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

1.1 This SPG supplements policies in the adopted Cardiff Local Development Plan (LDP) relating to health and planning and has been developed jointly between the Council and the Cardiff and Vale University Health Board. This interaction underlines the fact that neither health nor planning considerations are made in isolation.

1.2 Welsh Government support the use of Supplementary Planning Guidance (SPG) to set out detailed guidance on the way in which development plan policies will be applied in particular circumstances or areas. SPG must be consistent with development plan policies and national planning policy guidance. SPG helps to ensure certain policies and proposals are better understood and applied more effectively and highlights relevant (health) policy guidance not mentioned in detail within the development plan. They do not have the same status as the adopted development plan but are a material consideration in the determination of planning applications.

1.3 The purpose of this Supplementary Planning Guidance (SPG) is:

- To provide supporting information and guidance for planners, developers and investors on how our environment and the planning decisions we make, impact on the health and wellbeing of the population.
- To help achieve the Council’s vision of addressing health inequalities and become a leading city on the world stage as set out in the Capital Ambition Document
- To ensure planning decisions contribute to the national and local Well-being Goals set out in the Well-being of Future Generations (Wales) Act 2015.
- To offer guidance for addressing the effect of the built and natural environment on health and well-being as part of a strategic approach to tackling the city’s health inequalities and promoting healthy lifestyle options.
- To provide guidance on appropriate locations for health care facilities.
- To be an important material consideration in the determination of planning applications by setting out a range of potential health and well-being related factors that developers should consider when drawing up development proposals.

1.4 Local planning policy has a crucial role to play in ensuring that the opportunities exist for people to be able to make healthier lifestyle choices and address health inequalities. There is overwhelming evidence to show that health and environment are inextricably linked and that poor environments, such as poor air quality, contribute significantly to poor health and health inequalities. This SPG helps develop a way to consider health and wellbeing outcomes through the planning process by giving detailed guidance on making planning decisions.

1.5 The document focuses on the healthy urban planning principles set out in chapter 3, which highlight all the fundamental links between planning and health.

1.6 A Checklist is presented in the document (chapter 5) setting out a range of health-related factors that developers should consider when drawing up proposals.

1.7 This SPG will be taken into account by the Council in making sustainable planning decisions. The SPG contains information on how health and well-being can be positively impacted upon by good planning, and it will give guidance on ensuring that the health implications of any new development are considered.
1.8 Good planning means linking economic, social and environmental matters with the strategies of public agencies and service providers in the aim of creating attractive, safe and accessible places to live. This in turn improves the quality of life and wellbeing of individuals and communities. Developing strong, healthy and vibrant communities is vital to ensuring the well-being of the city’s population and planning therefore, has a crucial role to play in ensuring health and well-being is promoted, and health inequalities addressed. The health and well-being of communities must begin with the planning process. It is accepted that if communities and individuals have easy access to facilities and services, healthy food outlets, local employment opportunities, sustainable travel options and well designed, open and green public space, they will be more active, happier and healthier. Local planning policies, and the location of new developments and facilities, should enable people to have a choice of high quality and attractive places to live and allow them to reach the services they need and, for the services they need to reach them.

1.9 There has been much research and guidance formulated in recent years regarding ways of improving health and well-being through healthy spatial planning (chapter 3). Health professionals and planners are now adopting a much more collaborative approach implementing planning policies or introducing planning for health guidelines which allow health to be built into our environment at the earliest possible stage. This is often referred to as ‘designing in health’ much in the same way as we can ‘design out’ crime. This can be as important as investment in healthcare but whereas healthcare treats the symptoms, healthy urban planning can help address the causes of health inequalities and poor health.

How this guidance should be used

1.10 This SPG will be a material consideration when determining planning applications. The SPG sets out the areas where planning influences health outcomes in the form of themes and presents a list of recommendations for each theme. A Healthy Urban Planning Checklist is presented in chapter 5 which sets out a range of health-related issues which developers should consider when preparing development proposals.

1.11 This SPG sets the basis for discussions at a pre-application stage to ensure that health and well-being is an early consideration in the planning process. Additionally, the guidance should give input into larger regeneration projects and masterplans and is intended to be used by both planners and developers/investors.

Document Structure

1.12 This SPG begins by setting out the document’s position within the planning framework and how it links to the wider health and well-being agenda. Chapter 3 documents the strategic links between planning and health and highlights the inequalities in health which currently exist in the city. Chapter 4 focuses on appropriate locations for health care facilities and chapter 5 includes a healthy urban planning checklist setting out a list of issues which developers should consider when preparing development proposals.
Planning Obligations SPG

1.13 The purpose of this SPG is not to set out how planning obligations for new health care facilities will determined. This is set out in detail in the Planning Obligations SPG\(^1\).

2. Planning and Public Health Context

National Planning Guidance

Well-being of Future Generations (Wales) Act 2015

2.1 Human health and sustainable development are inextricably linked and action at the local level is especially important in achieving healthy, sustainable development. Sustainable development encompasses environmental, economic, and socio-demographic dimensions including health. The Act provides a clear definition of sustainable development and states that a public bodies must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

2.2 Sustainable development underpins the Well-being of Future Generations (Wales) Act 2015 and embedding the concept across the planning system will support the City of Cardiff Council in achieving progress against the 7 Well-being Goals and accord with Planning Policy Wales. The Well-Being Goals cover the full range of sustainability issues (environmental, economic, social and cultural) including health issues and Planning Policy Wales has suggested the following sustainability objectives for the planning system:

- **A Prosperous Wales.** The proposal or plan has the opportunity to support resource efficient and climate change resilient settlement patterns
- **A Resilient Wales.** The proposal or plan has the opportunity to protect and improve the environment, so as to improve the quality of life and protect local and global ecosystems.
- **A Healthier Wales.** The proposal or plan has the opportunity to contribute to the protection and improvement of people’s health and well-being and respond to climate change. There is the potential of supporting individuals and communities to access active and sustainable transport, access and grow locally produced healthy food, use local leisure activities and well maintained open, green spaces, experience reduced exposure to pollutants and reduced exposure to crime, live in safe neighbourhoods, experience safer roads and reduced injuries/accidents and access safe play areas
- **A More Equal Wales.** The proposal or plan has the opportunity to promote access to employment, shopping, education, health, community, leisure and sports facilities and open and green space, maximising opportunities for community development and social welfare. The proposal or plan should take into account how the development will be used by diverse groups and at every life stage
- **A Wales of cohesive communities.** The proposal or plan has the opportunity to locate developments that minimise the demand for travel, ensure that all communities have sufficient good quality housing in safe neighbourhoods, foster improvements to transport facilities and services and support social inclusion. Ensuring that development proposals do not result in severance of communities nor act as barriers to accessibility will be important considerations
- **A Wales of vibrant culture and thriving Welsh language.** The proposal or plan has the opportunity to help to ensure the conservation of the historic environment and cultural heritage and contribute positively to the well-being of the Welsh language.
- **A globally responsible Wales.** The proposal or plan has the opportunity to support the need to tackle the causes of climate change by moving towards a low carbon economy.

