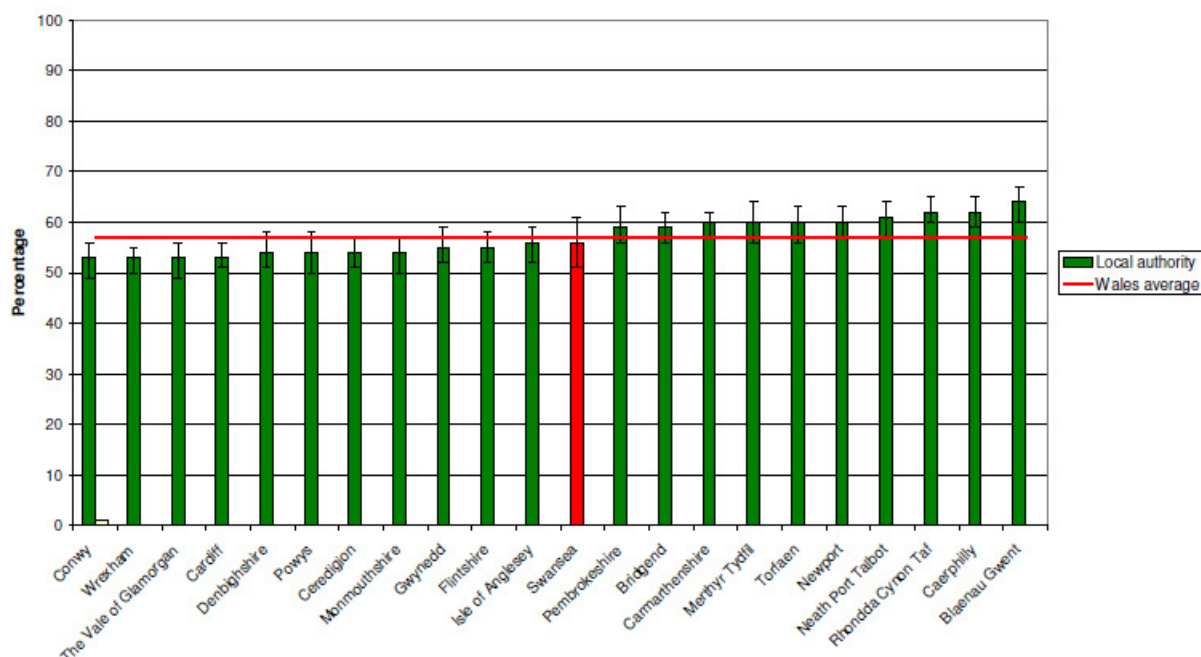
11.1.1 Swansea's Health, Social Care and Well-Being Needs Assessment 2010 states that the population of Swansea is ageing. The population aged 75 and over has increased by almost 200 (+0.9%) since mid-2004. Over the longer term (1995-2005), the population aged 75+ has increased by 2,000 (+11.2%). From 2006–2011 the population of over 50's will increase by 4.6%, those over 65 will increase by approximately 2110 individuals and those over 85 will increase by 5.6%, i.e. approx 300 people. Swansea has a higher proportion of people of retirement age than Wales as a whole, with associated growing demands for health services and social care support. The major causes of death in Swansea are Coronary Heart Disease, Cancers and Respiratory Disease. Swansea is the 3rd highest (Local Health Board) LHB for the percentage of people reporting they are being treated for a respiratory illness and 2nd highest for those reporting asthma. Over 7,000 people in Swansea are known to be diabetic. The current statistics for the number of people who smoke in Swansea have decreased from the last Welsh Health Survey (26%) and are now in line with the Welsh average (24%). Although smoking prevalence has decreased, Swansea's ranking in Wales has remained the same 12th highest out of the 22 local authorities in Wales. Within Swansea, 56% of the population is classified as overweight or obese, which is four percentage points higher than the last survey in Needs Assessment Survey in 2007 and very slightly below the Welsh average of 57% .

⁶ http://www.healthchallengeswansea.org.uk/media/pdf/m/i/HSC_WB_English.pdf

⁷ http://www.swansea.gov.uk/hcswip/media/pdf/b/c/Microsoft_20Word_20-20Needs_20Assessment_20Summary.pdf

⁸ http://www.swansea.gov.uk/media/pdfwithtranslation/s/3/corporate_improvement_plan_summary_2009.pdf

Figure 21 Age standardised proportion of population who are overweight or obese, aged 16+, local authorities in Wales, Welsh Health Survey 2007/08



Source: Swansea Health Social Care and WellBeing Needs Assessment 2010

11.1.2 The Welsh Health Survey estimates that in Swansea around 1 in 3 adults (35%) consume the recommended five or more fruit and vegetable portions per day, which is the same as the Welsh average (Swansea Health Social Care and Wellbeing Needs Assessment 2010) . and in the bottom five of LHBs in Wales (2005).

11.1.3 Swansea is rated the 3rd highest LHB area in Wales for alcohol-related hospital admissions, significantly higher than the Welsh average; and is rated 6th highest LHB in Wales for drug-related hospital admissions.

11.1.4 According to the ONS (2005), mortality is highest in more socio-economically deprived parts of Swansea. Suicide rates are almost double in most deprived compared to least deprived areas. The life expectancy for males and females in the County is 73.7 years and 79.1 years respectively, which is below the Welsh average levels at 75.8 and 80.3 years. Swansea is ranked fifth worst among authorities in Wales for child poverty and is one of the top five areas in Wales with a higher percentage of children in lone parent families. A quarter of children and young people aged 0-15 years live in households where income support is claimed which is significantly higher than the Welsh Average. In one third of the authority's Super Output Areas identified in the WIMD, less than 90% of children and young people are in good health (Children and Young People's Plan, 2009).

11.1.5 The health domain of the WIMD relates to limiting long term illness, deaths and cancer incidences. Within Swansea there are 15 areas ranked in the top 10% most deprived in Wales, 6 of which lie within Castle/Penderry, the remainder around Morryston, Llansamlet, Landore, Bonymaen, Mynyddbach and Uplands.

11.1.6 Current statistics show that only 34% of adults in Wales are participating in healthy activity levels (recommendation of 30 minutes x 5 times a week) (Sports Council for Wales, 2006). Swansea is currently ranked 12th out of the 22 Welsh authorities with only 25% of the local population achieving the recommended level of exercise (Figure 1 refers). A higher number of males participate than females (28% and 22% respectively). Physical inactivity is twice as common in socio-economic deprived areas.

11.1.7 With regards to activity levels amongst children, Swansea is ranked 16th out of the 22 Welsh authorities for the percentage of primary school children who undertake the recommended amount of physical activity. 11-16 year olds in Swansea have the lowest rate of 5 x 60 minutes of exercise per week in Wales. Fewer girls participate in activity than boys (29% and 41.9% respectively) and the physical inactivity is twice as common in socio-economic deprived areas.

Figure 1: Percentage of Adult Activity Participation

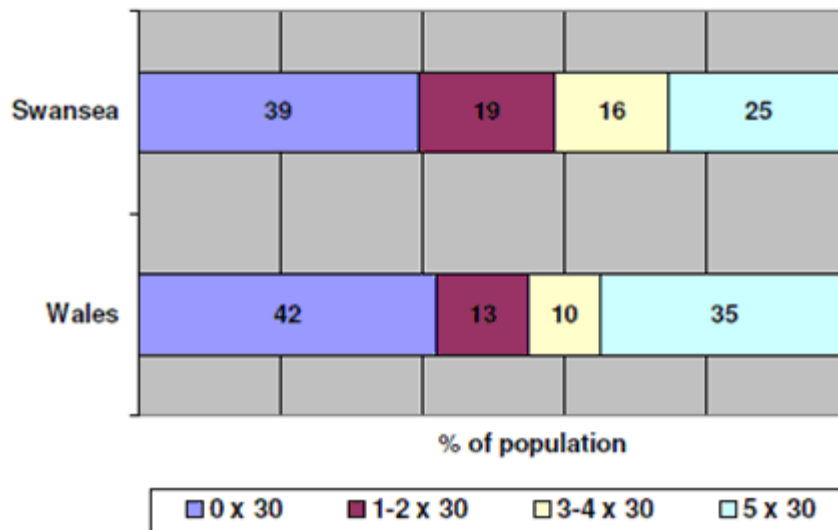
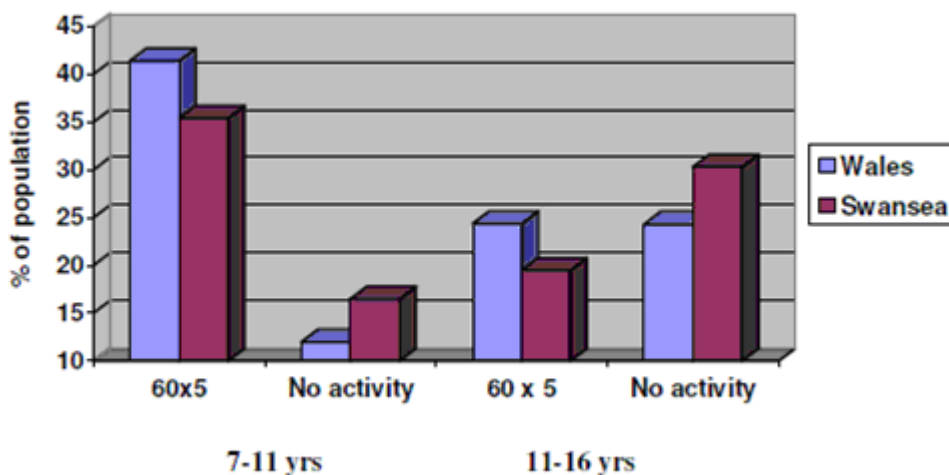


Figure 2: Percentage of Children Achieving Healthy Activity Levels



11.2 People with Support Needs

11.2.1 Some 30.5% of households in Swansea (30,404) contain someone with a support need. This is much higher than the average for a typical 'medium sized' City such

as Swansea, where the average would usually be around 14% of households. Persons with a medical condition form the predominant group, with 17,734 households. The next largest group are those with a physical disability, with 14,787 households having a member in this category.

