



## **Rapid health impact assessment (HIA) of Draft Recreational Public Open Space Supplementary Planning Guidance (SPG)**

### **Caledfryn, Denbigh**

**17<sup>th</sup> January 2017**

### **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. The Welsh Government (WG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment 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 or plan.

In most uses of HIA, 'health' is viewed as holistic and encompasses mental, physical and social well-being. Based on a social determinants framework, HIA recognizes that there are many, often interrelated factors that influence people's health, from personal attributes and individual lifestyle factors to socioeconomic, cultural and environmental considerations (such as housing).

While some impacts on health determinants may be direct, obvious, and/or intentional, others may be indirect, difficult to identify, and unintentional. An HIA can identify health inequalities in not only the general population but in "vulnerable groups" (eg 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 minimization of risks and maximization of potential benefits. It can provide opportunities for health improvement and to fill in any identified 'gaps' in service provision or delivery.

HIAs can vary in terms of their timing and depth. They can be undertaken prior to implementation of a proposal (prospectively), during implementation (concurrently) and post implementation (retrospectively). Prospective HIAs give the greatest opportunity for

influencing change while concurrent and retrospective HIAs are more monitoring and evaluation exercises, respectively. The scope of an HIA will be determined by a number of factors, including the nature and complexity of the proposal being assessed, the availability of resources, the type of data that would be needed, and the decision-making timescales.

HIAs generally take one of three forms - desktop, rapid or comprehensive. A desktop HIA may take only a few hours or a day to execute, a rapid HIA may take a few days to a few months to complete, and a comprehensive HIA is more in-depth/time and resource intensive and can take many months to complete. The most appropriate type to conduct can be decided through a short scoping meeting and discussion of timeframes and resources and levels of stakeholder involvement.

### Background to Recreational Open Space Supplementary Planning Guidance SPG

When the Denbighshire Local Development Plan 2006 -2021 (LDP) was adopted in June 2013, the Council resolved to carry forward all adopted SPGs for use as planning guidance in relation to the LDP policies. The proposed SPG outlines the Council's expectations with regard to the thresholds of provision of open space in new developments. The objective is to explain that where open space is to be provided onsite, it must reflect the Fields in Trust 'benchmark' standards or, where onsite facilities cannot be provided, contributions made to improve existing facilities through a commuted sum will be required. The SPG also offers design guidance on the types of open space facilities which would be expected in new developments, in order to ensure standards of provision are high and the facility benefits the whole community.

### Community Profile

Denbighshire is centrally located within North Wales and has a population of 94,066<sup>1</sup>. Denbighshire is largely a rural county covering an area which runs from the North Wales coastal resorts of Rhyl and Prestatyn down through the Vale of Clwyd, as far as Corwen and the popular tourist town of Llangollen. Along the way it takes in the historic towns of Rhuddlan, Denbigh and Ruthin, each with its own castle, and the cathedral city of St. Asaph<sup>2</sup>. There are a few areas of high deprivation which have been identified as having significant issues. The regeneration of Rhyl and other targeted areas in Denbighshire have been a priority in recent years, supported by dedicated Welsh Government funding.

In terms of age profile, 21% of the population is under the age of 18 years, which is the average for Wales as a whole. Denbighshire has a high proportion of elderly people in its population, 3% are aged 85 years and over whilst those aged 64 - 84 account for 18.3% of the population. English is the main language of the County with 24% of those aged 3 and

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<sup>1</sup> Denbighshire County Council website <https://www.denbighshire.gov.uk/en/visitor/about-denbighshire/discover-denbighshire.aspx>

<sup>2</sup> Office of National Statistics (2012). Welsh Language Skills 2011. Available at: <http://www.ons.gov.uk/ons/search/index.html?newquery=welsh+language>

over speaking Welsh<sup>3</sup>. A steady population increase is expected in coming years, with highest growth in older age groups. The increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases and cancers. This information highlights important demands for health, social care and housing and other support services for children and older people and it also illustrates important areas where prevention and early intervention action can be targeted for both children and older people.

The general fertility rate (GFR) is defined as the total number of live births born to females who are of childbearing age in a population, i.e. those aged between 15 and 44 years. This rate provides a useful indicator when studying population growth and change. Within Denbighshire the GFR is 61.49 per 1,000 females which is just above the average for Wales and when coupled with internal and international net migration figures has contributed to a slight increase in the population of the county. These increases will put pressure on services and amenities and especially housing - in terms of the typology of it, its supply and affordability<sup>4</sup>

Planning and allocating land for housing in the county was major theme in the Local Development Plan and within the LDP. The Recreational Public Open Space SPG has been developed to support any developments which are approved in Denbighshire.