2.3 To demonstrate the application of the ‘sustainable development’ principle, public sector bodies will need to
Planning for Health and Well-being SPG

- Look to the long term
- Focus on prevention
- Deliver an integrated approach to achieving the Well-being Goals
- Act in collaboration with others
- Involve people and communities who have an interest in achieving the well-being goals.

2.4 This duty must be considered by Local Planning Authorities when assessing planning applications to assess the impact of the proposed development on the achievement of the Wellbeing Goals. Developers when submitting proposals should assess how their proposal impacts on the Well-being Goals.

2.5 The SPG will assist the Council and the Cardiff Public Service Board in taking forward the sustainable development principle, the ways of working and Well-being Plans. The Future Generations Commissioner for Wales\(^2\) has encouraged the strengthening of links between the Local Development Plans and Well-being Plans and supports the consideration of the role of places and spaces in people’s well-being.

**Active Travel (Wales) Act 2015**

2.6 The Act requires Welsh ministers to publish annual reports on the amount of active travel journeys are made in Wales. The Act makes it a legal requirement for local authorities in Wales to map and plan for suitable routes for active travel, and to build and improve their infrastructure for walking and cycling every year. It creates new duties for highways authorities to consider the needs of walkers and cyclists and make better provision for them. It also requires both the Welsh Government and local authorities to promote walking and cycling as a mode of transport.

2.7 By connecting key sites such as workplaces, hospitals, schools and shopping areas with active travel routes, the Act will encourage people to rely less on their cars when making short journeys.

**Public Health (Wales) Act 2017**

2.8 This Act will make changes to the law in Wales to improve health and prevent avoidable health harms. Some of the relevant changes in the Act include the production of a national strategy on preventing and reducing obesity and a requirement to undertake Health Impact Assessment (HIA) on key decisions.

**Health Impact Assessment (HIA)**

2.9 HIA is a process that helps to assess the impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. Undertaking an HIA produces information on how negative impacts on health can be reduced and positive health gains can be encouraged. There is no set methodology for the preparation of HIA’s but information and tools are available from the Wales Health Impact Assessment Support Unit [http://www.wales.nhs.uk/sites3/home.cfm?OrgID=522](http://www.wales.nhs.uk/sites3/home.cfm?OrgID=522).

2.10 HIA is currently not a statutory requirement for most types of development but provisions in the Public Health (Wales) Act 2017 will strengthen the position of HIA in Wales. By making the use of HIA mandatory in specified circumstances and their application consistent, the intention is to ensure that potential future impacts on the health and well-being of communities or on individuals are considered when making decisions. Provisions for the technical detail, and the circumstances and manner in which HIAs should be undertaken, will be set out in legislation expected during 2019.

Planning (Wales) Act 2015

2.11 This Act introduces provision for groupings of Local Planning Authorities to prepare Strategic Development Plan’s (SDP’s) and a requirement for Welsh Government to prepare a National Development Framework (NDF). It also introduces pre-application consultation requirements for developers, including engagement with specialist and community consultees. These pre-application consultation requirements provide an opportunity for health impacts to be factored in early in the development process.

Planning Policy Wales and Technical Advice Notes

2.12 Planning Policy Wales and related Technical Advice Notes set out national planning guidance for local authorities in relation to health and well-being. Paragraph 4.43 states that in contributing to the Well-being of Future Generations Act National Well-being Goals, planning policies, decisions and proposals should:

Contribute to the protection and, where possible, the improvement of people’s health and well-being as a core component of achieving the well-being goals and responding to climate change. Consideration of the possible impacts of developments – positive and/or negative – on people’s health at an early stage will help to clarify the relevance of health and the extent to which it needs to be taken into account.– “A Healthier Wales”

2.13 Sections 4.3 and 4.4 of Planning Policy Wales on Planning for Sustainability sets out the expectations from all working in the planning system in relation to the achievement of the sustainable development principle and specifies how planning policies, proposal and decisions can contribute to all 7 National Well-being Goals. Individual planning applications are also subject to the requirements of the Act. Detailed statutory guidance has been developed for those public bodies and public services boards subject to the well-being requirements.

Local Policy Guidance

Local Development Plan

2.14 The Local Development Plan was adopted in January 2016 and sets out a number of policies relating to health which are set out below. This SPG sets out detailed guidance on the way in which these policies will be applied when considering development proposals.

Key Policy KP14: HEALTHY LIVING

Cardiff will be made a healthier place to live by seeking to reduce health inequalities through encouraging healthy lifestyles, addressing the social determinants of health and providing accessible health care facilities. This will be
achieved by supporting developments which provide for active travel, accessible and useable green spaces, including allotments.

2.15 Paragraph 4.160 of the supporting text to this policy states that “This Policy accords with the aim in PPW to deliver sustainable development through ensuring that health is considered in new developments. It also assists achievement of a number of PPW objectives regarding travel and access to key community facilities. It reflects the direction that ‘health considerations can be material considerations in determining planning applications’ (PPW Para. 12.13.8) and accepts that the effect of development on people’s health is a key element of sustainable development and its consideration will raise any significant issues which need to be taken into account.”

Detailed Policy C6: HEALTH

Priority in new developments will be given to reducing health inequalities and encouraging healthy lifestyles through:

I. Identifying sites for new health facilities, reflecting the spatial distribution of need, ensuring they are accessible and have the potential to be shared by different service providers; and

ii. Ensuring that they provide a physical and built environment that supports interconnectivity, active travel choices, promotes healthy lifestyles and enhances road safety.

2.16 Paragraph 5.340 of the supporting text to this state that the “Policy aims to improve the health of Cardiff’s population by seeking to secure new health facilities in areas most at need, requiring that the built environment fosters healthy lifestyles, and ensuring that health is a key consideration in new developments.”

2.17 In addition to these two policies there are a number of other related LDP policies and SPG, such as detailed policy EN13: Air, Noise, Light Pollution and Land Contamination. Paragraph 5.178 of the supporting text states that “poor air quality can harm people’s health, quality of life and amenity. These are listed in Appendix A and B.

Capital Ambition Document (2017)³

2.18 The implementation of this SPG will help deliver the Council’s vision to become a leading city on the world stage and to make the city a great place in which to live, work, study and visit. By providing guidance to developers on health related factors they should consider when drawing up development proposals it will also help deliver the commitment to work with partners to reduce health inequality across the city.

Cardiff & Vale University Health Board Shaping Our Future Wellbeing Strategy (2015 – 2025)⁴

2.19 By setting out appropriate locations for health care facilities the implementation of this SPG supports the Cardiff & Vale University Health Board Shaping Our Future Wellbeing Strategy


Planning for Health and Well-being SPG

(2015 – 2025) in its focus on the health and care needs of the population and in delivering sustainable services collaboratively. A key element of the Strategy is the delivery of community based multi-agency services delivered from local shared use facilities.