11.2.3 Households with a support need in Swansea are generally smaller than the average across Wales and are disproportionately made up of older persons only. Special needs households are more likely than households overall to be in unsuitable (17.1%) housing.

11.2.4 Households with a support need in general expressed a 'perceived' requirement for a wide range of adaptations and improvements to their home. Help in maintaining the home and extra handrails were most commonly required. Of all households with a support need, it is estimated that an average of 80% need some improvement/adaptation to their home. This is higher than the Welsh average, which stands at 64%.

11.2.5 Nearly 35% of the households in Swansea contain at least one older person, with 26% of households being solely occupied by older residents. The vast majority of older person households are single person households and this will undoubtedly have implications for future caring patterns (Swansea Local Housing Strategy, 2007-2012).

11.2.6 Information provided by South Wales Police indicates that Swansea experiences a high level of drug use, particularly Heroin. Of those arrested for notifiable offences, 47% tested positive for drugs compared with the national average of 29%.

11.2.7 Drug and alcohol misuse is one of three factors, along with parental mental health and domestic violence, which have been identified as having a significant impact on children and young people living in Swansea. An analysis of all cases currently open to Child and Family Services, where a core assessment had been undertaken in November 2008, highlighted the significance of these issues for children and young people as they are present in over a quarter of all cases (Child and Family Services Strategic Delivery Plan 2010-2011).

11.3 Heath Care Services

11.3.1 ABM University Health Board is one of the largest in Wales, with 17,000 staff covering a population of 600,000 across Swansea; Neath Port Talbot, Bridgend and the Western Vale of Glamorgan.

11.3.2 Primary Care

11.3.2.1 Swansea is served by 36 General Practice Surgeries and 47 dental practices (Swansea's Health, Social Care and Well-being Needs Assessment, 2007).

11.3.3 Secondary & Tertiary Care

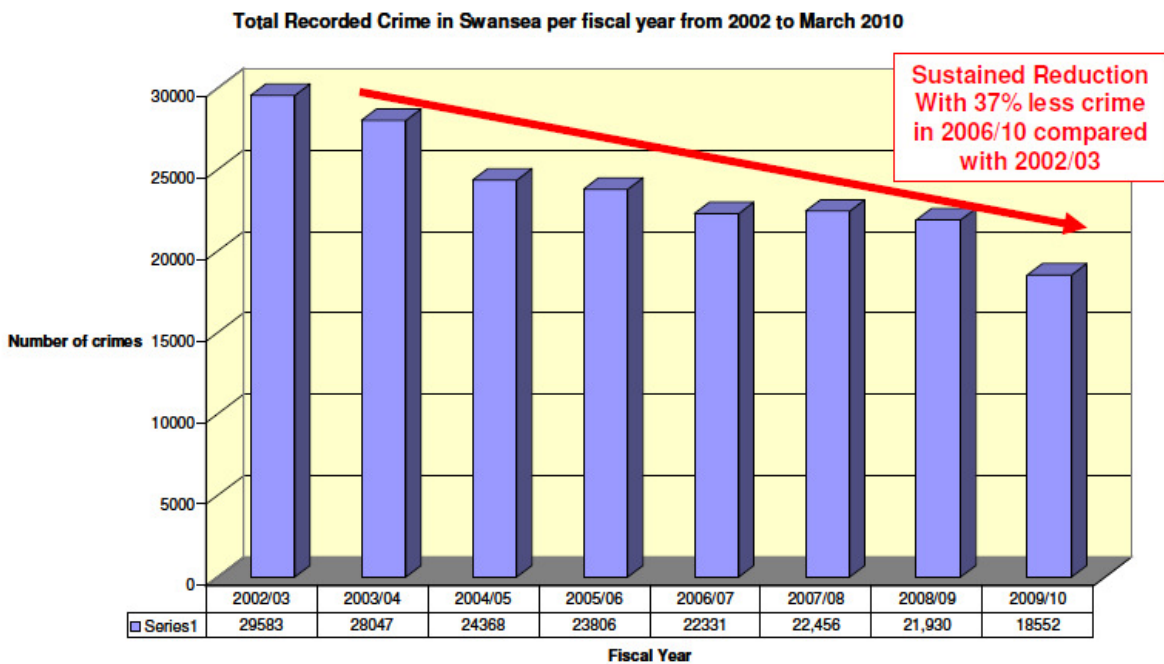
11.3.3.1 There are 16 hospitals/clinics within the ABM Health Board area, of which 9 are situated in Swansea. Morriston and Singleton Hospitals work together to deliver a range of secondary and tertiary services with a number of the services being delivered across both sites. Morriston Hospital is also the site of the major Accident and Emergency Department for Swansea and, is recognised as the Major Trauma Centre for South West Wales. Cefn Coed Hospital provides inpatient services for Adult General Psychiatry, Old Age Psychiatry and Substance Misuse and a base for

community services. There are six local hospitals: - Clydach, Fairwood, Gellinudd, Gorseinon, Hill House and Garngoch. Garngoch Hospital provides specialist services for Old Age Psychiatry. The other five local hospitals mainly support the acute hospitals in caring for patients transferred after an emergency or trauma admission, and providing after-care support / rehabilitation for patients who have undergone specific elective procedures. The local hospitals also provide a base for a range of community-based services (Swansea's Health, Social Care and Well-being Needs Assessment, 2007).

11.4 Crime

11.4.1 Although recorded crime rates have fallen over the last few years, the fear of crime remains greater than the actual risk of being a victim of crime. Figure 24 shows that overall reported crime in Swansea reduced by 37% between 2002-210. However, the public perception is that crime is either the same or is increasing. The highest crime rates are seen amongst the most deprived areas with house burglary being a particular problem within some areas of Swansea (Health Challenge Swansea, The Swansea Health, Social Care and Well-Being Strategy, 2008-2011).

Figure 24



Source: Swansea Health Social Care and Wellbeing Needs Assessment, 2010

11.4.2 Recorded crime fell in Swansea by 24% between 2003 and 2007 (Safer Swansea Partnership, 2008). Volume Crime (which includes vehicle crime, criminal damage, burglary, violence and theft) accounts for 95% of all recorded crime in Swansea. Between 2007/2008 – 2008/2009, recorded burglaries were down 17%; car theft was down 9% and sexual offences were down 17%. The figures for 2005/06 indicated a 40% reduction in youth crime in Swansea since 2001.

11.4.3 The highest crime rates are seen amongst the most deprived areas with house burglary being a particular problem (Health Challenge Swansea, The Swansea Health, Social Care and Well-Being Strategy, 2008-2011).

11.4.3 The Community Strategy aims to ensure that all public spaces in neighbourhoods are well maintained, as the appearance of localities impacts on community confidence, community safety and the prevalence of anti-social behaviour. The City Centre User Survey is carried out every month for the Council and the following table (Table 1) displays the percentage of visitors to the City Centre who felt safe during their visit, depending upon the time of day.

Table 1: Percentage of Visitors Feeling Safe during Visit to the City Centre

	2006	2007	2008	2009	2010
Felt Safe when visiting during the day	96%	96%	98%	93%	95%
Felt safe when visiting at night	56%	57%	78%	69%	70%

(Source: City Centre Survey)

11.4.5 Perceptions of safety at the train station on High Street have seen a marked improvement in recent years (Safer Swansea Website). In 2009 the number of respondents who stated they felt unsafe at this location had halved to 4% compared to 2005 figures. During the day begging was identified as posing the biggest perceived threat to personal safety in the 2009 Survey. The least safe areas in the city were considered to be High Street and the Quadrant Bus Station, which is currently in the process of being redeveloped.

11.5 Noise

11.5.1 The relationship between the exposure to environmental noise and health effects, at noise levels experienced in everyday environments, is a complex one. According to World Health Organisation Guidance, loss of hearing is not expected to occur in normal environmental noise situations, however a number of 'non auditory' health effects may be associated with exposure to environmental noise. Examples of non auditory effects include:

- General distraction
- Annoyance
- Speech interference
- Sleep disturbance
- Cognitive performance of children
- Mental Health
- Cardiovascular effects, hypertension, heart disease etc.

