Summary Report

Rapid Participatory Health Impact Assessment (HIA) of the Swansea Local Development Plan (Preferred Strategy) 2023-2038

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Authors:

Abigail Malcolm, Senior Public Health Practitioner, WHIASU, Public Health Wales Cheryl Williams, Principal Public Health Practitioner, WHIASU, Public Health Wales

Rapid Health Impact Assessment (HIA) of the Swansea Local Development Plan (Preferred Strategy) 2023-2038

1. Introduction

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. It provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. It works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks and it can also identify any 'gaps' that can then be filled. HIA can also provide a way of addressing the inequalities in health that continue to persist in Wales by identifying any groups within the population who may be particularly affected by a policy, plan or programme.

Figure 1 illustrates the wider determinants of health which impact on health and wellbeing which are considered within a Health Impact Assessment.



While some impacts on health determinants may be direct, obvious, and/or intentional, others may be indirect, difficult to identify, and unintentional. A HIA can identify health inequalities in not only the general population but in 'vulnerable groups' (e.g. children, young people or older individuals) as well. The main output of any HIA is an evidence-based set of recommendations that should lead to the minimisation of risks or unintended consequences and maximisation of potential benefits. It can provide opportunities for health improvement and to fill in any identified 'gaps' in service provision or delivery.

2. Background to the Local Development Plan

The Swansea Local Development Plan 2023-2038 (LDP2), once it is formally adopted, will replace the existing Local Development Plan and will provide the new planning blueprint for future development across Swansea up to 2038. LDP2 will set out how and where development should come forward to match identified growth ambitions. It aims to ensure that the right development happens in the right place at the right time, benefiting

communities and the local economy, and that adequate protection is given to our natural environment. The Preferred Strategy sets out the plan's vision, objectives, and strategic policies.

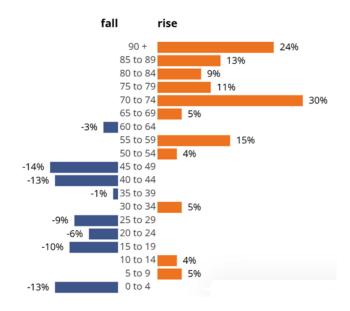
35 key issues have been identified that underpin LDP2, these include a range of opportunities, challenges and unique characteristics that are identified as being of particular significance in the Swansea context. These are grouped under the overarching themes of economic, environmental, social, and cultural matters and they drive the strategic direction of the Plan and inform the Vision and Objectives.

LDP2 includes 18 Objectives, a set of ambitious but achievable, land-use based goals focussed on delivering the LDP2 Vision. Objective 17 specifically focuses upon health and wellbeing; "Promote Well-being and Equality: Create inclusive places that are safe and integrate high standards of amenity and environmental quality to support equality, good health and well-being".

3. Swansea Community Profile

In Swansea the population age structure has changed significantly between 2011 and 2021 (Census data). There has been a 14% increase in people aged 65 and over, which is seen particularly in the 70-74 years range and a decrease in people aged 15-64 and under 15, almost 4% and 2% respectively.

Population change (%) by age group in Swansea, 2011 to 2021



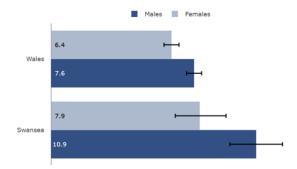
Source: ONS Census 2021 How the population changed where you live, Census 2021 - ONS

The population of Swansea is also growing. <u>Stats Wales</u> population data projects that by 2043 the population of Swansea will have increased from 246,000 to 265,000. This is more than a 7.5% increase over 25 years and equates to nearly 19,000 people. However, it must be noted that these 2018 based projections were published in 2020, and do not consider impacts from the COVID pandemic or findings from the 2021 Census and subsequent estimates of population change, which indicates that Swansea's population has not grown at the rate that was forecast by the 2018 WG projections. The 2021 Census data show a

slight fall in population within Swansea since the previous Census in 2011, whilst the most recent official annual estimate of population for 2022 suggests that the population has grown, but significantly less than the levels predicted by the 2018 based projection.