### **The Health Impact Assessment**

The HIA built on a variety of evidence that had already been collated by the Planning Department and aimed to inform and contribute to the development of the draft SPG. Recently gathered data for the Local Development Plan (LDP) (adopted July 2013)<sup>5</sup> contributed to both the SPG and the HIA. The LDP lays out the land use allocation for DCC development over the next 10-15 years and considers projected population increases, its needs for housing and economic development opportunities.

There is a wealth of evidence of the benefits from open space. With regard to planning and open space, at a community level it has also been shown that green space in a neighbourhood can promote and increase social interaction and reduce social isolation. Green spaces in an urban or built up area offer the opportunity for the community to find calmness, be sociable, take exercise and escape the pressures of life.<sup>6 7 8 9</sup>

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<sup>3</sup> Office of National Statistics. Mid-year stats and population change 2012.  
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-322718>

<sup>4</sup> Bodelwyddan Key Strategic Site Planning Application. Ref: 40/2013/1585. Available at Denbighshire County Council Planning pages [www.denbighshire.gov.uk](http://www.denbighshire.gov.uk)

<sup>5</sup> Denbighshire Local Development Plan (LDP) 2013/Draft Bodelwyddan Key Strategic Site Development Brief (2014). Available at: <http://denbighddms.wisshost.net/english/default.asp>

<sup>6</sup> Faculty of Public Health & Natural England, Great Outdoors: How our natural health service uses green space to improve wellbeing. 2010.

<sup>7</sup> Institute of Occupational Medicine. Health Impact assessment of green space: A Guide. Greenspace Scotland. 2008.

<sup>8</sup> National Assembly for Wales. Communities, Equality and Local Government Committee. (2012). Inquiry into the provision of affordable housing in Wales. Cardiff: National Assembly for Wales.

<sup>9</sup> Institute of Rural Health and Countryside Council for Wales. Natural Heritage: a pathway to health. 2008

The quantity and quality of green space is important too. Poor quality green space may have a negative health impact and be depressing if it is poorly maintained, litter strewn or bleak. Other negative impacts include that they can be places for anti-social behaviour, have associated community safety implications which can inhibit access to and the use of green space or lack of public transport to natural environments further afield.<sup>10 11</sup>

Despite this, not all local authorities have reflected the importance of green spaces in some local community strategies but this is now changing and in Wales the use of HIA as a process to consider health and wellbeing has been included in the new 2013 Regeneration Framework 'Vibrant and Viable Places'<sup>12</sup>. The importance of the link between the built and natural environment and being physically active is also recognised within the NICE public health guidance 8 - 'Promoting and creating built or natural environments that encourage and support physical activity'<sup>13</sup>. In addition Planning Policy Wales produced a Technical Advice Note 16 in January 2009, *Sport, Recreation and Open Space*<sup>14</sup> which advises on the role of the planning system in making provision for sport and recreational facilities and informal open places in both the urban and rural environment.

### HIA session

The Strategic Planning and Housing Department approached Public Health Wales (PHW) and the Wales HIA Support Unit (WHIASU) to support them to undertake a HIA so that any health and wellbeing impacts or unintended effects could be identified and also consider any inequality implications.

The HIA was led by Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU) and Delyth Jones, Principal Public Health Officer from the North Wales regional public health team, PHW and was qualitative in nature. It followed the systematic methodology described in the Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide'<sup>15</sup> It supports work and training that WHIASU has recently been undertaking across Wales to develop HIA and a consideration of health, wellbeing and inequalities with local authority Planning and Public Protection Departments.

### Attendees:

- Liz Green - Principal Health Impact Assessment Development Officer, WHIASU/PHW
- Delyth Jones - Principal Public Health Officer, Public Health Wales

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<sup>10</sup> Netherland Institute for Health Services Research Utrecht, Wageningen. Green Space, urbanity and health: how strong is the relation? *Journal of Epidemiology and Community health*. 2006

<sup>11</sup> Wells N. How Natural and Built Environments Impact Human Health. Department of Design and Environmental Analysis, Cornell University. Available at [www.human.cornell.edu/outreach/upload/CHE\\_DEA\\_NaturalEnvironment](http://www.human.cornell.edu/outreach/upload/CHE_DEA_NaturalEnvironment)

<sup>12</sup> Welsh Government. *Vibrant and Viable Places: New Regeneration Framework* (2013)

<sup>13</sup> National Institute for Clinical and Care Excellence (NICE) public health guidance 8 - Promoting and creating built or natural environments that encourage and support physical activity (2008).