11.5.2 Regulation 7 of the Environmental Noise (Wales) Regulations requires the Welsh Ministers to produce strategic noise maps for the main sources of environmental noise on a five year cycle. The maps are then to be used to assess the number of people potentially exposed to certain noise levels. For the first round implementation the noise sources have been defined as:

- major roads with more than 6 million vehicle passages per year;
- major railways with more than 60,000 train movements per year;
- major airports with more than 50,000 movements per year; and
- agglomerations (large urban areas) with a population of more than 250,000 persons.

11.5.3 The Swansea/Neath Port Talbot Agglomeration Action Plan is concerned with the first round of the action planning in relation to roads, rail, industry and Quiet Areas inside the Swansea/Neath Port Talbot agglomeration, including those roads or rail impacting receptors within the agglomeration. The Maps are shown in Figures 25 to 27 below.

11.6 Candidate Quiet Areas

11.6.1 Candidate Quiet Areas have been identified as part of the first noise action plan. The proposed areas are those with local amenity value. They are to be further assessed to determine whether any of them should be identified as Quiet Areas to allow their current noise environment to be preserved where it is good, or whether any should be identified as a Quiet Area to assist in the reduction of noise to a level that is considered to be more acceptable. The list of candidate Quiet Areas in Swansea are listed in Table 2.

Table 2: Candidate Quiet Areas

Underhill Park	Morrison Park
Oystermouth Castle and surroundings	Coed Gwilym Park
Oystermouth Cemetery	Fendrod Lake
Clyne Gardens	Tawe Riverside
Clyne Country Park	Jersey Park
Clyne Cycle Track, extending to Gowerton.	Crymlyn Bog
Dunvant Park	Swansea Bay Beach
Brynmill Park	Swansea Urban Woodland
Singleton Park	Cwm Du Glen
Cwmdonkin Park	Skewen Park
Victoria Park	Mount Pleasant
Ravenhill Park	Jersey Park
Parc Llewellyn	

Figure 35: Roads for the First Round Agglomeration of Swansea/Neath Port Talbot

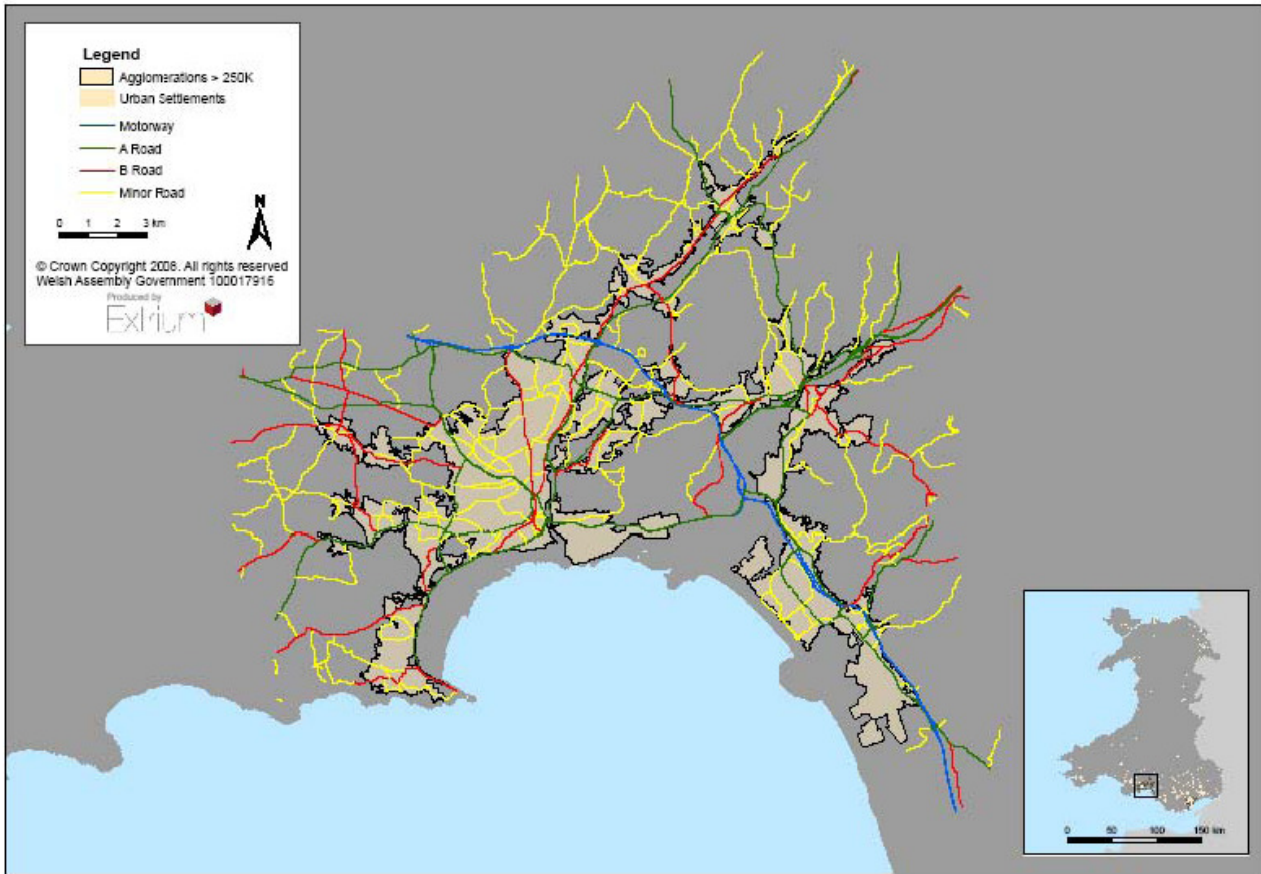


Figure 46: Railways for the First Round Agglomeration of Swansea/Neath Port Talbot