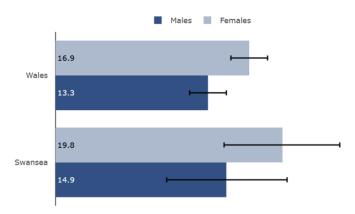
Deprivation is not evenly distributed across Swansea. Swansea has 148 <u>Lower Super Output Areas</u>, 17 of which are in the most deprived 10% in Wales. This has a significant impact upon both life expectancy and healthy life expectancy. Life expectancy across all population groups has now stopped increasing.

In Swansea, females in the most affluent communities will live almost 8 years longer than females in the most deprived communities, for men this figure is almost 11 years. This gap in <u>life expectancy</u> is much bigger than the Wales average which has a gap of 6.4 years and 7.6 years for females and males respectively.



Source: Public Health Wales Observatory, 2022

In terms of healthy life expectancy (number of years a person might expect to live in good or very good health), males living in the most deprived communities are projected to live in good health for almost 15 years less than males in the least deprived, this is compared to the Wales average of around 13 years. For females, this figure is much higher, with females in the most deprived communities living almost 20 years less in good health compared to the Wales average of almost 17 years.



Source: Public Health Wales Observatory, 2022

In reflecting the 'One Swansea ethos' set out within the Swansea Public Service Board Well-Being Plan 2023-2028, the LDP2 Vision provides a context for consideration of matters of contrast between different communities. This recognises contrasting social, economic and environmental matters across the County, including deprivation levels, health indicators, access to services and house affordability. It also augments a strategic

awareness within LDP2 of the contrasting spatial nature of the County in terms of rural, urban and coastal areas.

3. Evidence linking health to the built environment

There is clear evidence to demonstrate how the built and natural environment impacts on health and wellbeing. Poorly planned and designed environments can impact negatively on health, for example poor quality housing, a lack of green space, car dominant spaces with little opportunity for active travel, lack of social opportunities and lack of essential services such as healthcare. Planning healthy environments can have a significant effect on population health and wellbeing.

Research which links long-term health conditions and the built environment, provides an evidence base for the local authority to particularly consider where the RLDP could have impact in terms of the health needs of the local population. Many health issues are impacted and can be improved or enhanced through the environment we live in, but the table below highlights some health conditions that are particularly closely linked to the environment, and the corresponding planning and design considerations that evidence demonstrates can help address them.

| Key health issue | Data (local and/or national) * | Land use planning contribution to addressing key health issues | Recommendations for planning and design principles |
|--|---|---|---|
| The causes of obesity are multi-factorial, including obesogenic environments and lifestyle choices. Obesogenic environments limit the availability of healthy sustainable food at locally affordable prices, limit access to facilities, services and shops by physical activity and public transport. Obesity is linked to many health conditions, including heart disease, cancers, and type 2 diabetes. | 60% of adults in Swansea were overweight or obese (BMI 25+) in 2022/23 (Wales 62%) 23% adults in Swansea were obese (BMI 30+) in 2022/23 (Wales 25%) 24.3% of children aged 4 to 5 were overweight or obese in 2022/23 (Wales 24.8%) Obesity is estimated to cost the NHS in | Increase opportunities for physical activity in day- to-day life Create spaces which are attractive, social and safe for people to do physical activity, and increase socialisation Support the creation of healthy food environments | Enhance neighbourhood walkability Build complete and compact neighbourhoods, enabling active travel to be an easy option and services / activities in easy reach Enable access to, and engagement with, the natural environment Provide accessible, appropriately located, safe active travel routes Include links to public transport in new development |