Well-being Assessment and Plan

2.20 The Well-being of Future Generations (Act) gives the key public and third sector bodies working in Cardiff a legally-binding common purpose to improve the city’s social, economic, environmental and cultural wellbeing for this and future generations, by forming a Public Services Board (PSB). Under the Act, the Cardiff PSB must publish a Local Well-being Plan by May 2018, which sets out shared objectives for improving the well-being of the city. To give a robust evidence base for these objectives, the Cardiff PSB is required to publish a local Well-being Assessment bringing together a comprehensive view of the well-being of the city and its communities. The Act places a ‘well-being duty’ on public sector bodies across Wales to take action to achieve seven well-being goals. The Cardiff Well-being Assessment was published in January 2017 and a Well-being Plan is currently being developed. This will replace the Cardiff Partnership Strategy.

Strategic Links between Planning and Health

2.21 A number of key policy documents across the health and public health system support the focus on addressing the impact of the environment on health.

Public Health Outcomes Framework

2.22 This Framework is used to measure and monitor the health of the Welsh population and will aid understanding of the impact which our policies, programmes, services and behaviours are having on health and well-being in Wales. It supports the national indicators for the Well-being of Future Generation (Wales) Act 2015 and recognises that the achievement of good health, and the wider economic, environmental and social determinants of health can only be tackled by concerted and collective action. The document will usefully inform the ongoing annual monitoring relating to the implementation of the policies in the Local Development Plan.

NHS Wales Planning Framework. Developing an Effective Planning system in NHS Wales

2.23 This Planning Framework provides guidance for developing Integrated Medium Term Plans (IMTP) for each health board. IMTPs focus on the health planning role to develop and manage healthcare services to respond to local challenges. IMTPs are the vehicle for strengthening existing and forging new partnerships across the public and third sectors. The Cardiff & Vale University Health Board’s IMTP is available at http://www.cardiffandvaleuhb.wales.nhs.uk/uhb-medium-term-plan

Our Plan for Primary Care Service for Wales up to March 2018

2.24 The document sets out a framework aimed at assisting health boards in the development and delivery of improved primary care and community based services for their local populations.

NHS Wales Infrastructure Investment Guidance 2015

2.25 This Guidance sets out requirements for planning, delivery and management of NHS infrastructure investment. It supports the use of Health Impact Assessments as part of the decision making in respect of infrastructure investment proposals.

Useful Resources

Planning for Better Health and Well-being in Wales

2.26 This document produced by the TCPA, the Wales Health Impact Assessment Support Unit and Public Health Wales provides useful information and guidance relating to Planning for Health and Well-being.

Health Impact Assessment - A Practical Guide

2.27 This document produced by the Wales Health Impact Assessment Support Unit (WHIASU) describes the process, provides methods and lists resources to support Health Impact Assessment (HIA).

Spatial Planning for Health: An evidence resource for planning and designing healthier places

2.28 This document provides the findings from an evidence review examining the links between health, and the built and natural environment to help inform policy and support local action. The review concentrated on 5 built environment topics:

- Neighbourhood design
- housing
- access to healthier food
- natural and sustainable environment
- transport

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Planning for Health and Well-being SPG

Planning Healthy Weight Environments\(^{13}\)

2.29 This document produced by the TCPA and Public Health England is a practical resource for practitioners to use when working together to enable the creation of healthy-weight environments through the planning system.

\(^{13}\) https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7166d749-288a-4306-bb74-10b6c4ff4d60
3. **Planning for Health and Well-being - Themes and Guidance**

3.1 Historically planning and public health were explicitly linked, tackling ill health and poor sanitary conditions and air pollution. The gap in life expectancy, inequalities in health, rising obesity levels, low physical activity levels and the impact of environmental inequalities on population health has strengthened the understanding of the importance of the built environment in promoting health. Much evidence exists which suggests that the design of the built environment has a significant impact on physical and mental health and how people perceive their environments. Location, density and mix of land uses can have far-reaching effects on how individuals live their lives and access to public services, employment, local fresh food and open green spaces are all imperative for healthy lifestyles.

3.2 Healthy urban planning considers the impact of planning policy on the health and well-being of populations, in addition to the environmental, social and economic consequences. Healthy urban planning adopts a place making approach, placing people’s needs at the heart of urban and rural planning processes.

3.3 Local planning policies and planning decisions have a crucial role to play in ensuring opportunities exist for people to make healthier lifestyle choices and in addressing inequalities in health. The Health Map (figure 1) sets out the interactions and influences affecting health and well-being with people at the heart of the map. It illustrates the close association between the built and natural environment within which people live, lifestyle choices adopted, availability of accessible services, sense of community, social relationships, good jobs, and the creation of sustainable and healthy, thriving communities. The Health Map helps understanding of the impact of the built and natural environment on the health of communities and people and of the potential to address inequalities in health through the planning system.

**Figure 1 The Health Map**

3.4 This section focuses on the themes which represent the strategic links between spatial planning and health and gives guidance on where planning can facilitate an improvement in health and well-being. The checklist in Section 5 sets out a wide range of health-related issues that developers should consider when drawing up development proposals. The purpose of the checklist is as a quick reference to ensure that the impact on health and well-being of any particular development proposal has been considered.

3.5 Inequalities in life expectancy and healthy life expectancy

3.5.1 Across Cardiff, inequalities in health in terms of life expectancy and healthy expectancy at birth persist (see appendix C). For men, an eleven year gap in life expectancy (9.2 years for women) is evident between our most deprived and the least deprived communities. For healthy life expectancy at birth, the gap is 24.4 years for men and 21.8 years for women. This means that our residents living in the most deprived areas not only die sooner but experience ill health for longer.

3.5.2 Health and environmental inequalities are unavoidably linked and poor environments contribute significantly to poor health and health inequalities. Environmental inequalities impact on health and wellbeing, and ‘conspire’ with other factors to reinforce health inequalities. There is a disproportionate impact of environmental burdens on disadvantaged groups, in particular poor housing, high unemployment, higher rates of crime, poorer air quality, lack of green spaces and places for children to play, and more risks to safety from traffic as well as the negative effects of climate change.

Considerations that developers should take into account when submitting development proposals to help address health and environmental inequalities

3.5.3 The “Health Map” illustrates the links between the various environmental layers, the social and physical environment and the individual /population. Inequalities in health can begin to be addressed through providing affordable, energy efficient homes; creating good quality jobs; promoting walking and cycling; reducing traffic emissions and traffic speed; ensuring access to good quality open and green spaces; removing barriers to community participation and interaction; and reducing social isolation.

3.6 Healthy Lifestyles

3.6.1 Lifestyle behaviours are influenced by the determinants of health, as illustrated by the “Health Map”. The key lifestyle behaviours that could be influenced by planning decisions include being overweight and/or obesity and physical activity levels. For Cardiff, 54% of the population is obese or overweight, with 19% of the population obese (all Wales figures are 59% and 23% respectively) and 23% of the population is active for less than 30mins per week while 62% report being active for more than 150 minutes per week (all Wales figures are 30% and 58% respectively).

Considerations that developers should take into account when submitting development proposals to help promote healthy lifestyles

- **Active lifestyles**

3.6.2 Evidence is clear that being physically active benefits individual and population health by reducing the risks of obesity and chronic conditions. The built environment can support individuals, families and communities to be active by ensuring interconnectivity within and between developments, prioritising the pedestrian over motorised transport, prioritising active travel structures and layouts, and promoting access to community and retail facilities by walking or cycling.