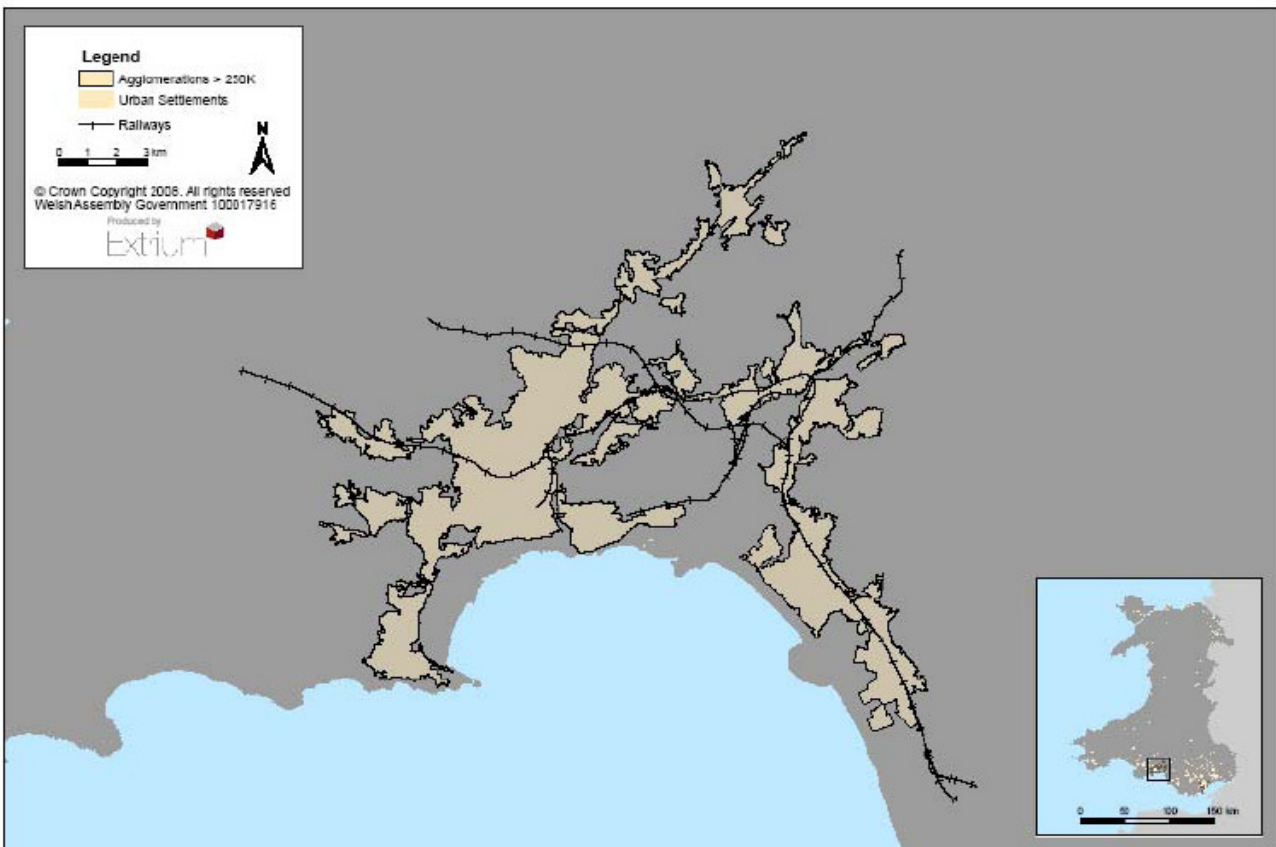
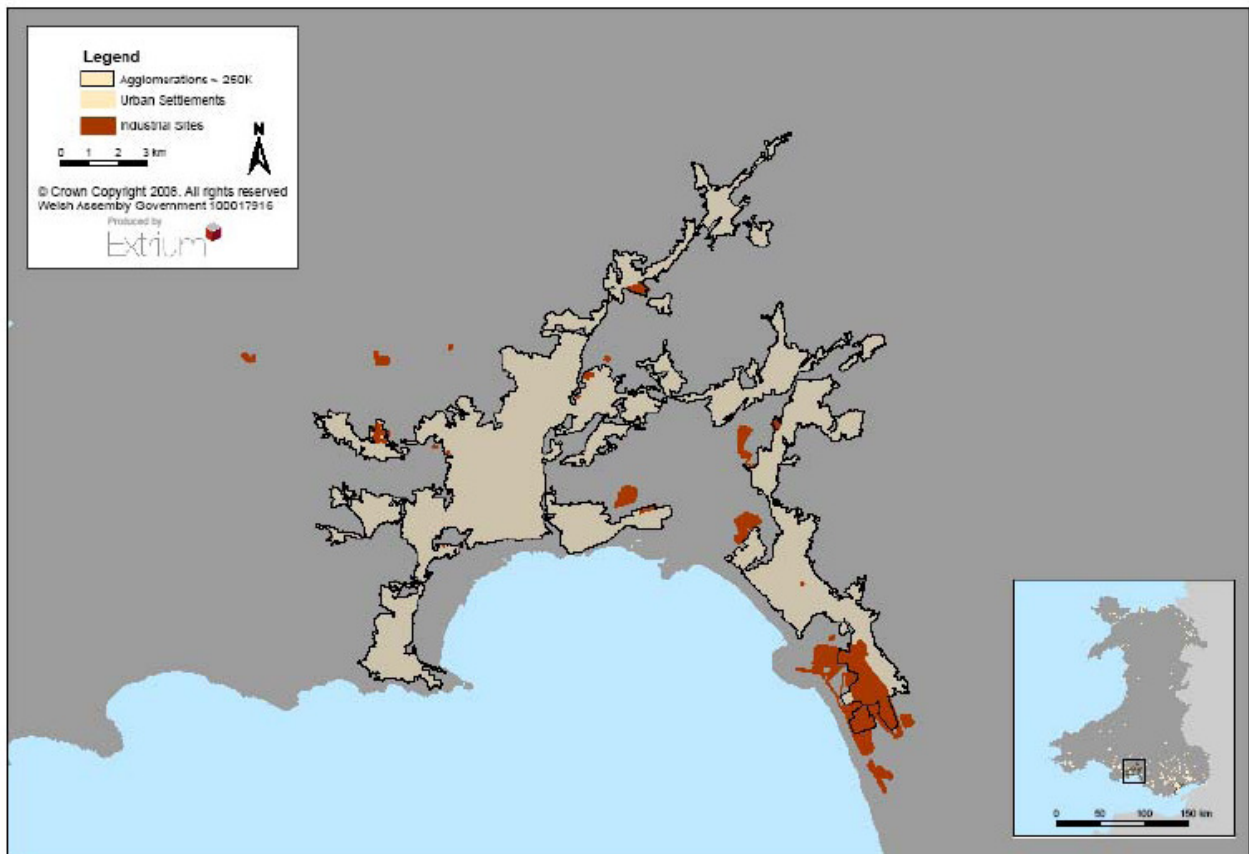


Figure 27: Industrial Sites for the First Round Agglomeration of Swansea/Neath Port Talbot



KEY ISSUES:

- Ageing population
- Higher percentage of retirement age population than the Welsh average
- Much higher than average no. of households with support needs
- High level of improvement /adaption needed to homes to meet support needs
- High level of drug and alcohol related hospital admissions
- High level of respiratory illness/asthma
- Levels of physical activities for both adults and children below Welsh average
- Over half population classified as overweight
- Life expectancy below Welsh average
- Actual level of crime decreasing but perception and fear of crime remaining steady
- Highest crime rate in most deprived areas
- Quiet Areas to be formalised
- Bid for Healthy City status to support caring and supportive environments; healthy living; and healthy urban environments and design

Appendix 3: Ward Profile Health Data

A profile of every Ward within the City and County of Swansea has been produced as part of the evidence base for the LDP.

The Ward profiles are intended to gain an understanding of the issues and priorities for actions affecting communities across Swansea. They provide data and maps in a simple format, with the information presented relating to three key elements:

- The Community
- The Environment
- The Economy

The profiles are a snapshot based on currently available data and their main purpose is to identify issues at a community level that may be addressed through the land use planning system. They are published in draft format only, as they will need to be updated when the 2011 Census findings are published and as further information becomes publically available.

With regards to health data All Cause Mortality 2006-2010 (Public Health Observatory) and Self Reported Health (Census) is used, however the profiles also include socio-economic data sets which can also be used to gauge general health and wellbeing within the Ward. As more datasets become available the profiles will be updated.

Health information extracted from the Ward Profiles

All Cause Mortality – 2006-2010¹

Area	Standardised rate per 100,000 population ²	95% confidence interval ³	
		Lower limit	Upper limit
Townhill	867	785	956
Penderry	835	767	907
Bonymaen	833	753	919
Castle	827	766	891
St. Thomas	746	665	835
Cockett	714	661	769
Penyrheol	703	627	787
Landore	683	601	773
Penllergaer	636	525	763
Llansamlet	629	576	687
Pontardulais	626	553	706
Clydach	626	560	696
Morryston	610	566	656
Killay South	606	487	741
Penclawdd	603	522	693
Lower Loughor	596	479	733

Gorseinon	582	494	681
Mynyddbach	576	522	634
West Cross	576	517	638
Cwmbwrla	570	509	636
Uplands	567	514	623
Gower	555	478	640
Upper Loughor	550	453	660
Gowerton	548	475	630
Sketty	544	503	587
Kingsbridge	537	461	622
Fairwood	519	433	617
Bishopston	499	424	580
Dunvant	466	398	543
Mawr	464	362	585
Newton	456	389	530
Llangyfelach	448	373	534
Oystermouth	415	353	482
Mayals	399	329	479
Pennard	392	327	465
Killay North	348	269	442
Wales	607	603	610

Source: Public Health Wales Observatory

Notes:

1. Caution should be taken with the interpretation of the rates as these are based on electoral divisions and so have been calculated using small numbers.
2. Electoral wards have different population structures therefore the rates shown are European Age-standardised. Age standardisation takes account of different population structures and allows us to directly compare electoral wards with each other and the Welsh average.
3. Confidence intervals allow us to assess how precise our ward estimates are and depend on the number of deaths. The smaller the number of deaths, the wider the confidence interval will be and the less precise our estimate is.

Self Reported Health - Census 2001

	Good Health	Fairly Good Health	Not Good Health
Bishopston	70.0%	20.0%	10.0%
Bonymaen	59.12%	23.64%	17.23%
Castle	56.75%	24.60%	18.65%
Clydach	61.72%	23.63%	14.64%
Cockett	61.20%	23.25%	15.55%
Cwmbwrla	65.49%	21.37%	13.14%
Dunvant	70.38%	20.62%	9.00%
Fairwood	69.36%	19.83%	10.81%
Gorseinon	52.97%	20.30%	14.66%
Gower	71.18%	18.80%	10.02%
Gowerton	72.16%	18.00%	9.84%
Killay North	76.43%	18.02%	5.56%
Killay South	64.52%	24.99%	10.49%

Kingsbridge	67.87%	20.47%	11.67%
Landore	62.78%	23.23%	10.72%
Llangyfelach	74.69%	18.21%	7.09%
Llansamlet	67.55%	20.92%	11.53%
Lower Loughor	63.47%	22.32%	14.21%
Mawr	64.22%	24.44%	11.33%
Mayals	71.21%	19.94%	18.86%
Morrison	66.06%	20.90%	13.04%
Mynyddbach	61.33%	23.14%	15.53%
Newton	71.02%	20.13%	8.86%
Oystermouth	69.5%	20.95%	9.55%
Penclawdd	66.39%	21.65%	11.96%
Penderry	58.53%	23.81%	17.66%
Penllergaer	64.95%	23.21%	11.83%
Pennard	68.58%	21.60%	9.82%
Penyrheol	64.48%	22.58%	12.94%
Pontarddulais	62.48%	23.54%	13.94%
Sketty	65.0%	22.0%	13.0%
St Thomas	60.83%	22.03%	17.13%
Townhill	57.54%	23.69%	18.77%
Uplands	68.99%	0.21%	10.33%
Upper Loughor	65.41%	22.64%	11.95%
West Cross	61.61%	24.17%	14.22%
Swansea	64.5%	22%	13.5%

Source: 2001 Census, ONS



Swansea Local Development Plan

Everyone can have their say!