| Diabetes Being overweight or obese is the main risk factor for type 2 diabetes, with obese adults five times more likely to be diagnosed with diabetes than adults of a healthy weight. | Wales £465M per annum by 2050 Increase of almost 60,000 adults with diabetes in Wales (40%) over a 12-year period up to 2021/22, mostly of Type 2 Predicted to be a 22% rise in diabetes by 2035/36 if current trends continue | | Enable and encourage active play for children, informal and formal Enhance community food infrastructure – community food growing opportunities and management of food retail opportunities |
|---|---|--|---|
| Mental health Noise, pollution, housing quality, quality of green space, and access to services all impact mental health Evidence indicates that many people with a mental health condition live or have lived in poor housing Dementia Rates of dementia are rising in line with an ageing population. The environment and housing quality have substantial impacts on the quality of life of people with dementia | 11% of adults in Swansea reported a mental health condition in 2022/23 (Wales 11%). 79.9% of adults rated their satisfaction with their life as 7 out of 10 or higher in 2022/23. (Wales 79.2%) Estimated cost to society of mental ill health is £7.2 billion per year There are around 850,000 people in the UK living with dementia and expected to increase to 1.6 | Increase opportunities for physical activity and social interaction Providing good quality, safe, secure, affordable and appropriate housing Good quality housing and well-planned local environments can have a substantial impact on the quality of life for someone living with dementia, helping them to live well in their community for longer | Build complete and compact neighbourhoods, with easy access to services and opportunities for socialisation Enable access to, and engagement with, the natural environment Reduce exposure to environmental hazards Consider mobility for all in design and planning Design 'dementia-friendly' public realm (accessible, comfortable, safe, well signposted and distinctive) |

^{*}Data sources in Appendix 3; page 18

The Health Impact Assessment (HIA)

In the preparation of a Local Development Plan a wide range of evidence is gathered and considered by Planning Policy Officers relating to the key issues facing an area, informed by both the national and local context. In addition, a number of statutory assessments are undertaken, including an Integrated Sustainability Appraisal (ISA) which includes a HIA. Whilst the ISA encompasses health considerations, the Council considered it prudent to carry out a bespoke HIA to collaborate with local stakeholders and harness local knowledge.

This HIA was prospective and rapid participatory and concentrated on gathering qualitative knowledge and insight into the potential health impacts of the proposed LDP2 for Swansea from key stakeholders in the local area.

The HIA workshop

In order to arrange the HIA workshop, the Policy Planning team for Swansea Council approached Public Health Wales (PHW) and the Wales HIA Support Unit (WHIASU) to support them. A half-day workshop was then carried out on 10th April 2025 in Swansea Guildhall.

The HIA workshop was led by the Wales Impact Assessment Support Unit (WHIASU), following the systematic methodology described in the Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide'.¹

Participants were invited from a range of key stakeholder organisations. The list of participants is in Appendix 1. An agenda for the workshop can be seen in Appendix 2.

The initial task was for the group to identify the main population groups who could potentially be disproportionately affected by the policies in the LDP Preferred Strategy due to their vulnerability. This task was undertaken using the WHIASU Population Groups Checklist. A wide-ranging number of groups were identified and are highlighted below:

Gender:

Women - particularly with regards to access to health care and support services

Age Group:

- Children Children and future generations need to be represented in decisions; their voice is important
- Young People (16-24) Need to actively seek engagement with this group to ensure there is a community connection
- Adults the importance of play and play spaces for adults.
- Older people the diverse needs within this group need to be considered
- Older people catering to the specific needs to those with dementia

Groups at higher risk of discrimination:

¹ Wales Health Impact Assessment Support Unit (2012). 'Health Impact Assessment: A Practical Guide'.

- Ethnic groups specific needs with regards to homes, services and access to education
- Traveller community need to address specific needs of this population
- People with mental health conditions how Swansea's natural resources and social prescribing can improve mental health and wellbeing
- Neurodivergence designing spaces inclusive of specific needs to increase accessibility
- Ex-offenders/those on probation access to adequate support services and health care provisions

Income related groups:

- People on low income ensuring people can access the correct benefit entitlement
- Economically inactive the knock-on effect this can have on mental health and community connection

Other groups:

- Students specifically with relation to housing and community cohesion
- Parents access to adequate services and support
- Carers