3.6.3 To improve population health, promote sustainability and enhance community safety, policy guidance recommends the prioritising of walking and cycling (including provision for accessible bikes), reducing traffic speed and encouraging children’s outside play.

- **Access to open space**

3.6.4 Numerous studies point to the direct benefits of well-maintained green open spaces to environmental, physical and mental health and well-being. Green spaces have been associated with a decrease in health complaints, blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health and the ability to face problems. There is strong evidence that provision of green space effectively improves mental health.

3.6.5 The Local Development Plan (Policy C5) states that new development should provide a minimum of 2.43 hectares (6 acres) of functional open space per 1,000 population and distances to local provision are recommended in the Open Space Technical Guidance Note which forms part of the Green Infrastructure SPG.

- **Food environment**

3.6.6 Access to a food environment that promotes healthy eating is known to improve health, support the maintenance of a healthy weight and reduce the risks of developing long term chronic conditions. The built environment can provide access to food growing spaces within communities such as gardens, allocated food growing spaces near community buildings and allotments. Additionally, the provision of retail units selling fruit and vegetables and restricting the positioning of hot food takeaways in communities is known to influence the health of the communities.

3.7 **Air, noise and light pollution**

3.7.1 Air, noise and light pollution impacts on health and well-being, increasing the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma. Invariably there is a disproportionate impact on disadvantaged groups. The importance of the need to consider this issue is set out in NICE (National Health and Care Excellence) Guidance ‘Air pollution: outdoor air quality and health’ which was published in June 2017. In response to this issue the Council is currently developing a Clean Air Strategy which will set out measures to improve air quality within the city.

3.7.2 The Local Development Plan (Policy EN13) states that ‘development will not be permitted where it would cause or result in unacceptable harm to health, local amenity, the character

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16 [http://www.sustainweb.org/publications/?id=295](http://www.sustainweb.org/publications/?id=295)
17 [https://www.tcpa.org.uk/healthyplanning](https://www.tcpa.org.uk/healthyplanning)
and quality of the countryside, or interests of nature conservation, landscape or built heritage importance because of air, noise, light pollution or the presence of unacceptable levels of land contamination’.

Considerations that developers should take into account when submitting development proposals to reduce air, noise and light pollution

3.7.3 The Health Map illustrates the links between the various environmental layers and the individual /population. Air, noise and light pollution can begin to be addressed through promoting walking and cycling; reducing traffic emissions and traffic speed; ensuring access to good quality open and green spaces; supporting the development of energy-efficient buildings and neighbourhoods; where mitigation is not possible positioning developments away from existing or proposed sources of significant noise. Through engagement with the Council, the developer needs to outline what, where and for whom are the risks and vulnerabilities to significant impacts from air, noise, light pollution and land contamination.

3.8 Access to services

3.8.1 Access to and availability of health care services provided in good quality local facilities promotes health and reduces inequalities in health, in addition to being crucial for economic, social and environmental sustainability 18. It is also important that other services such as shops and schools are easily accessible and available to future residents. It has been found that geographical factors (lack of connectivity, for example) may inhibit the use of services by groups who experience difficulties in mobilising the practical resources required to access distant services.

Considerations that developers should take into account when submitting development proposals to promote access to services

3.8.2 Health Boards are major users of the built environment with facilities located centrally and locally for the provision of services and office accommodation and their positioning and design decisions impact on health as greatly as other services (for example, education and transport), as highlighted within the Health Map. To promote health and improve access for those in greatest need, it is suggested that

- All local primary /community health facilities and larger healthcare facilities be accessible by walking and close to regular sustainable travel modes and the service implements a travel plan that promotes sustainable transport
- Primary/community healthcare services are co-located within facilities shared with local authority and third sector organisations 19.

3.8.3 Key to delivery will be the transformation of health services to meet population need and working with Local Authority and third sector partners to develop a network of flexible, shared multi-functional community based facilities.

3.8.4 In addition to access to health care facilities developers should take into account access to a wide range of other services such as retail shops, post offices, libraries, schools, public transport, arts and leisure and community centres.

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Approved November 2017
3.9 Designing for safety and wellbeing

3.9.1 Well-designed places can help to reduce the circumstances and opportunity for crime and increase public confidence and security. Social exclusion can also be addressed by design solutions which integrate well maintained public spaces, community facilities, shops and parks into the surrounding development.

**Considerations which developers should take into account when submitting development proposals to ensure developments are designed for safety and wellbeing**

- **Road safety**

3.9.2 Road injuries are the ninth-leading cause of death globally and they are the biggest cause of death for people aged 15 to 25\(^20\). Children are the most likely road users to be killed in road accidents and chances for their survival decrease with increasing vehicle speed. Roads with speed limits of 20 mph are the safest and have a lower risk, with only 5% of children likely to die from collision with a vehicle at this speed. Initiatives that create better conditions for walking and cycling and reduce speed limits to 20mph are effective road safety approaches. Traffic calming and designating streets as home zones where pedestrians take precedence can also be used to create safer road environments.

- **Healthy Buildings**

3.9.3 Buildings in which we live and work can have a profound impact on health. Issues to consider include combating sick building syndrome, reduced VOC’s (Volatile Organic Compounds) in materials, natural lighting, good ventilation, positioning stairs in buildings so they are more obvious than lifts and well insulated homes, particularly for the elderly. Well insulated homes are important to both keep well and warm in the colder months and to also keep cool and well in the summer months without the need to use air conditioning, as increased incidence of heatwaves is an expected consequence of climate change. The design of buildings and bridges should also take into account the need to reduce suicide harm through restricting access to the means of suicide when designing such structures and the potential for slips or falls.

3.9.4 The quality of housing plays a key role in maintaining and promoting health and well-being. When submitting proposals for conversion of existing housing it is important that the design addresses any issues relating to poor quality housing and new developments are delivered to high standard of housing design.

3.10 Life stages, equality and inclusion

3.10.1 Factors that promote good health, particularly good mental health, include community participation, social equity and family and friendship support networks. Positive feelings about one’s life, self-esteem, control, and a sense of purpose influence levels of mental wellbeing which in turn impacts on physical and mental ill health.

Considerations which developers should take into account when submitting development proposals to promote equality and social inclusion

3.10.2 Planning has an important role to play in promoting equality and social inclusion. Children and young people need opportunities for sport, recreation and places where they can interact socially with their peers and as they become older, job and training opportunities must be available and accessible. Similarly, every individual in any community, regardless of age, sex, physical or mental ability should have access to community facilities and the services they require throughout all stages of their life. As we progress into later life, our daily requirements will change and it is imperative that communities are developed to incorporate services and opportunities which older people may need and desire.

3.10.3 In this respect the Council is committed to engaging with the UNICEF Child Friendly Cities Initiative, focusing on ensuring that children’s rights are embedded across the organisation and partnerships, and that policies and practice are child-centred.

3.10.4 Cardiff is a multi-cultural society and in order to ensure that it is a fair and equal society, social inclusion should be built into the redevelopment of our buildings and spaces. Our community spaces and places need to be adaptable, flexible, welcoming and acceptable to everyone at all ages and from all walks of life. People should be at the heart of the planning system because planning is a service to improve the quality of everyday lives. In order to help achieve this it is important that communities which may be affected by a development are actively involved at an early stage in the process.

