Replacement Local Development Plan 2018-2033

Health Impact Assessment



November 2019

Mae'r ddogfen hon ar gael yn Gymraeg hefyd.

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Sir Conwy, yr amgylchedd iawn i fyw, gweithio a darganfod

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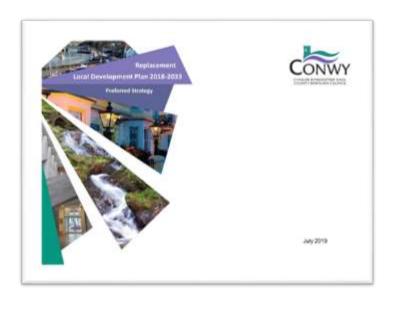


Health Impact Assessment (HIA) Conwy County Council Replacement Local Development Plan (RLDP) : Preferred strategy 2018-2033

19 November 2019

Facilitated by

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1.0 Introduction

The Conwy County Council RLDP- Preferred Strategy 2018-2033 is the first statutory stage in preparing the RLDP. It sets out the broad approach that the RLDP intends to take in order to ensure that development in Conwy is sustainable.

The structure of the RDLP can be viewed in Figure 1 and embraces the key themes of Planning Policy Wales (PPW Edition 10) and the wellbeing goals set out in the Well-Being of Future Generations Act 2015.

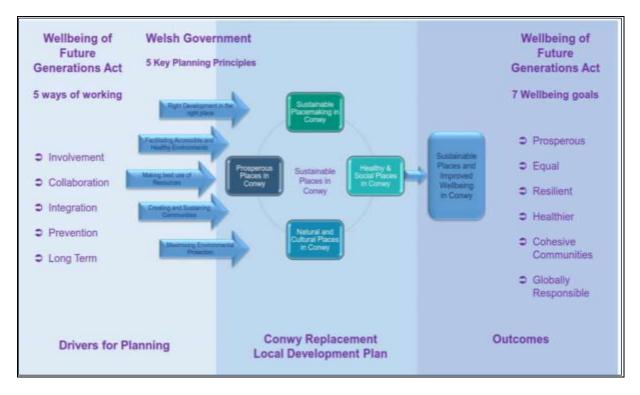


Figure 1: RLDP structure

The Preferred Strategy (PS) is supported by four supporting sections designed to contribute individually to placemaking and sustainable development in Conwy:

1.1 Sustainable Placemaking

The preferred Strategy is formulated having had consideration of the strategic placemaking issues impacting on Conwy. This section of the Preferred strategy focusses on those strategic polices that will have the greatest impact on the type of development which is ultimately delivered and its contribution to sustainable development and the environmental, social, cultural and economic well-being of Conwy. This section promotes integrated polices that should not be considered in isolation during the development process. This includes considering the design of a development and its impacts upon everyday lives as well as thinking holistically about where people might live and work and which areas should be protected. This section provides the strategic and locally distinctive placemaking vision for delivering sustainable placemaking, which is supported by strategic policies on Sustainable Placemaking Principles, Levels of Housing Growth, Levels of Jobs

Growth, Growth Distribution and Hierarchy of Settlements, Placemaking and Good Design, Promoting Healthier Places, The Welsh Language, Sustainable Management of Natural Resources, Placemaking in Rural Areas, Place Plans, Strategic Sites, Infrastructure and New Development and Managing Settlement Form.

1.2 Healthy and Social places in Conwy

Social places in Conwy will be contributed to by providing well connected cohesive communities for all sectors of society. This will be achieved by allowing everyone to have a good quality of life by living in strong and safe communities, promoting inclusive developments and by improving access to key services and recreation facilities. The Preferred Strategy approach will support people to adopt healthy lifestyles, secure socially inclusive development and more cohesive communities. This section sets the strategic direction for Transport, Housing, Retail & Commercial Centres, Community Facilities and Recreational Spaces.

1.3 Natural and Cultural Places in Conwy

Natural and Cultural Places in Conwy are those which value the quality of Conwy's landscapes and historic environment, future proof economic assets both in response to the challenges presented by climate change and in promoting low carbon solutions, protecting landscapes and habitats, enabling opportunities for connecting with the natural environment and encouraging healthier lifestyles with the benefit of improving physical and mental well-being, elements of which are encouraged in the Conwy & Denbighshire Well-being Plan. This section sets the strategic direction for Landscape, Coastal Areas, Historic Environment, Culturally Led Regeneration, Green Infrastructure, Biodiversity, Water, Air, Soundscape & Light and Flooding.

