



**Report on the Rapid Participatory Health Impact Assessment of
the Deposit Local Development Plan**

Wrexham County Borough Council

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1. Introduction

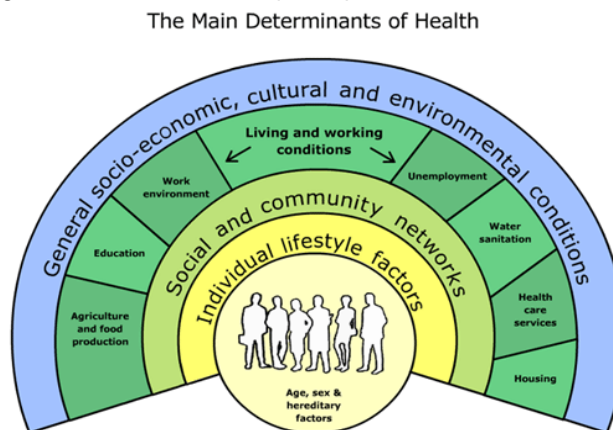
Health Impact Assessment (HIA) is a process which supports organizations to assess the potential consequences of their decisions on people’s health and well-being. The Welsh Government (WG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities although HIA is currently not Statutory.

HIA 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 organizations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximize opportunities for health and to minimize 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. Within HIA a broad definition of health is used.

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organisation, 1948)

At the core of HIA the *Wider Determinants of Health* provide a framework to undertake the assessment component of the HIA process.

Source: Based on Dahlgren and Whitehead (1991)



While some of the impacts on health determinants may be direct, obvious, and/or intentional others may be indirect or unintentional.

The main output from any HIA is a set of mitigations or recommendations informed by the evidence gathered. This will then inform the further development of the plan, policy or initiative to minimize risks and maximize potential positive health and wellbeing outcomes.

2. Background

Public Health Wales has worked with Wrexham County Borough Council (WCBC) regularly as part of the development of its Local Development Plans since 2007. In January 2018; North Wales local Public Health Team was approached by Planning and Policy lead to undertake a rapid participator HIA on the Deposit Plan. National legislation and Planning Policy Wales places a duty on the Local Planning Authorities to produce a Local Development Plan (LDP). The LDP is a land use plan for a county and sets out the planning requirements to achieve sustainable development. The LDP outlines the needs for housing; economic growth; infrastructure and community facilities, and where these developments will take place through the allocation of land. The Wrexham LDP covers the period 2013 – 2028. There are a number of stages involved in the development of the LDP. Throughout the development, process there is a duty to consult at key stages. There is a growing use of HIA methodology as part of the consultation approach within LDP development in Wales. This approach considers the health and wellbeing effects on all sections of society including issues of equality and equity and involves key stakeholders including vulnerable groups such as older people and geographically isolated groups.

3. Deposit Plan Consultation

The overall purpose of The Plan is to support economic growth, and raise standards of living within the area to maximise community benefit and bring forward development plan that is in the best interest of the County Borough and its people. National legislation and planning guidance places a duty on every Local Planning Authority in Wales to produce a Local Development Plan that delivers sustainable development, ensuring that social, economic, environmental and cultural factors are all suitably balanced. Informed by the pre deposit participation stages, a vision and set of strategic objectives have been formulated to ensure the plan achieves its purpose. The vision sets out how the county Borough is expected to change. The overall vision translates into 12 detailed strategic objectives, which sets out what the plan is trying to achieve. It is the impact of those strategic objectives on health and well-being, which was assessed during the HIA. When undertaking an HIA it is important to have an understanding of the profile of the community that the policy, plan or intervention is intended for. The profile aids the identification of the vulnerable groups and provides local context and insight to inform the assessment. Therefore, Wrexham Wellbeing Assessment key findings was available alongside other supporting documents to those invited to the HIA workshop

so that they have the appropriate information and data in order to gain the relevant insight to inform their contribution.

4. Evidence

In the preparation of a Local Development Plan a wide range of evidence is gathered and considered by the Planning Policy Officers relating to the key issues facing a county, informed by both the national and local context. In addition, a number of statutory assessments are undertaken, including Sustainability Appraisal (SA) and Equality Impact Assessment (EqIA), which contribute to the evidence base.

Whilst HIA is not a statutory requirement within the development of LDPs anywhere in the UK, Planning Policy Wales (PPW) Guidance (Welsh Government, Ed.8 2016) makes reference to impacts on health by stating 'the several impacts of plans upon health and its determinants should be considered'.