<sup>14</sup> Planning Policy Wales, *Technical Advice Note 16, Sport, Recreation and Open Space*, 2009.

<sup>15</sup> Wales Health Impact Assessment Support Unit (2012). 'Health Impact Assessment: A Practical Guide'.

- Lara Griffiths - Senior Officer, Strategic Planning and Housing, DCC
- Luci Duncalf - Planning Policy Officer, Strategic Planning and Housing, DCC
- Emma Horan- Corporate Strategic Planning, DCC
- Ben Wilcox-Jones- Highways, DCC
- Paul Mitchell- Natural Resources Wales
- Huw Rees- Countryside Services, DCC
- James Curran- Education Services, DCC
- Sion Goldsmith- Leisure and Services, DCC
- Emily Reddy- Community Development Coordinator, DCC
- Lucinda Dodd- Student Environmental Health Officer, Flintshire County Council,

At the outset, the group identified the main vulnerable groups who would be affected by the draft Recreational Public Open Space SPG using Appendix 2 of the Welsh HIA guidance. A lively discussion followed and a wide ranging number of groups were highlighted as being directly affected by the Recreational Public Open Space SPG. These were (in no particular order):

Age related groups:

- Young and old (however, it was noted that there was nothing in between but the SPG is relevant to all age ranges)

Income related groups:

- Low income- more formalised/supervision/cost facilities- unaffordable

Groups who suffer discrimination:

- Visually impaired and wheelchair users- natural environment may impact on accessibility for users

Geographical:

- People living around a facility- can be a negative impact due to noise, rubbish etc
- Negative for rural villages - should benefit all
- Ensure facilities and open space are local where possible- promote active travel rather than using a car.

After agreement on the above, the group then worked systematically through the wider or social determinants of health in turn and assessed the health and wellbeing impacts (as listed in Appendix 1 of the Welsh guidance) of the Draft Recreational Public Open Space SPG. Positive or negative impacts were identified as were any gaps or unintended consequences. Suggestions were made for mitigation and actions documented. All of this is summarised in the table below.

## 1 Lifestyles

Positives/ intended impacts	Negatives or unintended consequences/gaps
<ul style="list-style-type: none"> <li>• Provision of opportunity to play/ exercise</li> <li>• Imaginative play areas</li> </ul>	<ul style="list-style-type: none"> <li>• Anti social behaviour</li> <li>• Play areas- provision for different generations</li> <li>• Equipment often too heavy in play areas</li> <li>• Play areas- where sited. Not near schools/ takeaway outlets/ shops?</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Make areas multi generational- areas for parents to use eg. Gym equipment</li> <li>• Use as a vehicle to 'sell' opportunities eg. Cycle routes</li> <li>• Community food area/ growing</li> <li>• Green gyms</li> <li>• Allotments</li> </ul>	

## 2 Social and community influences

Positives/intended impacts	Negatives or unintended consequences/gaps
<ul style="list-style-type: none"> <li>• Neighbourliness</li> <li>• Social networks</li> <li>• Community identity</li> <li>• Social exclusion- if used and multi-generational</li> </ul>	<ul style="list-style-type: none"> <li>• If an area becomes formalised/ run by committees some may feel excluded and not for them...</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Role and value to community</li> <li>• If play area is to be provided there needs to be explicit and built in a timely manner- for residents to be aware- phasing process</li> <li>• Commuted sums - for revenue to deliver projects- community group</li> <li>• Language and culture eg. Star/seren labels on equipment</li> <li>• Maximisation of opportunities</li> </ul>	

## 3 Mental Wellbeing

Positives/intended impacts	Negatives or unintended consequences/gaps
<ul style="list-style-type: none"> <li>• Social interaction increases wellbeing- meeting people while out</li> </ul>	<ul style="list-style-type: none"> <li>• Anti social behaviour- consideration of sites- can create stress and fear</li> </ul>

<ul style="list-style-type: none"> <li>• Conflict with national environment-evidence supports</li> </ul>	<ul style="list-style-type: none"> <li>• ‘dingy’ - small area, one see saw-preference</li> <li>• Footpaths</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• None identified</li> </ul>	