Health Impact Assessment

Draft Vision and Objectives

Draft Strategic Options

October 2012

engagement

responsive

opinions

inclusive

connecting

consistency

Phil Roberts

Director of Regeneration and Housing

Phil Holmes

Head of Economic Regeneration and Planning

City and County of Swansea
Dinas a Sir Abertawe



About This Document

This document sets out the outcomes from a Health Impact Assessment (HIA) of the City and County of Swansea Local Development Plan (LDP) Vision, Objectives and Strategic Options (VOSO).

It has been prepared by the Planning Policy Team with input from the Wales Health Impact Assessment Support Unit (WHIASU).



Who to Contact for Further Information?

Further information on the HIA of the LDP process is available to view on the Council's website: <http://www.swansea.gov.uk/ldphia>.

The Council's Planning Policy Team are available during normal office hours to discuss any aspect of the HIA of the LDP.

They can be contacted by letter/in person:

Planning Policy Team,
Room 2.6.2,
City and County of Swansea Council,
Civic Centre,
Oystermouth Road,
Swansea,
SA1 3SN.

or via:

Tel: 01792 635744
Email: ldp@swansea.gov.uk

If you require this document in a different format, e.g. large print, Braille, audio version, etc. please contact the Planning Policy on 01792 635744, email ldp@swansea.gov.uk or write to Room 2.6.2, Civic Centre, Oystermouth Road, Swansea, SA1 3SN.

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1.0 Health Impact Assessment and the Swansea Local Development Plan

The Welsh Government (WG) has committed itself to improving the health of the nation in part through the levers of a revised and updated planning system (*Better Health, Better Wales, 1998*). In particular, it has begun promoting Health Impact Assessment (HIA), underpinned by the World Health Organisation broad definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1946¹) In Wales, HIA’s have been utilised to look at the wider social determinants of health, lifestyle, community, economic and environmental factors. A HIA then assesses potential positive and detrimental impacts on these areas, informing the policy/plan producer and enabling mitigation or reconsideration of options and aims to minimise adverse health impacts or maximise health benefits.

A HIA goes much further than other impact assessment techniques. Besides screening, scoping, appraising, reporting, active monitoring and evaluation of potential health impacts, the process reflects a commitment to the principles of openness, participative democracy, sustainable development, equity and the ethical use of evidence. It builds up a base level of health data and uses this to predict future impacts, whether positive or negative. Where the predicted impact is negative, the process also suggests routes towards mitigation.

An ever-increasing number of planning policy advice and guidance documents require HIAs to be undertaken. The 2001 Technical Advice Note (TAN) on Waste Planning (TAN21) states that, “*Regional Waste Plans will be subject to a Strategic Environmental Assessment, and a Health Impact Assessment.*” (p.11 WAG, 2001). The Draft Ministerial Interim Planning Policy Statement (DMIPPS 02/2006) Planning, Health and Well-Being made it clear that HIAs are not a statutory feature of the planning landscape, but they are nevertheless suggested as an appropriate tool for assessing health and well-being impacts when determining planning applications and preparing Development Plans as “*they provide a focus for community and stakeholder involvement*” (DMIPPS 02/2006 p. 2). Further guidance set out in Planning Policy Wales (2010) and the Local Development Plan (LDP) Manual (2006) also stresses the importance of health and well-being for sustainable development. Similarly, from a health perspective, various guidance and best practice places importance on planning policy formulation discovering impacts on specific health and well being factors. For example, the National Institute for Health and Clinical Excellence’s Public Health Guidance 8 (NICE, 2008 p. 6) recommends that those preparing local plans should; “*Assess in advance what impact (both intended and unintended) the proposals are likely to have on physical activity levels.*”

¹ Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no. 2, p. 100) and entered into force on 7 April 1948).

Simply by carrying out a HIA with a strong team of stakeholders and representatives from the community, it has been noted by researchers “*that the legitimacy of the entire planning process can be boosted*”². A HIA Steering Group consisting of key stakeholders and professionals from various health fields was therefore established in April 2011³ to inform and contribute to the LDP’s HIA.

Details of how the HIA of the LDP will be undertaken can be found in the LDP HIA Methodology, that was endorsed by Planning Committee on the 10th November, 2011. It can be viewed via: <http://www.swansea.gov.uk/ldphia> and is summarised below:

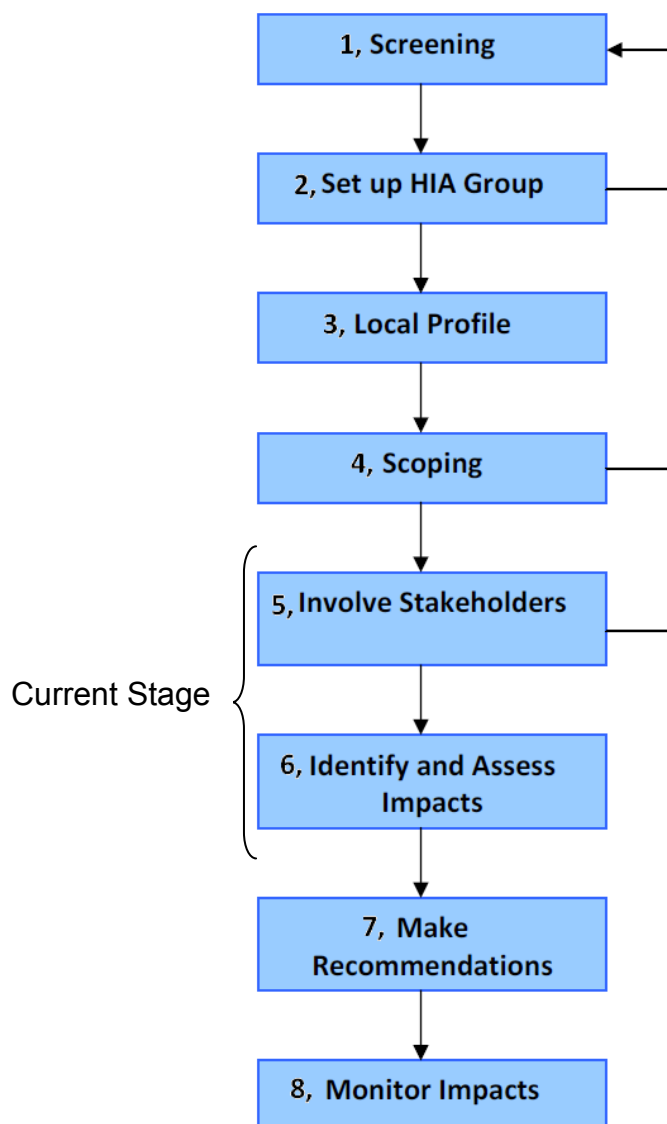


Figure 1: Swansea LDP HIA Methodology Staged Approach⁴

² “Planning, Health and Health Impact Assessment” Cynllunio Spring 2010
<http://www.rtpi.org.uk/media/3148/Cynllunio-Spring-2010.pdf>

³ See Appendix 1: LDP’s HIA Steering Group

⁴ Swansea LDP HIA Methodology November 2011
http://www.swansea.gov.uk/media/pdf/4/j/Health_Impact_Assessment_Methodology.pdf

2.0 The Swansea Local Development Plan Draft Vision, Objectives and Strategic Options (VOSO)

2.1 Context

The LDP HIA is an overarching high level assessment that will be undertaken at the key stages of the LDP production process in order to ensure that health is considered throughout the process. This report, which represents part of the fifth and sixth stage of the HIA process, will involve the Steering Group and identify and assess impacts of the VOSO. A LDP HIA Local Profile⁵ was published as part of the third stage, the fourth stage entailed the production of a Scoping Report⁶ which together are being utilised to inform this report and future stages of the LDP HIA. The next step is to continue Stages 5 and 6 for the LDP Preferred Strategy. This will involve stakeholder consultation and will assess the impacts, both positive and negative of the LDP's Preferred Strategy, integrated with the Sustainability Appraisal/Strategic Environmental Assessment. As the LDP progresses the HIA process will continue to make recommendations and ensure health is embedded into the LDP.