HIA uses the wider determinants (shown in section 1) as the framework through which to undertake the assessment and assess any plan, policy or proposal. The evidence base used to inform the wider determinants is diverse and highlights the association between those wider determinants and the health and wellbeing outcomes for individuals and communities. Housing, employment and the physical environment are key elements of the wider determinants and, as stated above in section 2, the focus of the considerations within the LDP. HIA is therefore a useful and appropriate methodology to apply within the consultation of the PS.

The findings from the HIA session will form part of the evidence gathered during the consultation phase of the Plan.

5. Rapid Participatory HIA Workshop

5.1 Purpose and process

The assessment workshop took place during the morning of 17 May 2018. A list of attendees is attached in Appendix 1 and the agenda in Appendix 2. The purpose of the HIA session was to identify and consider whether the Deposit Plan could have a differential impact on the health and wellbeing of local people and places by using the framework of the Health and Wellbeing Wider Determinants checklist (see Appendix 3) to assess the plan. Prior to the session, attendees were provided with a link to access the Deposit Plan.

At the beginning of the workshop, the Head of the Policy and Planning gave a presentation, which included the background and overview of the plan. Public Health Wales delivered a presentation on HIA, its purpose and key data on Wrexham population profile.

The planning Policy Officers also provided participants with a summary of the Strategic Policies with guidance maps, which enabled participants to ask questions to obtain further clarification if required. All the discussions were recorded and are reported in the following sections.

5.2 Identification of Vulnerable Groups

The first stage of the assessment involves identifying the target groups who could be the most disadvantaged or vulnerable within the context of the Deposit Plan. A Vulnerable Group Checklist (Appendix 4) was used as guidance to start the discussion. A range of population groups were discussed and identified with more focus on the following:

- Older population
- School age children
- Looked after children
- Students
- Prison population
- People with mental health issues
- Physical disability
- Single Person Households (including pensioners)

6. Summary of Findings

This section provides a summary of the most common themes, key discussions and issues raised as the group worked through the wider determinants framework (see appendix 3 for the wider determinants checklist). The completed matrices and notes from the group's discussions can be found in Appendix 5.

6.1 Lifestyles

The discussion mainly focused on the opportunities the Plan provides for supporting and encouraging the population to increase physical activity participation and active travel. Majority felt that the plan contained sufficient emphasis on active travel, which will encourage people to use alternative modes of travel. However, it was felt that the plan could be more explicit in considering accessibility and provision of safe routes for alternative modes of travel such as cycling and walking. There were suggestions that equal emphasis should be given to recreational activities along with active travel opportunities. It was felt that plan could be more explicit on provision of safe and convenient routes with a focus on vulnerable groups e.g. children and the elderly. Questions were also raised in relation of the impact of the plan on existing communities and how the plan could align the existing communities with the new developments. There were suggestions that a general framework might be needed to be included in SPG to address the above.

Participants felt that the health and wellbeing policy had sufficient references on Diet and access to food.

6.2 Social and community influences in Health

The main themes emerging from the discussions were related to cohesive communities and gaining a balance between the scale of development within the main urban areas and other settlements in the County. There was also an observation that large-scale developments may have difficulties in creating a 'sense of community' and there could be difficulties in overcoming negative perceptions between existing developments and the new developments. If the balance was, right new developments in the smaller settlements have the potential to sustain certain services such as rural schools through expanding attendance.

It was suggested that by incorporating certain community features within the developments, such as allotments or community space and informal meeting spaces accessible to different ages and abilities, could support community interaction and result in positive social health and community cohesion.

It was also suggested that the plan could be more explicit with the list of requirements for community facilities especially GP practices and schools for developers to consider. It was noted that SP4 does provide a list of requirements, which includes community facilities where GPs are considered as community facility. However, participants suggested that it would be better for General Practice and Schools to be specifically and explicitly mentioned in the list. People with dementia living in the communities were identified as a particular vulnerable group for this section.

6.3 Mental Wellbeing

No specific points were raised for this determinant as the group felt these had been considered within the Social and Community Influences and lifestyle factors. It was felt that the overall focus on active travel, safe routes and community cohesion will have a positive impact on mental wellbeing of the population.

6.4 Living and Environmental conditions affecting health

A number of positive impacts identified including opportunities the plan provides in terms of good design of roads, access to employment, hospitals and industrial estate and improvements to the quality of housing provision and the environment.

Considering the high demography of the working population it was felt that the plan will have a positive impact on employment opportunities and links to neighbouring counties e.g. Chester. However, it was felt that it is important that the plan explicitly consider safeguarding of existing employment sites/lands.