- The role of planning in creating dementia friendly environments

3.10.5 There are currently 850,000 people living with dementia in the UK. This is set to increase to 1 million by 2021 and to 2 million by 2051. Evidence has shown that good quality housing and well planned, enabling local environments can have a substantial impact on the quality of life of someone living with dementia, helping them to live well for longer and of course, town planning has a key role to play if health and social care policies are to succeed. If you get an area right for people with dementia, you get it right for older people, for young disabled people, for families with small children, and ultimately for everyone.

3.10.6 A good practice note has been produced by the RTPI which gives advice to developers on how good planning can create better environments for people living with dementia. It summarises expert advice, outlines key planning and health policy and highlights good practice case studies.

- The role of planning in creating sensory environments

3.10.7 Planning Policy Wales states that local planning authorities and developers should consider the issue of accessibility for all, including the needs of people with sensory impairments at an early stage in the design process. Technical Advice Note 12: Design sets out key objectives of good design and states that developers should adopt inclusive design principles that deliver adequate provision for all people including those with

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21 Dementia and Town Planning Creating Better Environments for People Living with Dementia RTPI Practice Advice January 2017
Approved November 2017

17
sensory impairments. It also states that particular consideration should be given to the volume and relative ease of pedestrian movements.
4. Location of Health Care Facilities

4.1 As set out in section 3 access and availability of health care facilities promotes health and well-being. This section provides more detailed guidance on appropriate locations for new health care facilities, including doctors and dentists surgeries. Policy C1 Community Facilities of the adopted Local Development Plan describes where such facilities should be located.

C1: COMMUNITY FACILITIES

Proposals for new and improved community facilities, health and religious facilities will be encouraged, subject to the following criteria being satisfied:

i. The facility would be readily accessible to the local community it is intended to serve by public transport, walking and cycling;

ii. The facility would not unduly prejudice the amenities of neighbouring and nearby residential occupiers;

iii. The facility would not detract from the character and appearance of a property or the locality;

iv. The facility will not lead to unacceptable parking or traffic problems;

v. The facility is designed with the greatest possible flexibility and adaptability to accommodate additional community uses without compromising its primary intended use.

4.2 It is important that when development occurs the adequacy of existing health care facilities is considered as it can place a strain on existing facilities, to the detriment of the local community. As a result, there is a need to ensure that adequate health care facilities are provided to meet the future demands of local communities.

4.3 The provision of new health care facilities should go hand in hand with and be integrated into new development. Providing a range of community facilities that are accessible to as many people as possible is fundamental in terms of securing sustainable communities. Such facilities are valuable not only in terms of the amenity they provide, but are also important in generating employment and attracting people to live within an area. Whilst, it is recognised that there are many competing needs for the development and use of land, the Council is committed to ensuring that there are adequate facilities to serve residents within new strategic housing allocations. This will be achieved through planning obligations or the community infrastructure levy as appropriate. Further information on this is set out in the Planning Obligations Supplementary Planning Guidance Note.

4.4 Health care facilities will be favoured within District or Local Centres where appropriate, however, where such uses cannot be satisfactorily accommodated within centres, proposals on the edge of centres or within residential areas (to include the conversion or redevelopment of existing residential premises) will be favourably considered provided that issues of residential amenity, urban design, and transportation are appropriately addressed.

4.5 Furthermore, if the residential area falls within a Conservation Area, the proposed development should not detract from its character, nor should it have any negative impact on the built heritage assets.
5. **Healthy Urban Planning Checklist**

5.1 Given the links between health and well-being and planning set out in Chapter 3 it is important that developers take into account a wide range of health and well-being related factors as proposals are prepared. It is important that developers engage with the local planning authority and other stakeholders, such as the Local Health Board as early as possible in the process of drawing up development proposals.

5.2 To assist this process and ensure the full range of potential health and well-being related issues are considered, the following list of issues should be considered by developers when preparing major development proposals for housing, retail, employment and transport schemes. The list of issues has been developed from a Healthy Urban Planning Checklist developed by the NHS London Healthy Urban Development Unit and is based on Health Impact Assessment (HIA) methodology. Major developments are defined in planning legislation as:

- Residential developments of 10 or more dwellings or 0.5 hectares or more;
- The provision of a building or buildings where the floor space to be created by the development is 1,000 square metres of more; or
- Development carried out on a site having an area of 1 hectare or more.

5.3 It is recognised that health and well-being issues are cross-cutting and overlap with a range of issues including housing, transport, pollution, open space, flood risk and biodiversity. Given this, the health-related issues listed below are likely to be presented in a range of supporting documentation submitted with the application through documents such as the Environmental Statement, Transport Assessment, Travel Plan, etc.

5.4 Not all the health and well-being related issues will be relevant to all types of developments and the Council recognises the need for a balanced approach to the determination of development proposals where health related matters are one of many other material considerations. Developers will need to identify what is relevant and ensure it is included in the supporting documentation. For reference, relevant LDP Policies on each of the issues are listed below together with a weblink to the LDP:

- Provision of affordable family sized homes (Policies KP13 & H3)
- Connectivity to Cycle and Walking networks (Policy KP4, KP5, KP8, KP14 & T1)
- Promotion of Walking and Cycling (Policy KP4, KP8, KP14 & T1)
- Promotion of Highway safety (Policy T1)
- Promotion of Public Transport (KP4, KP5, KP6, KP8, T2, T3, T4 & T5)
- Minimising Car Use (Policy KP4, KP8 & T1)
- Provision of Health Services (Policies KP7, KP14 & C6)
- Provision of Education Services (Policy C7)
- Provision of employment (Policy KP1 & KP9)
- Accessibility to Social Infrastructure (Policy KP4, KP13 & C1)
- Accessibility to local food shops (Policy R4 & R5)
- Provision of Accessible Housing for older/disabled people (Policy KP5)
- Provision of Public Realm (Policy KP5)
- Noise Minimisation (Policy EN13)
- Minimise Air Pollution (Policy EN13)

[22](http://www.legislation.gov.uk/wsi/2012/801/article/2/made)
Planning for Health and Well-being SPG

- Open Space Protection and Provision (Policies KP5, C4 & C5)
- Play Space Provision (Policy C5)
- Local Food growing (Policy KP6, KP14 & KP16)
- Contribution to Biodiversity (Policies KP16, EN3 -8)
- Flood Risk Reduction (Policy EN14)
- Climate Change and Overheating (Policy KP5 & KP15)

5.5 The adopted LDP can be viewed at the following weblink:

https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Pages/default.aspx
Appendix A - Relevant LDP Policies

KEY POLICIES

KP1: LEVEL OF GROWTH
KP4: MASTERPLANNING APPROACH
KP5: GOOD QUALITY AND SUSTAINABLE DESIGN
KP6: NEW INFRASTRUCTURE
KP7: PLANNING OBLIGATIONS
KP8: SUSTAINABLE TRANSPORT
KP9: RESPONDING TO EVIDENCED ECONOMIC NEEDS
KP13: RESPONDING TO EVIDENCED SOCIAL NEEDS
KP14: HEALTHY LIVING
KP15: CLIMATE CHANGE
KP16: GREEN INFRASTRUCTURE