1.4 Prosperous Places in Conwy

The Preferred Strategy promotes a prosperous economy in Conwy by providing well-connected employment and economic development in sustainable and accessible locations. These places will be designed and located to promote healthy lifestyles and tackle climate change by making them accessible by walking and cycling, linked by public transport and by using renewable and low carbon energy sources.

2.0 HIA in planning, housing and regeneration

HIA is a useful tool for enabling joint working and the integration of improved health outcomes into land use and transport planning, housing and regeneration.

In Wales, HIA has been used to identify and enhance the health impact of LDP's, Transport Plans and Schemes, major planning applications, "Vibrant and Viable Regeneration" programmes and a wide range of housing developments and policy. HIA isn't a statutory assessment for planners working in Wales. However, the Welsh Government increasingly regards it as best practice. There is strong and ever growing evidence on the impact of the built environment, transport and housing on health. A recent review of the evidence on the built environment and health reported the following messages –

Poor quality built environments are associated with lower levels of mental wellbeing, particularly for women, the elderly and people that are unemployed

Noisy neighbours, poor quality green space, overcrowding and limited access to facilities are associated with poor mental health outcomes

Feeling unsafe in a neighbourhood is influenced by environmental conditions. This can result in reduced mental wellbeing and changes to health-related behaviour such as exercising

Vacant and derelict land – which is associated with a number of poor health outcomes- is more concentrated in areas of socioeconomic disadvantage.

Health promoting neighbourhood conditions include; choice and diversity; wellkept environments; affordable and efficient public transport; safe and sociable play areas; high quality greenspace; well-lit and pedestrian-friendly footpaths and socially enhancing street patterns

Having a strong, supportive social network is important for maintaining mental wellbeing, and built environment features can facilitate or reduce opportunities for social activity

The density of the built environment can impact upon levels of trust and social capital, and lower density forms of development can stratify communities into distinct social class groups

Excess car use and the absence of local amenities can diminish the role of communities in enabling social activity to take place

Well maintained, distinctive, attractive and safe-feeling public spaces and routes enable social activity and can encourage people to prioritise community-oriented behaviour over individualism

Well-connected and attractive public places and streets can encourage more people to exercise and make active travel choices

3.0 Summary of the HIA

Section 1 – Identification of key groups of the population affected by the programme (Population group checklist - Appendix 2)

The first part of the assessment involved identifying key population groups that could be more impacted than others by the RDLP. The following groups were identified –

Age related groups

- All groups could be impacted, however, local policies may impact on different groups
- Children and young people impacted in relation to Schools and open spaces
- Gypsies and travellers impacted to meet accommodation needs
- Travel arteries to and from work economic flow considered as opposed to an individual responsible for school drop off, caring, then work. Can we change the way we think people's travel movements – people travel to a range of places not just to work. The following book was referenced *Invisible Women: Exposing Data Bias in a World Designed for Men* (Caroline Perez) relating to women's disadvantaged by traditional planning thinking. Need to ensure that there are open spaces/green infrastructure for all irrespective of age.
- Designing homes for life that can be adapted according to needs across the life course. Older people flat ground level preferable as they age, however, same for people with prams
- Older people higher uses of public transport
- Plan for pedestrian and cyclist
- Rural residents how do we ensure that they have accessibility to services?

Income related groups:

- Economically active groups
- In-work poverty finding affordable accommodation is difficult
- Transport poverty
- Tourist areas people do not earn sufficient income working in the tourist industry to live local
- No University for 18 + age group in Conwy area, increasing likelihood of leaving the county and tend not to return.
- New build has an impact on the local area a need to provide an opportunity to move within the community but not necessarily pay for their housing needs
- Builder contributions need to be clear on what we are prioritising

Groups at higher risk of discrimination or other social disadvantage:

- 22,000 bed space
- Match service provision to population needs
- Experiencing poverty
- Adaptable properties
- Pensarn flats quality of house an issue, access to services, lifestyles
- Gypsy and traveller needs assessment will be undertaken soon
- Language welsh speakers in the urban/coastal areas provision of housing and infrastructure not prevalent
- People unable to remain in their own communities owing to their low incomes eg. Lone parents moving means social isolation
- Impact of school/shop/branch GP surgeries closures has a significant consequence on life in community areas

Geographical groups and/or settings:

• Rural and East of the county

Section 2 : Health and Wellbeing determinants checklist

(Appendix 3)

The following section considers how the RDLP has positive or unintended consequences on the health and wellbeing of the population.