Appraisal of the impact on the wider determinants of health

The participants then worked systematically through the health and wellbeing determinants of health checklists and considered the potential positive and unintended negative health and wellbeing impacts of the Local Development Plan. Some suggestions were made for mitigation of negative or enhance of positive and actions were documented. All of this is summarised in the table below:

| Behaviours Affecting Health | | Population Groups Affected |
|--|---|---|
| Positive Impacts/Opportunity | Negative Impacts | |
| Food/Diet – Planning can directly impact upon access to affordable, healthy foods and therefore improved diet Physical activity – more access to both built and natural infrastructure is important for improving exercise; | Natural infrastructure – When used for physical activity natural infrastructure is subject to weather conditions, more so due to climate change. Built infrastructure can be introduced to solve this problem but this has sustainability concerns as it often involves the use of artificial materials. Additionally, this causes inequalities as those in more affluent areas can afford | All. Specially mentioned: Individuals with neurodivergence Older adults Individuals with dementia |

| provision for sport needs to be considered when planning new housing estates • Play space - environments that encourage play, rather than just play areas and are suitable to a variety of multigenerational needs (including neurodivergence and dementia) can positively impact upon community | more built infrastructure creating unequal access to physical exercise. • Play Space - Location is extremely important and if this is not considered play spaces can become a space for unwanted antisocial and criminal behaviour | |
|---|---|--|

cohesion, isolation and loneliness.

- Results from the Green Infrastructure Assessment (GIA) will be fed into the Deposit Plan
- Continued dialogue with internal officers in relation to Play space and space for exercise/sport in relation to proposed new developments allocated within the Deposit Plan, areas where deficiencies exist, or new infrastructure required.
- Continued dialogue with internal officers in relation to community growing spaces.
 Discussion with developers re: provision of community growing spaces in masterplans/developments
- Discuss incorporation of dementia friendly/neuro divergent friendly principles in the Placemaking of proposed developments

| Social and Community Influences on Health | | Population Groups Affected |
|--|--|---|
| Positive Impacts/ Opportunity | Negative Impacts | |
| Volunteering - opportunities for social cohesion through volunteering. Access to services - members of the community can access services within their community to improve cohesion and access to the community, if the | Access to the community services - This is becoming increasingly difficult meaning that there is a need for increased resilience and confidence amongst the community. | All. Specially mentioned: • Young people • Working age adults |

| LPD enables provision | |
|---|--|
| Migration - community demographics are changing in response to both international and internal migration. | |

- Support of sustainable, well-connected communities and the ability to reach day to day services and facilities within 20 minutes.
- Retain and support community and social infrastructure.

- Discuss incorporation of dementia friendly/neuro divergent friendly principles in the Placemaking of proposed developments
- Results from the Green Infrastructure Assessment (GIA) will be fed into the Deposit Plan
- Continued dialogue with internal officers in relation to Play space and space for exercise/sport in relation to proposed new developments allocated within the Deposit Plan, areas where deficiencies exist, or new infrastructure required.

| Living and Environmental Conditions affecting health | | Population Groups Affected |
|---|---|---|
| Positive Impacts/ Opportunity | Negative Impacts | |
| Housing - affordable housing especially for those looking to buy their first home Housing - new housing estates can build upon existing natural capital, making the most of the existing green infrastructure Housing - new housing can be designed to meet the specific needs of its intended residents, be that parents, older adults, neurodivergence etc. Homes can be planned to be spaces for people to spend their whole lives Green Spaces - opportunity for well-lit and easily accessible green spaces in public view to reduce the risk of antisocial behaviour Noise pollution – consider the impacts of noise pollution on health and wellbeing in relation to the location of new | Housing - second homes and HMOs are often left empty for large periods of the year negatively impacting upon community cohesion Housing - there is an expectation for new housing and student accommodation to be brand new causing sustainability and waste problems Green Spaces - route paths to green space have the potential to increase antisocial and criminal behaviour if their location is not adequately considered | All. Specifically mentioned: Young people Parents Older adults Individuals with dementia Students |

| housing | |
|--------------|---|
| developments | s |

- Air Quality Specially in relation to traffic, needs to be considered in the planning process, aim to reduce as much as possible and protect residents
- Water Quality to consider the location of rivers when planning new infrastructure to avoid unintended water contamination
- Attractiveness of the area – the small details which make an area attractive and more enjoyable to spend time in e.g. planting wildflowers or art installations