DETAILED POLICIES

HOUSING
H3: AFFORDABLE HOUSING

ENVIRONMENT

Countryside Protection
EN1: COUNTRYSIDE PROTECTION

The Natural Environment
EN3: LANDSCAPE PROTECTION
EN4: RIVER CORRIDORS
EN5: DESIGNATED SITES
EN6: ECOLOGICAL NETWORKS AND FEATURES OF IMPORTANCE FOR BIODIVERSITY
EN7: PRIORITY HABITATS AND SPECIES
EN8: TREES, WOODLANDS AND HEDGEROWS

Natural Resources
EN10: WATER SENSITIVE DESIGN
EN11: PROTECTION OF WATER RESOURCES

Renewable Energy
EN12: RENEWABLE ENERGY AND LOW CARBON TECHNOLOGIES

Pollution
EN13: AIR, NOISE, LIGHT POLLUTION AND LAND CONTAMINATION
Flood Risk
EN14: FLOOD RISK

TRANSPORT
T1: WALKING AND CYCLING
T2: STRATEGIC RAPID TRANSIT & BUS CORRIDORS
T3: TRANSPORT INTERCHANGES
T4: CENTRAL TRANSPORT HUB
T7: STRATEGIC TRANSPORTATION INFRASTRUCTURE
T8: STRATEGIC RECREATIONAL ROUTES
T9: CARDIFF CITY REGION ‘METRO’ NETWORK

RETAIL
R1: RETAIL HIERARCHY
R2: DEVELOPMENT IN THE CENTRAL SHOPPING AREA
R4: DISTRICT CENTRES
R5: LOCAL CENTRES
R8: FOOD AND DRINK USES

COMMUNITY
C1: COMMUNITY FACILITIES
C2: PROTECTION OF EXISTING COMMUNITY FACILITIES
C3: COMMUNITY SAFETY/CREATING SAFE ENVIRONMENTS
C4: PROTECTION OF OPEN SPACE
C5: PROVISION FOR OPEN SPACE, OUTDOOR RECREATION, CHILDREN’S PLAY AND SPORT
C6: HEALTH
C7: PLANNING FOR SCHOOLS

MINERALS
M4: MINERALS BUFFER ZONES
M5: RESTORATION AND AFTER - USE OF MINERAL WORKINGS
M8: AREAS WHERE COAL WORKING WILL NOT BE ACCEPTABLE

WASTE
W1: SITES FOR WASTE MANAGEMENT FACILITIES
W2: PROVISION FOR WASTE MANAGEMENT FACILITIES IN DEVELOPMENT

The adopted LDP can be viewed at the following weblink:
https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Pages/default.aspx
Appendix B - Links to other SPG’s

1. Planning Obligations
2. Green Infrastructure
3. Flooding
4. Residential Design Guide
5. Householder Design Guide
6. Food Drink and Leisure Uses
7. Noise
8. Renewable Energy Assessments
9. Design Guidance and Standards for Flats, Flat conversions and student accommodation
10. Access, Parking and Circulation
Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Cardiff, 2005-09 and 2010-14
Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

<table>
<thead>
<tr>
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<th>Life expectancy</th>
<th>Healthy life expectancy</th>
<th>Inequality gap (SII in years)</th>
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<tr>
<td>Males</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2005-09</td>
<td>77.0</td>
<td>63.8</td>
<td>11.8</td>
</tr>
<tr>
<td>2010-14</td>
<td>78.2</td>
<td>65.3</td>
<td>11.0</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
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<tr>
<td>2005-09</td>
<td>81.7</td>
<td>66.0</td>
<td>9.4</td>
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<tr>
<td>2010-14</td>
<td>82.7</td>
<td>67.1</td>
<td>9.2</td>
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<td>2005-09</td>
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<tr>
<td>2010-14</td>
<td>82.7</td>
<td>67.1</td>
<td>9.2</td>
</tr>
</tbody>
</table>

95% confidence interval
Life expectancy at birth, males, Cardiff and Vale UHB, 2010-14
Middle Super Output Area

- 81.8 to 84.6 (12)
- 79.0 to < 81.8 (15)
- 76.3 to < 79.0 (20)
- 73.5 to < 76.3 (13)
- 70.8 to < 73.5 (3)

Local authority boundary

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)
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Life expectancy at birth, females, Cardiff and Vale UHB, 2010-14
Middle Super Output Area

- 86.7 to 89.8 (5)
- 83.7 to < 86.7 (22)
- 80.7 to < 83.7 (22)
- 77.7 to < 80.7 (11)
- 74.6 to < 77.7 (3)

Local authority boundary

Produced by Public Health Wales Observatory, using PHM & MYE (ONS)
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Percentage of males assessing their general health status as good or very good, Cardiff and Vale UHB, 2011
LSOA, European age-standardised percentage*

- 83.8 to 90.5 (73)
- 77.1 to < 83.8 (87)
- 70.4 to < 77.1 (81)
- 63.7 to < 70.4 (49)
- 57.0 to < 63.7 (3)

* Using aggregated weightings from the 2013 European Standard Population

Produced by Public Health Wales Observatory, using 2011 Census data table LC3302EW (ONS)
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Percentage of females assessing their general health status as good or very good, Cardiff and Vale UHB, 2011

LSOA, European age-standardised percentage*

- 83.3 to 89.5 (65)
- 77.0 to < 83.3 (91)
- 70.8 to < 77.0 (67)
- 64.5 to < 70.8 (54)
- 58.3 to < 64.5 (16)

* Using aggregated weightings from the 2013 European Standard Population

Produced by Public Health Wales Observatory, using 2011 Census data table LC3302EW (ONS)
© Crown Copyright and database right 2016, Ordnance Survey 100044810

Approved November 2017
Appendix D – List of References

1. Planning Obligations SPG, Cardiff County Council, January 2017
2. Well-being of Future Generations (Wales) Act 2015, National Assembly for Wales
3. Well-being in Wales: Planning for a better tomorrow, Future Generations Commissioner for Wales, 2017
4. Active Travel (Wales) Act 2015, National Assembly for Wales
5. Public Health (Wales) Act 2017, National Assembly for Wales
6. Planning (Wales) Act 2015, National Assembly for Wales
7. Planning Policy Wales, Welsh Government
8. Cardiff Local Development Plan, Cardiff County Council, January 2016
11. Well-being Assessment, Cardiff Partnership Board, January 2017
14. Our Plan for Primary Care Service for Wales up to March 2018
15. NHS Wales Infrastructure Investment Guidance 2015
16. Planning for Better Health and Well-being in Wales
18. Spatial Planning for Health: An evidence resource for planning and designing healthier places
19. Planning Healthy Weight Environments
23. Dementia and Town Planning Creating Better Environments for People Living with Dementia RTPI Practice Advice January 2017
Appendix E – Consultation on the Draft SPG

Public consultation was undertaken between Thursday 22nd June 2017 and the Thursday 3rd August 2017. A press notice was placed in a local newspaper on Wednesday 21st June 2017. Copies of the draft guidance was placed in all Cardiff libraries and at County Hall Reception. The draft guidance was also published on the Council website. Letters notifying that consultation was being undertaken on the draft guidance were sent to all Councillors, the Welsh Government, Community Councils in Cardiff and any interested persons and the following organisations known to have general interest in planning in Cardiff or a potential interest in this guidance.