	+ consequences	-/unintended consequences
Lifestyles	 Food availability will be considered within the separate 'Retail study' which considers retail requirements. Small retail units will be developed. Allotment provision included. Play sufficiency audit – make a 'wow' facility to get people walking to it and an opportunity for families to meet, share and enjoy! Other opportunity for door step facilities Infrastructure - cycle and access - needs to be developed before the people move into their homes as residents will have established their behaviour relating to car travel once they move in. 	Possible costs of active travel requirements that will be picked up by the developer.
Social and community influences on health	 Place plans are 'all about' social and community influences on health. Five areas – Place Plans - community infrastructure development informed by community drop ins. Section 106s and wind farm funding to 	

Mental health and wellbeing	 support community priorities. Engagement from community residents in what happens going forward Schools modernisation programme will see them becoming community lifelong learning centres – childcare and wellsh medium childcare (30hrs) and special learning needs Access to housing, jobs, services support good mental health and wellbeing Impact of noise pollution at school on children's health and wellbeing – this will be considered when developing new sites Access to physical activity and access to proximity to open spaces Suitable facilities to interact in the community Land areas within build schools will be increased to provide more 'open space' Broadband connection
	– supporting a
Living and environmental conditions affecting health	 reduction in isolation Flooding and surface water planned for Marine plans and LDP working together – considers tourism, economy and the 'blue space'. 1 or 2 bed – can support improvement Large homes – older people, 'asset rich and cash poor' need to – Flooding happening – Conwy Valley an example Facilities in flood planes Water quality and waste Congestion in town centres

	funded project – impact on health and wellbeing Noise Road safety Opportunities – wind farms etc with balance of environment Carbon reduction and storage
Economic conditions affecting health	 Tourism – high value – impact on incomes – work (40%) Link to relevant courses in Grwp Llandrillo Menai – diversification Loss of young people from the area – supporting them to stay a package required to include affordability – North Wales Economic Ambition Board – apprenticeships. Can use Social Return on investment tools to support
Access and Quality of services	 North Wales Medical training Digital health – a focus in BCU HB at the moment an opportunity to use this Sharing of commercial sensitive information – primary care workforce – against strategic sites to include dental, optometry, pharmacies, mental health services Meetings are planned between Planning LA's and BCUHB Lifelong homes Community Hubs development for example – Abergele – linked to place plans North Wales Medical training Recruitment of GPs is difficult across North Wales – some practices no capacity Accommodation a challenge but also the recruitment of the workforce Need to understand the long term nature of this plan – and the challenges that lie ahead – prevention and self-management a focus as opposed to hospitals

	 School site expansion for new schools Transport – opportunity for closer working relationship at outset of work and not as an after thought – sustainable routes. New 'Welsh Index for Multiple deprivation' will be published 27/11/19 to inform the work going forward
Macro- economic, environmental and sustainability factors	 Development of sustainable energy options De-carbonisation of the energy supply with local elements Hydro - Dolwyddelan - further opportunities A tendency towards decentralisation provides opportunities Building on green space - bio-diversity, ecology, water run off etc High speed broadband a major issue on communities Energy supply infrastructure

4.0 Summary

The workshop provided an opportunity to identify how the LDP could impact on the health and wellbeing of the population of Conwy, both intended and unintended consequences.

Identifying the population groups that could be more impacted than others was influenced by discussion relating to the population structure of Conwy ; ageing at a faster rate than much of the rest of Wales. The size of the working age population is starting to decline in the near future. This leads to a high dependency ratio –ie implications for the labour market which may begin to struggle to fill vacancies in the future.

Housing needs across population groups was also an important 'thread' throughout the discussion in terms of housing for young people and families, to ' keep them in the area', people on lower incomes, older people and housing provision in rural areas.