#### 4. Living and environmental conditions affecting health

Positives/intended impacts	Negatives or unintended consequences/gaps
<ul style="list-style-type: none"> <li>• If done well- enhance attractiveness of an area</li> </ul>	<ul style="list-style-type: none"> <li>• Potential complaints if we let thing go ‘wild’</li> <li>• Need to pay attention to how people get to ‘spaces’ eg. MUGA’s</li> <li>• Risk aware- need to reconsider how we approach...</li> <li>• Poor access- How you get there is as important as the facility</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Joined up thinking- policy/ departments- process needs to be sorted within DCC</li> <li>• Retention and improvement of habitats- timing and use of ‘Commuted Sums’</li> <li>• New areas- indigenous</li> <li>• Accessible- infrastructure- housing- but sustainable methods</li> <li>• Need to re look at landscaping in building and current developments</li> <li>• SPG needs to be more explicit than just play areas</li> </ul>	

#### 5. Economic Conditions affecting health

Positives/intended impacts	Negatives or unintended consequences/gaps or opportunities
<ul style="list-style-type: none"> <li>• Active local population- more attractive for employment</li> <li>• Commuted sum money to go towards employment opportunities eg. Local minibus driver</li> <li>• Workforce benefit- attractive areas</li> <li>• Benefit to workforce if nearby</li> <li>• Larger developments add economic value</li> </ul>	<ul style="list-style-type: none"> <li>• Chargeable facilities- prices some people out of the market</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• Support set up to handover to community, eg. Green gyms</li> </ul>	

#### 5 Access and quality of services

Positives/intended impacts	Negatives or unintended consequences/gaps or opportunities
<ul style="list-style-type: none"> <li>• Public amenity</li> </ul>	

<b>Opportunity</b> <ul style="list-style-type: none"> <li>• Developers to consider other plans within the community eg. Schools/transport/ social care</li> <li>• Support and enable active travel to and from space/ amenity/ natural and semi natural green space</li> <li>• Consider change of name to 'active space'</li> </ul> <p>Be explicit in objectives</p>	

## 7 Macro-economic, environmental and sustainability factors

Positives/intended impacts	Negatives or unintended consequences/gaps or opportunities
<ul style="list-style-type: none"> <li>• Improves biological diversity-trees/ shrubs.</li> <li>• Maintain, improve and increase what's already there</li> <li>• Mitigates against climate change and flooding consequences</li> <li>• Supports planning policies</li> </ul>	<ul style="list-style-type: none"> <li>• Push for more houses currently-may leave open space as an afterthought</li> <li>• Limited in actual influence (WG)</li> </ul>
<b>Opportunities</b> <ul style="list-style-type: none"> <li>• None identified</li> </ul>	

### Recommendations and suggestions for the SPG from the participants

Several suggestions were proposed during the discussions and some comments were made in respect of strengthening the SPG. These are summarised below:

- include other options in document eg. Such as the kissing gate- Ruthin, Cut- Rhyl
- Recognition of local need- fit to meet their cultural/social needs
- Population within proposed development to reflect offer eg. Starter homes- access to paths etc, tie in with Active Travel Routes
- SPG needs to reflect the aspirations for the County
- Types of Open Spaces - need more detail
- Natural environment sites are absent from the SPG
- Improvements and retention of habitats and environments/ species
- Create access links to countryside near proposed and existing sites
- Conflict exists - school playing fields/playground exist for open space recreational use but often access is denied. Explore the potential to facilitate better access.
- Natural Resources Wales mapping of Natural Green space- to be shared with Planning Department



-Natural Resources Wales Green Infrastructure Policy- to be shared with Planning Department

- More photographs to be included of best practice examples

- A detailed glossary of terms should be included in the document

-Consider people 'in between' young and old age groups

### **Summary**

The workshop followed a systematic process, provoked a lively discussion made solid and beneficial connections to other policy areas and stakeholders. Overall, it was concluded that the Draft Recreational Public Open Space SPG has the potential to be highly beneficial to the population of Denbighshire if amended. It will positively deliver on many key issues including facilitating better health and wellbeing but it highlighted there are some matters that may need to be addressed both in order to enhance its effectiveness.

The information and evidence gathered as part of the HIA will be now used to inform and amend the final Recreational Public Open Space SPG.

### **Authors:**

Liz Green, WHIASU and Luci Duncalf, DCC with contributions from Delyth Jones, PHW and Lara Griffiths, DCC.

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## Appendix One

### Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

#### **Age related groups\***

- Children and young people
- Older people

#### **Income related groups**

#### **Groups who suffer discrimination or other social disadvantage**

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups\*\*
- Religious groups\*\*

#### **Geographical groups**

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women

\* Could specify age range or target different age groups for special consideration.