*** denotes consultees who have responded to consultation in addition to members of the public.

| ACE - Action in Caerau and Ely | Cardiff Against the Incinerator |
| Alder King | Cardiff Bus |
| Alternatives for Transport | Cardiff Bus Users |
| AMEC Environment & Infrastructure UK Limited | Cardiff Civic Society |
| Arts Council of Wales | Cardiff Community Housing Association |
| Arup | Cardiff Cycling Campaign |
| Asbri Planning Ltd | Cardiff Greenpeace |
| Associated British Ports | Cardiff Heliport |
| Association of Inland Navigation Authorities | Cardiff International Airport Ltd. |
| Atkins | Cardiff Lib Dem Group *** |
| Austin-Smith: Lord | Cardiff Local Access Forum |
| Barratt Homes | Cardiff Metropolitan University |
| Barton Willmore | Cardiff Naturalists |
| Bellway Homes | Cardiff Pedestrian Liberation |
| Biffa | Cardiff Transition |
| Bilfinger GVA | Cardiff University |
| Black Environment Network | Cardiff West Communities First |
| Blake Morgan LLP | Carolyn Jones Planning Services |
| BNP Paribas Real Estate | CDN Planning |
| Bovis Homes | Celsa Manufacturing (UK) LTD |
| Boyer Planning | Cemex Uk Operations Ltd |
| Bristol City Council | CFW Architects |
| BT Group plc | CGMS Consulting |
| Business in the Community Wales | Chartered Institute of Housing in Wales |
| C2J | Chichester Nunns Partnership |
| Cadwyn Housing Association | Chris Morgan Planning Consultant |
| Caerphilly County Borough Council | Chwarae Teg |
| Campaign for the Protection of Rural Wales | Civil Aviation Authority |
| Cardiff & Vale Parents Federation | Coal Authority |
| Cardiff & Vale University Health Board | Coleg Glan Hafren |
| Cardiff Access Group | Communities First Adamsdown |
| Cardiff Civic Society | Community Housing Cymru |
Community Land Advisory Service Cymru
Confederation of British Industry
Confederation of Passenger Transport
Connections Design
Country Land and Business Association
CSJ Planning Consultants
Cymdeithas yr iath gymraeg
Danescourt Community Association
David Lock Associates
Davies Sutton Architects
DavisMeade Agricultural
Derek Prosser Associates
Design Circle RSAW South
Design Commission for Wales
Development Planning Partnership
Development, Land & Planning Consultants Ltd
Disability Arts Cymru
Disability Wales
DLP Consultants
DLP Planning Ltd
DPP Cardiff
DTB Design
DTZ
Dwr Cymru Welsh Water
Edenstone Homes
Wales Health Impact Assessment Support Unit (WHISAU)/Environmental Public Health Service in Wales***
Equality and Human Rights Commission
Ethnic Business Support Project
Federation of Small Businesses
First City Limited
FirstGroup plc
Firstplan
Forestry in Wales/Natural Resources Wales
Freight Transport Association
Friends of Nantfawr Community Woodland
Fulfords Land & Planning
G L Hearn
G Powys Jones
Garden History Society
Geraint John Planning Ltd
GL Hearn Planning
Glamorgan - Gwent Archaeological Trust Ltd
Glamorgan Gwent Housing Association
GMA Planning
Graig Community Council
Graig Protection Society
Great Western Trains Company Limited
Grosvenor Waterside
GVA
H O W Commercial Planning Advisors
Hafod Housing Association Limited/ Hafod Care Association Limited
Halcrow
Hammonds Yates
Heath Residents Association
Herbert R Thomas LLP
Home Builders Federation
Hutchinson 3G UK
Hyland Edgar Driver
Hywel Davies
Interfaith Wales
Jacobs Babtie
Jeremy Peter Associates
JLL
John Hughes
John Robinson Planning & Design
John Wotton Architects
Jones Lang LaSalle
JP Morgan Asset Management
Keep Wales Tidy
Kelly Taylor & Associates
Kingsmead Assets Limited
Knight Frank
Landscape Institute Wales
Levvel Ltd
Lichfields
Linc-Cymru
Lisvane Community Council
Llandaff Conservation Group
Llandaff Society
Lovell Partnership
Loyn & Co Architects
LUC
Madley Construction
Mango Planning and Development Limited
Marshfield Community Council
Martin Robeson Planning Practice
McCarthy & Stone (plc)
Meadgate Homes Ltd

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Planning for Health and Well-being SPG

Mike Pitt
Mineral Products Association
Morgan Cole
Mott MacDonald
National Federation of Builders
National Youth Arts
Natural Resources Wales
Neame Sutton
Network Rail
Newport City Council
NFU Cymru
North West Cardiff Group
Novell Tulet
O2 UK
Oakgrove Nurseries
Old St Mellons Community Council
Orange
Origin3
Pantmawr Residents Association
Peace Mala
Peacock & Smith
Pegasus
Pentyrch Community Council
Persimmon Homes
Peterson Williams
Peterstone Community Council
Phillippa Cole
Planning Aid Wales
Planning Potential
Police & Crime Commissioner
Powell Dobson
Powergen
Prospero Planning
Quarry Products Association
Quinco
Quod
Race Equality First
Radyr & Morganstown Association
Radyr and Morganstown Community Council
Radyr and Morganstown Partnership and Community Trust (PACT)
Radyr Farm
Radyr Golf Club
Rapleys
RCT
Redrow Homes ***
Reeves Retail Planning Consultancy Ltd
Renplan
Reservoir Action Group (RAG)
Rhiwbina Civic Society
Rhondda Cynon Taf County Borough Council
RICS Wales
Rio Architects
Riverside Communities First Team
Robert Turely Associates
Roberts Limbrick
Robertson Francis Partnership
Royal Commission on the Ancient & Historical Monuments of Wales
Royal National Institute for the Blind
RPS Group Plc
RSPB Cymru
Save Creigiau Action Group
Savills
Scope Cymru
Scott Brownrigg
Sellwood Planning
Shawn Cullen
SK Designs
SLR Consulting
South Wales Chamber of Commerce Cardiff
South Wales Police
South Wales Police Crime Prevention Design Adviser
South Wales WIN
Splott and Tremorfa Communities First
Sport Wales
SSE Energy Supply Ltd
St Fagans Community Council
Stedman Architectural
Stewart Ross Associates
Stonewall Cymru
Stride Treglown Town Planning
Stuart Coventry Scott Wilson
Sullivan Land & Planning
Sustrans Cymru
Taft Housing Association
Tanner & Tilley
Taylor Wimpey
Terry Nunns Architects
Planning for Health and Well-being SPG