Responses to the 'health & wellbeing checklist' suggest that health and wellbeing is embedded within the LDP in response to the Well-being of Future Generations (Wales) Act 2015 which places a duty on public bodies to carry out sustainable development and the Planning (Wales) Act (2015) providing the legislative and policy framework to manage the use and development of land in the public interest.

A particular 'thread' throughout the discussion was the assurances provided by the LDP to encourage active travel, physical recreation, green infrastructure and increase accessibility to quality open spaces when the built and natural environment are interwoven.

There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation. A key message from the workshop was the importance of new development not significantly impacting on green, open space and to include active travel, green space within their design at inception to establish behaviours to encourage usage.

The HIA identified several 'unintended consequences', and the response to some of these are outside the remit of the LDP. Other agencies will be required to lead or develop a collaborative response to mitigate unwanted consequences. Betsi Cadwaladr University Health board have lead responsibility for Primary care planning and early discussion in terms of the LDP to identify current and future need, demand on services and current capacity of existing facilities to deliver services can facilitate a long term approach to delivery of healthcare services within Conwy.

5.0 Recommendations

That content of the HIA is reflected in the development of the Deposit plan.

6.0 Further information

For further information on the use of Health Impact assessment and to access e learning opportunities visit - <u>https://whiasu.publichealthnetwork.cymru/en/</u>

7.0 Appendices

АЧА	Appendix 1: Attendees			
1	James Harland	Strategic Planning Policy Manager	CCBC	
2	Cllr Charlie McCoubrey	Cabinet Member for Housing & Regulatory services	ССВС	
3	Wyn Jones	Strategic Manager – Property & Site management	ССВС	
4	Shane Wetton	Strategic Engagement and Place Plan Officer	CCBC	
5	Janine Edwards	Senior Researcher	CCBC	
6	Robin Sandham	Senior Planning officer	CCBC	
7	Carol Evans	Senior Planning Officer	ССВС	
8	Catrin Perry	Section Manager : Independent & Third sector	ССВС	
9	Lara Griffiths	Strategic Planning & Housing	Denbighshire County Council	

Appendix 1: Attendees

10	Jane Trowman	Head of Strategy & Health			BCU HB
		Planning (lead for Conwy &		Conwy &	
		Denbighsh	nire)		
11	Siwan Jones	Principal	Public	Health	BCU HB Public Health team
		Officer			
12	Delyth W Jones	Principal	Public	Health	BCU HB Public Health team
		Officer			
13	Glyn Evans	Manager, North Wales		les	SUSTRANS

Appendix 2 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.

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

Income related groups

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

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

Appendix 3: Health &	Wellbeing determinants checklist		
1. Lifestyles	 Diet / Nutrition / Breastfeeding Physical activity Risk-taking activity i.e. addictive behaviour, gambling Sexual activity Social media use 	 Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes), Use of substances, non-prescribed medication, and abuse of prescription medication 	
2. Social and community influences on health 3. Mental	 Adverse childhood experiences i.e. physical, emotional or sexual abuse. Citizen power and influence Community cohesion, identity, local pride Community resilience Divisions in community Domestic violence Family relationships, organisation and roles 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 social networks Third Sector and Volunteering 	
4. Living &	Consider: Image: Consider: • Does this proposal support sense of control? Image: Consider in community and economic life? • Does it impact on emotional wellbeing and resilience? Image: Consider in community in community and economic life? • Air Quality • Noise		
conditions affecting health	 Attractiveness of area Community safety Access, availability and quality of green and blue space, natural space Housing quality and tenure Indoor environment Health and safety i.e. falls, home safety, safety of public places Light pollution 	 Social capital, support and social networks Third Sector and Volunteering Third Sector and Volunteering Third Sector and Volunteering Third Sector and Volunteering Noise Quality and safety of play areas (formal and informal) Road safety Odours Urban/Rural built and natural environment & neighbourhood design Waste disposal, recycling Water quality i.e. sea water Economic inactivity 	
5. Economic conditions affecting health	 Unemployment Poverty including food and fuel poverty Income Personal and household debt 	 Economic inactivity Type of employment i.e. permanent/temporary, full /part time Working conditions i.e. work environment, bullying, health and safety 	
6. Access and quality of services	 Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services 	 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 	 Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	

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