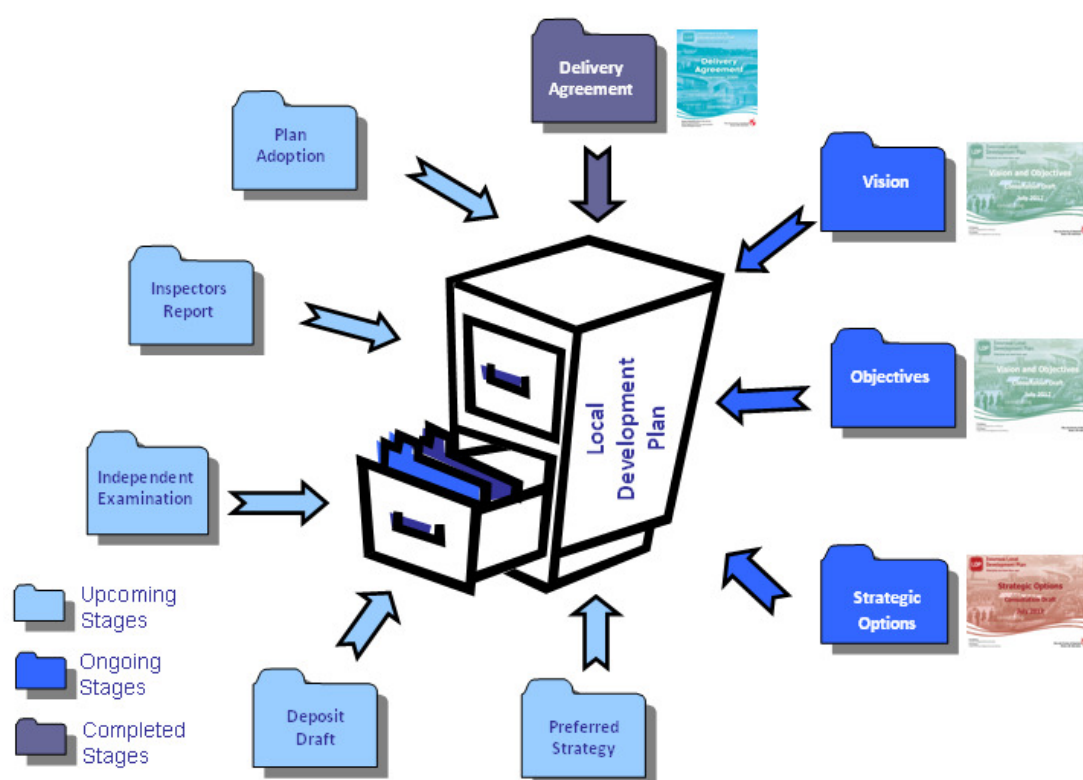


Figure 2: LDP Process

The formulation of a draft Vision, Objectives and Strategic Options (VOSO) for the LDP is a key stage in the LDP production process. It sets the overarching aims and puts forward options for meeting the growth requirements over the

⁵ LDP HIA Local Profile September 2012 <http://www.swansea.gov.uk/ldphia>

⁶ Health Impact Assessment Scoping Report September 2012
http://www.swansea.gov.uk/media/pdf/s/c/HIA_Scoping_Report_September_2012.pdf

Plan period. Public consultation on the VOSO commenced on the 23rd July 2012 and closed on 12th October 2012. For further details of that consultation please see the Vision, Objectives and Strategic Options Consultation Report available via: www.swansea.gov.uk/ldpvoso.

The draft Vision and Objectives were subject to a Sustainability Appraisal/Strategic Environmental Assessment (SA/SEA) and human health was assessed as part of the SA/SEA. The report is available to view via: www.swansea.gov.uk/ldpsasea.

The role of the Vision within the LDP Strategy is to clarify the core purpose of the Plan, providing a framework for developing policies and for measuring its development and success. The full draft Vision document is available to view via: www.swansea.gov.uk/ldpvoso and is assessed in Section 3.2.

The LDP Objectives seek to elaborate upon the LDP Vision and focus on the deliverability of the Plan. The Objectives should be capable of being addressed through the land use planning system. They should also have regard to the strategic principles of the Wales Spatial Plan and the Aims and Objectives of the Community Strategy.

Themes within the Vision provide a logical basis to identify Key Objectives for the LDP and are utilised as subject headings.

Key themes:

- **Economic**
- **Environmental**
- **Social**

The full draft Objectives document is available to view via: www.swansea.gov.uk/ldpvoso and a rapid assessment is included in Section 3.3.

The Strategic Options document sets out different approaches that could be taken to meeting Swansea's future growth needs, including levels of housing, employment development and associated new infrastructure requirements: The full draft Strategic Options document is available to view via: www.swansea.gov.uk/ldpvoso and rapid assessment is included in Section 3.4.

3.0 Health Impact Assessment of the Vision, Objectives and Strategic Options (VOSO)

3.1 The HIA VOSO Workshop

This **Rapid HIA** of the draft VOSO was informed in part by a focused workshop. Members of the LDP HIA's Steering Group (see Appendix 1) attended a workshop to act as a stimulus to gain the feedback of health professionals on the draft VOSO documents.

The workshop prompted debate and ensured adequate and essential input from the Steering Group to help shape the finalised VOSO of the LDP. Feedback from those unable to attend the event has also been incorporated into this report.

Issues raised from the workshop and this report are featured in Section 4.0.

Rapid HIA 'A rapid or "mini" HIA, as the name suggests, is done quickly. It may be a "desk top" exercise, reliant on information which is already available "off the shelf" (Parry and Stevens, 2001), or through a half day or one day workshop with key stakeholders (Barnes et al., 2001). In either case, there is usually a minimum quantification of the potential health impacts which are identified.'⁷

3.2 The LDP Draft Vision

By 2025 Swansea will be a vibrant and distinctive City and County that:

- Is a desirable place to live, work and visit
- Capitalises on its regional role and Waterfront City location
- Enables a competitive and prosperous economy
- Protects and enhances its natural, built and cultural environment
- Is accessible with a sustainable, integrated transport system
- Makes efficient use of its natural resources
- Is safe and feels safe
- Encourages and promotes good health
- Promotes sustainability and equality
- Supports the delivery of the best possible services and facilities
- Facilitates the provision of excellent education infrastructure

The Steering Group were asked to consider the positive and negative health impacts that the Vision would have on Swansea. The following issues were identified as key determinants of health in Swansea which recognised that the Vision linked to a number of key health, wellbeing, and equality issues.

⁷ World Health Organisation Health Impact Assessment Glossary of Terms Used
<http://www.who.int/hia/about/glos/en/index2.html>

Environment

The links between health and wellbeing and the built and natural environment are well documented and are shown in Barton and Grant's (2006) Health Settlement Map (Figure 3) that follows. Other studies have comprehensively reviewed evidence and academic discussion on the effects of the built and natural environment, Clark et al (2006) is just one such example⁸. As many of our urban environments in Swansea are known to be deprived with regard to the physical environment, see Welsh Index of Multiple Deprivation (WIMD) 2011 data⁹, the LDP Vision was identified as potentially having a large part to play in preventing and reversing a worsening of urban environments, tackling social isolation and ensuring strong communities as it would steer the development of Swansea from 2015-2025. It was therefore noted that the Vision has the potential to embed the principles of social equality, strong communities and healthy spaces into the LDP preparation process.

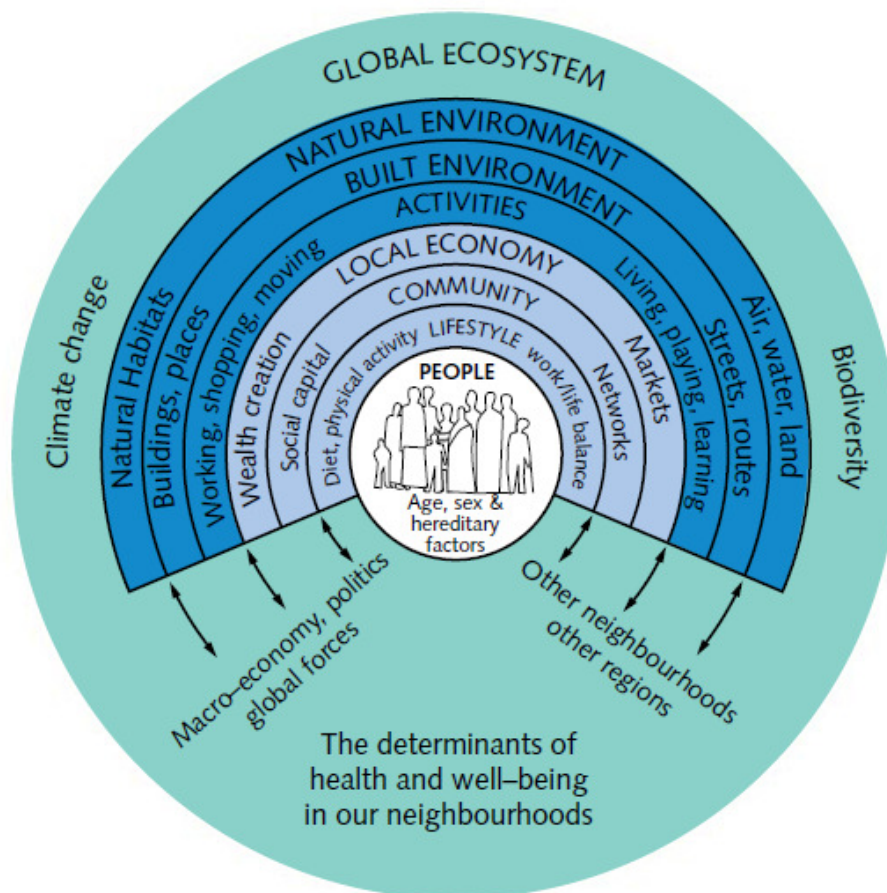


Figure 3: Health Settlement Map. Source: Barton and Grant (2006)¹⁰

⁸ Charlotte Clark, Bridget Candy and Stephen Stansfeld (2006) Centre for Psychiatry University of London A systematic review on the effect of the built and physical environment on mental health <http://www.apho.org.uk/resource/item.aspx?RID=67532>

⁹ WIMD 2011 for Swansea <http://www.swansea.gov.uk/wimd2011>

¹⁰ Hugh Barton and Marcus Grant (2006), drawing on Whitehead and Dahlgren (1991) and Barton (2005). United Kingdom Public Health Association (UKPHA) Strategic Interest Group and the WHO Healthy Cities Programme.