- Housing: The LDP will provide for the estimated number of affordable housing to be delivered through the plan period.
- Housing: the LDP will contain policies in relation to specialist housing, such as student accommodation, older people's accommodation, care homes etc
- Green space: Results from the Green Infrastructure Assessment (GIA) will be fed into the Deposit Plan and appropriate green space incorporated into developments
- Noise pollution: Continue consultation within internal pollution control officers in the formulation of policy and assessment of candidate sites. Detailed policies will be included within the Deposit Plan, following PPW, TAN 11, the Noise and Soundscapes Plan 2023-2028 and the Environment (Air quality and Soundscapes) (Wales) Act 2024 to ensure that noise sensitive development does not impact residential amenity
- Air quality: Continue consultation within internal pollution control officers in the formulation of policy and assessment of candidate sites. Detailed policies will be included within the Deposit Plan. Have regard to local issues, such as the designated AQMA and national policy and legislation
- Water quality: Continue consultation with stakeholders regarding capacity of sewerage and water infrastructure to service both existing and new developments. Continue liaison with NRW re: water quality issues.
- Attractiveness Embed landscape and townscape principles as part of Placemaking and site design/masterplans

| Economic Conditions Affecting health | | Population Groups Affected |
|--|------------------|-------------------------------|
| Positive Impacts/ Opportunity | Negative Impacts | |
| Attractiveness of the area - creating 'places of interest' can have a positive economic impact | | All. |

• Placemaking and regeneration are inherent parts of the LDP.

| Access and quality of services | |
|---|---|
| legative Impacts | |
| Healthcare/ Support Services - services will not be used if transport is not adequate, some populations need door to door transport for accessibility so active travel plans alone are not enough Digital exclusion/literacy – limited ability to access services and important information such as benefit entitlement can lead to increased inequities Housing - need to ensure there are adequate services proportionate to new housing developments e.g. GP services - liaison with Health Board is crucial | All. Specially mentioned: Older adults Disabled individuals |
| | Healthcare/ Support Services - services will not be used if transport is not adequate, some populations need door to door transport for accessibility so active travel plans alone are not enough Digital exclusion/literacy – limited ability to access services and important information such as benefit entitlement can lead to increased inequities Housing - need to ensure there are adequate services proportionate to new housing developments e.g. GP services - liaison with Health Board is |

- Ongoing liaison with SBUHB in the formulation of the Plan, and evidence base to underpin the plan.
- Ongoing liaison with infrastructure providers to ensure digital capacity and infrastructure are reflected within the Plan.

| Macro-economic, Environmental and sustainability Factors | | Population Groups Affected |
|---|---|-------------------------------|
| Positive Impacts/ Opportunity | Negative Impacts | |
| Green Infrastructure: there is existing green infrastructure and natural resources in Swansea that can be utilised to increase health and wellbeing | Climate Change - flooding and wildfires impact upon ability to gain house insurance and directly impact health and wellbeing though increased anxiety | All. |
| How potential impacts could be addressed in the LDP | | |
| Results from the Green Infrastructure Assessment (GIA) will be fed into the Deposit Plan and appropriate green space incorporated into developments Following national advice re: flood risk and ensuring allocations and policies are clear for developers and members of the public. | | |

Recommendations and considerations for the LDP

Several suggestions were proposed during the discussion and some comments were made in respect of strengthening the LDP. These and other potential considerations for the LDP resulting from the discussions are summarised below:

- The location of play, green spaces and natural resources, and the footpaths to access these spaces, should be carefully considered to ensure that they do not promote antisocial or criminal behaviour
- There needs to be a consideration for future generations throughout the planning process, and engagement of young people in the process of the LDP. Ongoing engagement with development proposals would greatly benefit the community.
- Child and family friendly urban design and planning create more inclusive, and liveable places for the whole population, and intergenerational spaces bring communities together.
- The distinct needs of diverse population groups should be acknowledged and addressed, including the variations that exist within individual groups themselves, to ensure new infrastructure is meeting the needs of its intended populations.
- Gender and age inclusive green spaces, play areas, leisure facilities and active travel routes would reduce inequalities
- If spaces are designed with the needs of the older population and those with dementia in mind, then these spaces become accessible for all. Housing could be designed and developed to be a home for life.
- Neuroarchitecture provides an evidence base for how the built environment impacts on mental health, stress and cognition. For example, research shows that being in green spaces lowers cortisol (stress hormones) within minutes, and natural light can increase productivity and focus.
- Swansea has existing natural resources and green infrastructure, this should be looked after and drawn upon to positively impact health and wellbeing
- Early engagement with the local health board on major developments would enable consideration of the potential impact of new development on healthcare services, and then consideration of potential ways to mitigate the impacts.