Concerns were raised related to the impact of new developments and potential growth in demand for transport and road access that could compromise air quality and noise. Suggestion made that the strategy for transport and accessibility (SP12) could be more explicit on air quality and noise.

6.5 Economic Conditions Affecting Health

There were a number of positive impacts identified within this determinant, including employment opportunities, which is expected to be created with the focus on growth within the plan and the known benefits to health and wellbeing from being in employment. Moreover, the provision of additional housing is expected to have a positive impact on retaining graduates from the local university and colleges. It was also recognized that current town centre regeneration project will be contributing to increasing the employment opportunities of the local population by improving access, retail mix and better linkages with the most deprived communities within WCBC.

It was felt that it is important to have a mix of skilled and developing skills employment to balance inward migration of skilled workers with personal development opportunities for local residents currently unemployed. Although it was acknowledged that the study model for the plan predicted growth of certain industries, which would be market driven, the question raised whether the plan provides reference to disability employment opportunities. Moreover, there were some concerns raised in relation to potential challenges for encouraging active travel in accessing the new employment opportunities due to poor infrastructure and it was discussed how the plan could possibly address that.

6.6 Access and Quality of Services

The key issues raised within access to services were; road/transport access, opportunities for additional infrastructure and service provision, tensions on existing services from population expansion e.g. potential impact on accessing Maelor Hospital, and impacts on information technology.

It was felt the LDP-PS has the potential to strengthen all of the above for the benefit of health and wellbeing outcomes, including improvements to minor roads around key strategic development sites. The focus of discussion within this theme was mainly in relation to potential pressure on existing health services especially Wrexham Maelor Hospital. It was suggested that there is a need for joint planning for possibilities of looking into developing Park & Ride and cycle schemes. It was suggested that joint discussions could take place between the Health Board and WCBC planning and Policy team to mitigate for potential negative impacts.

In relation to access to education and training facilities, it was noted that 2 new primary care schools will be required to accommodate for the demand from the new developments, this has already been considered as part of planning. However, considering younger population profile of Wrexham it was suggested that the plan needs to have focus on higher education needs with potential land growth for Coleg Cambria and Glyndwr University.

In relation to Information technology, it was noted that SP9 will be an enabler to help

improve services. It was also confirmed that Telecom infrastructure is permitted under the Town and Country development plan.

6.7 Macro-economic, Environmental and Sustainability factors

Certain links were identified with the wider macro-economic, environmental and sustainability factors. One of these was the impact of climate change and the recognition that whilst important was very much a national consideration and beyond the scope of the local LDP. It was noted that the Policy on Climate change (SP 19) have sufficient reference around Reducing carbon emissions; Protecting and increasing carbon sinks; adapting to the implications of climate change at the both a strategic and detailed design level; promoting energy efficiency and increasing the supply of renewable energy.

7. Recommendations

During the discussions, a number of potential mitigations/recommendations were identified and are summarized below.

1. Ensure the plan is explicit in considering accessibility and provision of safe routes for alternative modes of travel such as cycling and walking.
2. There is good focus on active travel, similar focus is needed on providing opportunities for recreational activities and play opportunities
3. Reference is needed on how the plan could align the existing communities with the new developments
4. A general framework can be included in the Supplementary Planning Guidance to address all above
5. Ensure a balance/spread of development to support growth for main urban areas alongside the smaller settlements across the county and avoid any inequalities and inequity.
6. SP4 does provide a list of requirements, which includes community facilities where GPs are considered as community facility. Consideration for the provision of General Practices and Schools to be specifically and explicitly mentioned in the list
7. The plan should explicitly consider safeguarding of existing employment sites/lands.
8. The strategy for transport and accessibility (SP12) should be more explicit on the impact of the plan and its mitigations on air quality and noise.
9. Wrexham County Council Planning leads and the Health Board to meet for joint planning on how to mitigate the potential negative impact of the plan on accessibility to Maelor Hospital and primary care.

8. Conclusion

Those attending the HIA workshop reported that they had gained further insight and a greater understanding of the proposed LDP and its developments and that the approach taken within the HIA process had supported this. They appreciated the opportunity to bring partners together and have an open discussion. The rapid participatory workshop was part of the overall consultation process to consider and include professionals' views on the potential impacts of the plan. The finding from this workshop will contribute towards wider consultation to support the last stage of finalising the plan.