\*\* May need to specify

## Appendix Two Health and Well-Being Determinants Checklist

1. Lifestyles	<ul style="list-style-type: none"> <li>• Diet</li> <li>• Physical activity</li> <li>• Use of alcohol, cigarettes, non-prescribed drugs</li> <li>• Sexual activity</li> <li>• Other risk-taking activity</li> </ul>
2. Social and community influences on health	<ul style="list-style-type: none"> <li>• Family organisation and roles</li> <li>• Citizen power and influence</li> <li>• Social support and social networks</li> <li>• Neighbourliness</li> <li>• Sense of belonging</li> <li>• Local pride</li> <li>• Divisions in community</li> <li>• Social isolation</li> <li>• Peer pressure</li> <li>• Community identity</li> <li>• Cultural and spiritual ethos</li> <li>• Racism</li> <li>• Other social exclusion</li> </ul>
3. Living/ environmental conditions affecting health	<ul style="list-style-type: none"> <li>• Built environment</li> <li>• Neighbourhood design</li> <li>• Housing</li> <li>• Indoor environment</li> <li>• Noise</li> <li>• Air and water quality</li> <li>• Attractiveness of area</li> <li>• Green space</li> <li>• Community safety</li> <li>• Smell/odour</li> <li>• Waste disposal</li> <li>• Road hazards</li> <li>• Injury hazards</li> <li>• Quality and safety of play areas</li> </ul>
4. Economic conditions affecting health	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income</li> <li>• Economic inactivity</li> <li>• Type of employment</li> <li>• Workplace conditions</li> </ul>
5. Access and quality of services	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Other caring services</li> <li>• Careers advice</li> <li>• Shops and commercial services</li> <li>• Public amenities</li> <li>• Transport including parking</li> <li>• Education and training</li> <li>• Information technology</li> </ul>
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> <li>• Government policies</li> <li>• Gross Domestic Product</li> <li>• Economic development</li> <li>• Biological diversity</li> <li>• Climate</li> </ul>

## Appendix Three

### **Denbighshire County Council Draft Supplementary Planning Guidance - Recreational Public Open Space Rapid Health Impact Assessment Session 17<sup>th</sup> January 2017**

#### **1. What did you learn during the workshop?**

1. Need to look at a wider range of types of open space and use better images
2. I gained a better understanding of the work undertaken by colleagues; an understanding of where my role/projects fit into wider council priorities; positive impact that a HIA can have on project delivery.
3. How a HIA workshop is carried out and run. How during consultation not only positive and negative points are found but opportunities as well.
4. The value of the HIA process
5. Benefits of holding HIA - how it can benefit other areas.
6. How a HIA works, what the points are that need consideration. I will consider other determinants perspectives when writing other policy documents before a HIA takes place.
7. Talking is good. More talking is needed! An HIA is a useful tool and I will consider it for other things in future.
8. How the HIA can assist with projects. Understanding of SPG guidance notes and issues/solutions.

#### **2. What do you feel were the positive outcomes resulting from this workshop?**

1. Getting a wide range of different views and perspectives. Will result in an improved document
2. Potential improvements to internal communications procedures i.e. sharing project information
3. The amount of opportunities which were identified which can be carried out and implemented after the HIA
4. Good level of discussion to assist with the review of the SPG
5. Understanding the balance of intended/unintended consequences
6. Lots of different perspectives that were not initially considered when writing the document
7. Better SPG document. Improved knowledge of colleagues work and priorities
8. Networking. Understanding of other services/activities/offers within DCC

#### **3. What do you think worked and what didn't?**

1. Informal atmosphere enable free discussion. Well facilitated
2. Enjoyed the open discussion
3. The informal discussion worked well, giving everyone the opportunity to speak
4. The process worked well.
5. Understanding of how other elements impact policy development

6. Very engaging and informative. Easy to follow and opportunities for all to contribute
7. Not sure anything didn't work
8. Good, diverse range of services invited to workshop. Clear purpose of workshop

**4. What were your expectations prior to the session? Did the session meet them? (Please rate them 1-10 where 1 = not at all, 10=very much met them).**

1. 10
2. Not considered expectations prior to meeting however enjoyed the experience - 8
3. Positive and negative points to be identified and discussed = 10/10 - free flowing conversation allowed all to speak with opportunities to be discussed and connections to be made
4. This was the first HIA and it met my expectations - 10
5. 8
6. 10 fab!
7. I did not know what to expect. However understanding of the SPG has increased - so an 8 for that.
8. 8

**5. Any other comments you wish to make?**

1. -
2. -
3. -
4. Having a small group assisted discussions
5. Very useful exercise
6. Thank you for your time in assisting with the success of the SPG
7. Thanks. Very interesting and a useful opportunity to comment on an important document
8. None