Summary

The Swansea Local Development Plan 2023-2038 (LDP2) has the potential to be highly beneficial to the population of Swansea as it has a strong focus on health and wellbeing. The insights, reflections and considerations gathered from this workshop can enhance the positive impacts and reduce potential negative impacts if they are fed into the process of developing the next stage of the plan. The information and evidence gathered as part of this revision process will be used to inform and amend the final Local Development Plan.

Feedback from workshop participants was positive, with comments being made about the value of having involvement and engagement in the LDP preparation process. Participants enjoyed having the opportunity to discuss the potential impacts with planners and other stakeholders.

Appendix 1: Workshop attendance list

- Ruth Henderson, Senior Planning Officer, Swansea Council
- David Jones, Sports and Health Manager, Swansea Council
- Sarah McCoubrey, Health and Wellbeing Manager, Swansea Council
- Joshua Morgan, Senior Planning Officer, Swansea Council
- Tom Price, Divisional EHO Housing and Public Health (Place), Swansea Council
- Jackie Rees Thomas, Information and Compliance Officer, Swansea Council
- Rachel Willis, Senior Officer People, Natural Resources Wales
- Claire Lewis, Education, Swansea Council
- Andrew Fung, Swansea Council
- Leanne Ahern, PSB Support Officer, Swansea Council
- Heledd Bingham, Strategy, Swansea Bay UHB
- Roxane Dacey, Swansea Council for Voluntary Services
- Amanda Davies, Strategic Capital Planning, Swansea Bay NHS
- Marc Davies, Consultant in Public Health Medicine, Swansea Bay Public Health Team
- Rachel Edwards, Ministry of Justice
- Owain Enoch, Senior Planning Officer, Swansea Council
- Claire Fauvel, Public Health Practitioner, Swansea Bay UHB
- Penny Gruffydd, Landscape and GI Principal Officer, Swansea Council
- Mike Harvey, Designing Out Crime Officer, South Wales Police
- Jane Richmond, Climate Change Manager, Swansea Council
- Catherine Window, Access to Services Officer, Swansea Council

Rapid Participatory Workshop The Preferred Strategy for Swansea LDP 10th April 2025, 09.30am- 12.30pm Agenda

| Time | Activity | Speaker |
|-------|---|---|
| 09.15 | Registration (tea/ coffee available) | |
| 09:30 | Welcome and Introduction to the Workshop | Cheryl Williams: Principal Public Health Practitioner, WHIASU |
| 09:40 | Presentation : Overview of the Local Development Plan and the Preferred Strategy | Ruth Henderson: Senior Planning Officer, Swansea Council |
| 09:50 | Presentation: Key health indicators and population demographics for Swansea | Claire Fauvel: Public Health Practitioner, Swansea Bay University Health Board |
| 10:05 | Presentation : Overview of HIA process | Abigail Malcolm: Senior Public Health Practitioner, WHIASU |
| 10.20 | Workshop activity : identification of key population groups who may be impacted by the LDP | Facilitated groups |
| 10:45 | BREAK | |
| 11:00 | Workshop activity 2: Identification of impact of the LDP on the wider determinants of health | Facilitated groups |
| 12:20 | Final comments and concluding remarks | Cheryl Williams/ Ruth Henderson |
| 12:30 | Close | |

APPENDIX 3

Data references

Adult lifestyles and life satisfaction:

Public Health Wales: <u>Public Health Outcomes Framework (2022) - Public Health Wales</u>

Adult general health and illness:

Welsh Government, Stats Wales: Population health

Child overweight and obesity:

Public Health Wales, Childhood Measurement Programme