The 20th Century Society
The Boarding Centre Ltd
The Design Group 3
The Georgian Group
The Institute of Cemetery and Crematorium Management
The Land Mark Practice
The Planning Bureau
The Royal Town Planning Institute
The Urbanists
The Victorian Society
The Wildlife Trust of South & West Wales
Theatres Trust
T-Mobile (UK) Ltd
Tongwynlais Community Council
Torfaen County Borough Council
Turley
United Welsh Housing Association
Urban City Ltd
Velindre NHS Trust Corporate Headquarters
Virgin Media
Vodaphone
Wales & West Housing Association
Wales Council for Voluntary Action
Wales Women’s Aid
Watts Morgan
Welsh Ambulance Services NHS Trust - South East Region
Welsh Government
Welsh Government - Economy Skills and Transport Division
Welsh Language Commissioner
Welsh Tenants Federation Ltd
Wentloog Community Council
White Young Green
Wimpey Homes
WS Atkins Planning Consultants
Wyevale Garden Centre
## Appendix F – Summary of Consultation Representations and Responses

<table>
<thead>
<tr>
<th>Page/Para</th>
<th>Comment</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>Para 5.3</td>
<td>It would be worth pointing out that whilst health-related issues are likely to be relevant to most development, not all development will be able to fully meet the criteria set out in the draft SPG. It is important that the draft SPG recognises the need for a balanced approach to the determination of development proposals where health related matters are one of many other material considerations.</td>
<td>Agreed – text added to recognise this issue</td>
</tr>
<tr>
<td>Para 2.9 &amp; 2.10</td>
<td>There needs to be more clarity about when a Health Impact Assessment will be required to be submitted as part of a planning application. As it stands, the draft SPG suggests that the preparation of an HIA is good practice for appropriate development. Redrow consider that greater clarity on thresholds should be subject of consultation and would suggest that the draft SPG needs to recognise that there is no set methodology for the preparation of HIA's and that the methodology promoted by the Wales Health Impact Assessment Support Unit is simply one means of carrying this out.</td>
<td>Agreed SPG amended accordingly</td>
</tr>
<tr>
<td>Para 2.18</td>
<td>In the latest Cardiff Ambition document, the target for a ‘liveable’ city has been dropped. This SPG may therefore need rewriting in a number of places.</td>
<td>Agreed change made</td>
</tr>
<tr>
<td>Paras 3.5 to 3.10</td>
<td>In general, there is little to object in this SPG. However, a significant problem is exposed in Chapter 3, which is little more than a series of platitudes, without any sense of how they might be enforced. The open-ended nature of this SPG therefore risks creating more loop-holes than it closes.</td>
<td>SPG strengthened so it clearly outlines considerations developers must take into account when submitting development proposals</td>
</tr>
<tr>
<td>Para 3.10.7</td>
<td>While we welcome the focus on creating a dementia friendly environment, we regret there is not a similar reference to those with sight or other sensory deprivations. This is a significant oversight as legislation doesn't cover all aspects of designed environment, yet it can have a big impact on those affected by sensory deprivations and fail to meet the requirements of an Equality Impact Assessment.</td>
<td>New section added on sensory deprivations</td>
</tr>
<tr>
<td>General</td>
<td>As a general comment, we feel the lack of</td>
<td>This issue is not</td>
</tr>
<tr>
<td>Section</td>
<td>Comment</td>
<td></td>
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<td>---------</td>
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<td></td>
</tr>
<tr>
<td>General</td>
<td>Reference to the infrastructure required for the emerging electric car revolution is a major failing. There is no planning for residents who do not have access to a drive and are therefore unable to charge electric or plug-in hybrid cars (they may live in flats or densely populated streets with limited on-street parking).</td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>We applaud the intention behind the SPG and welcome its development. However, having reviewed it, we believe that it needs further work and there are enormous opportunities to strengthen it. Currently, it is disjointed in places, could be clearer in its direction to readers and misses some really useful resources which could aid developers and all the associated stakeholders.</td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>Although it refers to the wider determinants of health and includes the Barton and Grant Health Map, it contains and makes highly explicit links to health care services and physical health. This may reinforce the idea that health is biophysical, illness and health services related...which is not what the health map intends. Health is much more than physical health, illness and disease and the need for services to treat those. It is physical, social and mental health and wellbeing. The document could make these links much more explicit and I would suggest renaming the SPG “Planning for Health and Wellbeing” – this would also strengthen the connection to the Wellbeing of the Future Generations Wales Act (WBFG Act).</td>
<td></td>
</tr>
<tr>
<td>Para 5.1</td>
<td>In general the WBFG Act could have a great prominence in framing the document as this is the legislative vehicle for “Health in all Policies in Wales” and provides the underpinning principles for all policy and decision making, including economic development, in Wales. The document currently covers some of the “what” needs to be addressed around health in planning but does not address the “how” in terms of what processes will enable better health outcomes to be achieved through the planning system. Is there a possibility to introduce a greater focus on the ways of working in the WGFG by the planners/developers such as engaging and working in partnership or consulting with the whole range of stakeholders at the right time and as early as possible? Likewise it is about building up the responsibility of the NHS to engage effectively with the planner/developers.</td>
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**Agreed**

- Document structure revised to give a clearer direction to readers and additional links to resources added to aid developers and stakeholders.
- Additional links added to document to make links to social and mental health more explicit and document renamed to “Planning and Health and Wellbeing SPG”.
- Additional text included to cover this issue.
| Para 2.8 to 2.10 | These sorts of documents could be interpreted by some as placing all the responsibility on the planners and developers. | The Public Health Act should also have a greater prominence in the document otherwise it would be a missed opportunity in supporting the implementation of statutory HIA. This will be a big lever in the planning for health agenda. | Reference to Public Health Act and HIA added to document. |
| Para 5.1 to 5.4 | We wonder whether using an adapted version of the HIA wider determinants checklist as an alternative to the Healthy Urban Planning Checklist in section 5. This could enable a more consistent approach to furthering the understanding between planning and health. Through WHIASU one of our purposes is providing a framework for the practice and understanding of HiAP and HIA that is applied consistently across Wales part of that is having a common language, the tools developed by WHIASU are one of the ways to do this. With the introduction of a statutory HIA this ‘language’ will be promoted further to really embed that understanding. I think it would be good if that followed within any related policies documents to embed that thinking, approach and understanding | It is not considered appropriate to use the HIA wider determinants checklist as this covers issues outside the scope of planning. The Healthy Urban Planning checklist is more focussed on planning issues and provides a clear line of sight to policies in the adopted LDP |
| General | Many sections would be strengthened if there was a linkage made with or informed by sections from the TCPA/WHIASU Planning for Better Health and Wellbeing briefing as well as other direct guidance for planners and developers. The Table on page 5 of the TCPA/WHIASU briefing The Why.... and the table on page 7 spheres from the health map would both be helpful. Resources to include links to: The HIA checklist from the Wales HIA Guidance www.whiasu.wales.nhs.uk could also be included along with the following documents: ‘Planning for Better Health and wellbeing’ TCPA and WHIASU 2016 www.whiasu.wales.nhs.uk The recently published PHE Evidence Briefing for Planning https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review | Sections strengthened and links to resources added |
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