The WIMD 2011¹¹ details the vast range of difference in ranks across Swansea. The inequalities that exist in Swansea vary dramatically across the County, with 17 areas (Lower Super Output Areas/LSOAs) highlighted as being in the top 10% of most deprived in Wales, whereas there are also 25 areas of the County within the least 10% deprived in Wales. The Vision covers all of Swansea and would therefore assist in reducing the levels of disparity across the whole of the County.

Economy

It is acknowledged that a good economy, employment and improving choice of career helps health in general. There are identified negative health impacts associated with being unemployed, however as studies note the relationship between health and unemployment is often complicated by *“the fact that areas of high unemployment are also often areas of multiple deprivation (Owen and Watson 1995)”*¹². The links between poverty and poor health are noted; *“the least well-off people in society suffer poorer health”*¹³. Therefore as the LDP Vision not only aims to make Swansea *“a desirable place to live, work and visit”* but to enable *“a competitive and prosperous economy”*, this can be seen as a positive step towards improving health in Swansea.

Social

The LDP Ward Profiles¹⁴, the HIA Local Profile¹⁵ and the Equality Within The City and County of Swansea Executive Summary of Evidence Base¹⁶ detail many social inequalities that span Swansea. Statistical examples include life expectancy and self reported health, which highlight the vast differences between areas of Swansea. Indeed it has been noted that *“Stark differences in the experiences of certain sectors of society can be identified and there can be no doubt that socio-economic factors permeate all aspects of an individual’s life and ability to achieve their full potential”*¹⁷.

During the workshop the matter of ensuring age friendly developments was raised, however, this is a matter of detail which will be addressed later in the LDP preparation process, potentially with a specific policy. It was also identified that good generational relationships and elderly provision helped to tackle key inequalities that Swansea displays – namely social isolation of the elderly and poor access to services for those relying on public transport. Therefore improving access and transport for all is a key positive point

¹¹ Welsh Assembly Government (2011) Welsh Index of Multiple Deprivation: 2011

<http://new.wales.gov.uk/topics/statistics/theme/wimd/wimd2011/?lang=en>

¹² Elliot et al (2010) ‘The Impact of the Economic Downturn on Health in Wales: A Review and Case Study’. <http://www.wales.nhs.uk/sites3/Documents/522/wp134.pdf>

¹³ Health Impacts of the Built Environment: A Review. Institute of Public Health in Ireland (2008)

http://www.publichealth.ie/files/file/Health_Impacts_of_the_Built_Environment_A_Review.pdf

¹⁴ Ward Profiles <http://www.swansea.gov.uk/index.cfm?articleid=50172>

¹⁵ Health Impact Assessment Local Profile: Swansea October 2012

<http://www.swansea.gov.uk/ldphia>

¹⁶ Equity Within The City and County of Swansea Executive Summary of Evidence Base

http://www.swansea.gov.uk/media/word/3/p/EVIDENCE_REPORT_2012.doc

¹⁷ Equity Within The City and County of Swansea Executive Summary of Evidence Base

http://www.swansea.gov.uk/media/word/3/p/EVIDENCE_REPORT_2012.doc

demonstrated by the Vision. Community Cohesion was another matter raised, and although not explicit in the Vision, this concept would be embedded into the LDP through policy formulation. The impact on the Welsh language was a concern and the suggestion put forward that it be incorporated into the Vision as an important cultural facet of Swansea.

Transport

Transport is linked to health and wellbeing, as it can support an active lifestyle and is a gateway to many health benefits. As the Vision highlights promotion of a “*sustainable, integrated transport system*” it was felt that there was adequate scope to promote health benefits through transport using the LDP, provided negative aspects that can come forward are adequately identified and mitigated against as part of the process. For example, localised pollution as a result of motorised transport can impact negatively on health. Particularly where policy statements are included to the effect that: “*...increasing levels of walking as a key mode of local transport not only promotes good health and well-being, but also aids in significantly reducing the prevalence and treatment costs for a wide range of key physical health issues in the UK*”¹⁸.

Education

Health and levels of education are linked and it is identified that “*Education is an important social determinant of health*”¹⁹. The Institute of Public Health Ireland acknowledges that: “*a substantial body of international evidence clearly shows that those with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education*”²⁰. The Vision aims to facilitate the provision of excellent education infrastructure and therefore can be seen to be positively contributing to health improvements.

Workshop Outcome

The Steering Group generally agreed that the draft LDP Vision capitalised on the LDP’s potential to maximise positive health outcomes, however some minor adjustments were suggested to further embed health and wellbeing, social justice and equality considerations. In particular that ‘**linguistic**’ be added to ‘*Protects and enhances its natural, built and cultural environment*’, that ‘**wellbeing**’ be added to ‘*Encourages and promotes good health*’ and ‘**fairness**’ be added to ‘*Promotes sustainability and equality*’.

¹⁸ Transport and Health Resource, Department for Transport & Department of Health (2011) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123629.pdf

¹⁹ Health Impacts of Education: A review. Institute of Public Health in Ireland (2008) <http://www.publichealth.ie/files/file/Health%20Impacts%20of%20Education.pdf>

²⁰ Health Impacts of Education: A review. Institute of Public Health in Ireland (2008) <http://www.publichealth.ie/files/file/Health%20Impacts%20of%20Education.pdf>

3.3 The LDP Draft Objectives

Economic Prosperity & Lifelong Learning

Economic Prosperity & Lifelong Learning

- Support the development of Swansea as an economically competitive place and a regional economic driver
- Reinforce and improve the City Centre as a vibrant regional focus for business and administration, shopping, culture and leisure
- Direct new housing to economically developable sites close to supporting employment, retail, leisure, education and other community facilities
- Ensure that communities have sufficient, good quality housing to meet their needs
- Promote and enhance a sustainable rural economy
- Improve, expand and diversify appropriate, sustainable, tourism facilities and infrastructure
- Provide for the development of accessible, high quality education, training and employment infrastructure and facilities

The Steering Group noted that a good economy and a choice of opportunities can positively influence health, therefore as the objectives promoted these principles it was acknowledged that the Plan had the potential to positively influence health in the County. However, it was also highlighted that there is a need to balance the economy and health concerns, for example some types of employment, such as heavy industry, can have potential negative health impacts for workers and those living around the employment site.

The Steering Group considered that objective three; '*Direct new housing to economically developable sites close to supporting employment, retail, leisure, education and other community facilities*' was key, and discussion focused on how to encourage pre-school/under 5 play provision given the focus of the Marmot Review²¹ of this age group. However, as the objectives already mentioned community and leisure it was agreed that targeting a specific group was too detailed given the strategic level of the objectives.

²¹ 'Fair Society Healthy Lives' The Marmot Review 2010
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Quality Environment

Quality Environment

- Promote development that avoids significant adverse environmental impacts and respects constraints
- Protect and enhance the system of accessible green space
- Support adaptation and mitigation measures due to climate change
- Protect the interplay of town and country
- Preserve or enhance the quality of the natural, cultural and historic environment
- Promote good design which is locally distinct, sustainable, innovative and sensitive to location
- Reduce the effects of environmental pollution from development

The link between the natural environment and health is well documented²² and access to good quality space is vital. *“When the immediate environment is unattractive, it is difficult to make physical activity and contact with nature part of everyday life. Unsafe or hostile urban areas that lack green space and are dominated by traffic can discourage activity”*²³. The Steering Group agreed that the draft objectives sufficiently referred to accessible green space. and were pleased to note that reducing the effects of environmental pollution (another negative impact on health), was an objective. Environmental pollution, adverse health conditions and health inequalities are linked, however it was suggested that the last but one bullet point; *‘Promote good design which is locally distinct, sustainable, innovative, and sensitive to location’* should include reference to accessibility, age friendly communities, supporting community cohesion, and facilitating the relationship between different people and groups. As previously detailed age friendly communities is too specific a point to raise at this stage in the LDP, similarly fostering relationships and community cohesion is inherent in the community & social provision objectives, however the group agreed that the aspirational point of **‘facilitating an accessible environment for all’** should be included.

²² Natural England HEALTH AND NATURAL ENVIRONMENTS - An evidence based information pack March 2012 http://www.naturalengland.org.uk/Images/health-information-pack_tcm6-31487.pdf

²³ Healthy Lives, Healthy People. Department for Health 2010 White Paper. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

Community & Social Provision

Community & Social Provision

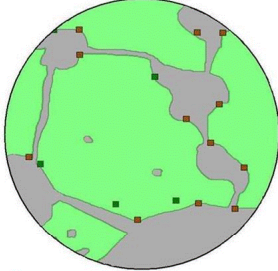




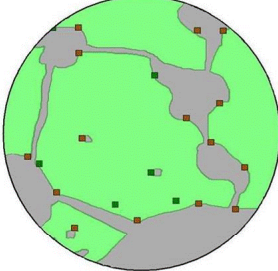




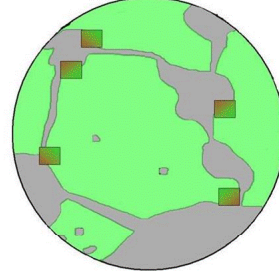



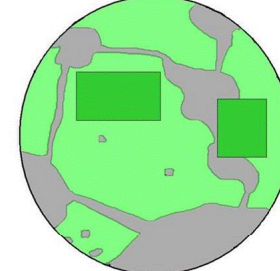



- Promote an integrated and sustainable transport system
- Develop appropriate types of renewable energy resources and energy infrastructure
- Encourage the efficient use of minerals and safeguard existing resources
- Facilitate the sustainable management of waste
- Ensure improvements to the water environment and promote the sustainable use of water
- Promote the provision of state of the art utility and telecommunications infrastructure
- Support the development and management of safe and vibrant places and spaces
- Create social and physical environments that encourage and support good health and well being for all sectors of the community

The Group considered that the last two bullet points; '*Support the development and management of safe and vibrant places and spaces*' and '*Create social and physical environments that encourage and support good health and well being for all sectors of the community*' are especially important in promoting positive health and wellbeing. An integrated and sustainable transport system was highlighted as having potential positive and negative effects. Transport, especially public transport, can improve access to a range of services and facilities that can improve health and wellbeing, similarly better opportunities for active transport may improve the amount of physical exercise the population engages in, which has positive health implications. The affordability of the transport system was highlighted as a negative, however the pricing structures of public transport is not a matter for the LDP. Accessibility was raised again and although integrated and sustainable transport implies that it should be '**accessible**', the case was made to include a specific reference to the first objective; '*Promote an integrated and sustainable transport system*' make it more fully apparent. By the same reasoning, in the second to last bullet point '*Support the development and management of safe and vibrant places and spaces*', accessibility was also suggested as an addition.

Workshop Outcome

The delegates generally that agreed the objectives capitalised on the LDP's potential with regards to maximising positive health outcomes across a number of different themes which would support the LDP Vision.

3.4 The LDP Draft Strategic Options

OPTION 1: SPREAD APPROACH A	OPTION 2: SPREAD APPROACH B	OPTION 3: SUSTAINABLE URBAN EXTENSIONS	OPTION 4: MIXED USE MAJOR DEVELOPMENT AREAS
<p>Aim: Distribute growth across Swansea at a number of sites, largely at existing urban settlements</p> <p>Where? Within and on edge of urban settlements</p> <p>What size? Range of sizes but sites generally less than 15ha</p> <p>What type of land? Brownfield (first preference) and Greenfield</p> <p>What type of development? Generally single land use such as housing, with other supporting uses such as recreation or new community facilities in some instances</p>	<p>Aim: Distribute growth across Swansea at a number of sites, largely at existing urban settlements</p> <p>Where? Within and on edge of urban settlements and at rural village locations</p> <p>What size? Range of sizes but sites generally less than 15ha. Sites in village locations would be generally small scale.</p> <p>What type of land? Brownfield (first preference) and Greenfield</p> <p>What type of development? Generally single land use such as housing, with other supporting uses such as recreation or new community facilities in some instances</p>	<p>Aim: Concentrate growth on a range of large scale sites to provide extensions to existing urban settlements</p> <p>Where? Edge of urban settlements</p> <p>What size? Range of sizes but generally large sites (over 15 ha)</p> <p>What type of land? Generally Greenfield with some limited Brownfield opportunities</p> <p>What type of development? Opportunities for a mix of land uses, such as housing with new open spaces and community facilities.</p>	<p>Aim: Concentrate growth on one or two large scale sites</p> <p>Where? Create a new settlement in a new location OR fundamentally transform an existing settlement</p> <p>What size? Very large scale – in excess of 100 ha</p> <p>What type of land? Generally Greenfield</p> <p>What type of development? Significant scale of residential development, which would be supported by new infrastructure, community facilities and complementary uses such as employment, retail and recreation</p>
 <p>Key</p> <ul style="list-style-type: none">  Existing settlement boundaries  Currently undeveloped land  Greenfield site at edge of existing settlement  Brownfield site at edge of existing settlement 	 <p>Key</p> <ul style="list-style-type: none">  Existing settlement boundaries  Currently undeveloped land  Greenfield site at edge of existing settlement  Brownfield site at edge of existing settlement 	 <p>Key</p> <ul style="list-style-type: none">  Existing settlement boundaries  Currently undeveloped land  Large sites on the fringes of existing settlements. 	 <p>Key</p> <ul style="list-style-type: none">  Existing settlement boundaries  Currently undeveloped land  Major Greenfield land release forming a new settlement or transforming an existing one

Option 1: Spread Approach A and Option 2: Spread Approach B

Various health concerns were raised by the Steering Group with these two approaches. Primarily that extending the built form further away from facilities could lead to access problems due to distance and inadequate transport linkages. Similarly more dwellings could place greater pressure on existing facilities and infrastructure. Traffic, for example, could build up which could lead to localised health issues from motorised vehicle based pollutants. It was however recognized that at some locations, more dwellings could maintain the viability of local facilities or in fact stimulate the provision of local businesses and infrastructure.

Option 3: Sustainable Urban Extensions

The Steering Group identified that there are potential opportunities for health benefits associated with a mix of land uses. However there was concern that the benefits may only serve new developments, it was the preference that the positives should spill out into the existing community and the extensions become part of the community and not a separate entity. Fears that any extensions will become isolated, dormitory settlements were raised, as were

hopes that extensions could be used to pull struggling settlements up to critical mass, therefore invigorating localities and creating thriving communities.

Option 4: Mixed Use Major Development Areas

With regards to the development of new settlements, it was acknowledged that there could be problems with service delivery and isolation. It would be key to get all stakeholders involved in the development of the community infrastructure and in particular sites for GP surgeries will need to be identified. It was also noted as an exciting opportunity for a new settlement to be sustainably planned with regard to the principles of healthy urban planning.

Workshop Outcome

It was acknowledged that a blend of the options based on the characteristics of the specific area would be the best way forward. Most importantly, the needs of individual communities and the community of the County as a whole need to be addressed. However, some local areas may require expansion based on housing and service need and Swansea as a whole may benefit from a new settlement. Therefore, the main recommendation derived from the HIA workshop was that whichever option is selected baseline evidence must influence the decision and community needs must be properly addressed.

4.0 Issues Raised

The workshop outcomes will inform the production of the final LDP VOSO, which will also incorporate the responses received from the wider consultation.

4.1 The LDP Draft Vision

- Steering Group generally agreed that the draft LDP Vision capitalised on the LDP's potential to maximise positive health outcomes.
- Suggested minor amendments:
 - Linguistic be added to '*Protects and enhances its natural, built and cultural environment*',
 - Wellbeing added to '*Encourages and promotes good health*',
 - Fairness added to '*Promotes sustainability and equality*'.

4.2 The LDP Draft Objectives

Economic Prosperity & Lifelong Learning

- Agree that Objectives have the potential to improve health and wellbeing.
- Note the potential negative health impacts certain types of industrial development can have.

Quality Environment

- Agree that Objectives have the potential to improve health and wellbeing.
- Accessibility suggested as an addition to '*Promote good design which is locally distinct, sustainable, innovative and sensitive to location*'.

Community & Social Provision

- Agree that Objectives have the potential to improve health and wellbeing.
- Accessibility is a key issue and suggested as an addition to '*Promote an integrated and sustainable transport system*' and/or '*Support the development and management of safe and vibrant places and spaces*'.
- Note the potential negative health and wellbeing impacts motorized transport infrastructure can have on localities.

4.3 The LDP Draft Strategic Options

- Baseline evidence must influence the decision and community needs, and must be properly addressed in selecting a preferred Strategic Option.

Appendix 1: LDP HIA's Steering Group

Chloe Chadderton WHIASU Research Associate, CISHE, School of Social Sciences, Cardiff University

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Emyr Jones CCSC Planning Policy

Rachel Davies CCSC Planning Policy

Euros Owen CCSC Access to Services

See The HIA Scoping Report September 2012 for further details

http://www.swansea.gov.uk/media/pdf/s/c/HIA_Scoping_Report_September_2012.pdf