9. References

Welsh Government, ed.8,2016, *Planning policy Wales – Chapter 2 – Local Development Plan*

<http://gov.wales/docs/desh/publications/160104ppw-chapter-2-en.pdf> accessed 11-05-16

WHIASU, 2012 *Health Impact Assessment: A Practical Guide* Accessed 07-05-15

<http://www.wales.nhs.uk/sites3/Documents/522/Whiasu%20Guidance%20Report%20%28E%20nglish%29%20V2%20WEB.pdf>

WCBC, 2017 *Wrexham Local Development Plan (2013-2028): Deposit Plan 2017.*

<http://www.wrexham.gov.uk/assets/pdfs/committees/ldp-appendix1-deposit-plan.pdf>

10. APPENDICES

1.1 Appendix 1 ATTENDEES

Alison Watkin	Wrexham County Borough Council
Andrew Harradine	Wrexham County Borough Council
Becky Lowry	Wrexham County Borough Council
Chris Smith	Wrexham County Borough Council
David Hesketh	Wrexham County Borough Council
Donna Dickenson	Wrexham County Borough Council
Graham Alexander	BCUHB
Ian Jones	Wrexham County Borough Council
Janet Ellis	BCUHB
Jo Ward	Wrexham County Borough Council
Jonathan Miller	Wrexham County Borough Council
Lara Griffiths	Denbighshire County Council
Linda Sharp	Wrexham County Borough Council
Michael Cantwell	Wrexham County Borough Council
Mike Barclay	Wrexham County Borough Council
Nicola Corbishley	Wrexham County Borough Council
Paul Parry	Wrexham County Borough Council
Pauline Best	Wrexham County Borough Council
Sally Baxter	BCUHB
Sarah Brett	Wrexham County Borough Council
Sarah Grimley	Wrexham County Borough Council
Terry Stevens	Wrexham County Borough Council

1.2 Appendix 2

AGENDA

Rapid Participatory HIA Workshop

On

The Wrexham Local Development Plan (2013-2028), Deposit Version (December 2017)

For

Wrexham County Borough Council

Date: Wednesday 16th May 2018

Venue: Council Chamber, Guildhall

Time: 09:15 am-13:30pm

Time	Agenda Item	Facilitators
Registration & Refreshment (09:15-09:30)		
09:30-09:50	Welcome and Introduction to Workshop	Head of Planning, Wrexham County Borough Council
	Overview of the Strategy	Head of Planning, Wrexham County Borough Council
09:50-10:00	Overview of HIA and introduction to appraisal tool	North Wales Local Public Health – East Team
10:00-11:15	Screening Session	North Wales Local Public Health – East Team
Tea/Coffee break (11:15-11:30)		
11:30-12:45pm	Continuation of Screening session	North Wales Local Public Health – East Team
12:45-13:00	Recap on identified recommendations Identification and summary of potential mitigation	North Wales Local Public Health – East Team
13:00-13:15	Feedback and recommendations	North Wales Local Public Health – East Team
13:15-13:30	Evaluation and final comments	North Wales Local Public Health – East Team

1.3 Appendix 3 – Health and Wellbeing Determinants Checklist

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

1.4 Appendix 4 – Vulnerable 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

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

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Carers
- Lesbian, gay, transgender and bisexual people
- Veterans
- Homeless
- Sex workers
- Black and minority ethnic groups**
- Religious groups**
- Language/culture**

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.

1.5 Appendix 5 – Record of HIA Workshop Assessment including; comments, discussion and proposed mitigation

Wrexham LDP HIA – 16 May 2018

1. Lifestyles – access to food, play sufficiency, diet

- Very positive on natural environment (SP15) and will have a very positive impact on active travel.
- Active travel provision will encourage people to use alternative modes of travel.
- Valuable framework and link with PSB plan. Joined up with PSB priorities.
- Developers need to be around the table as they will be delivering.
- Very positive Active Travel (walking, cycling, public transport, guidance to developers - priorities)
- Health & Wellbeing policy – wording around active travel should be more positive.
- Plan should be explicit about the ease of getting around and how vulnerable groups and especially children can get around with ease.
- Positive how the plan prioritises travel, walking first and not an afterthought.
- Opportunity message (being explicit on ease of getting around, be explicit around children).
- Explicit in considering accessibility. Most vulnerable groups e.g. children.
- Accessibility – about enabling people to use the facility.
- Active travel – enabling the community to use facilities. If you have to travel to the park and pay for parking, you may not use this facility.
- Equal focus on safe running routes.
- PSB Wellbeing Plan: use of green space.
- Being active and recreation to be given equal focus as active travel.
- Emphasis on active travel in stages.
- S: Raise up the recreational activity.
- SP(1) emphasis on active travel, emphasis on recreational activities.
- SP(5) Accessibility to services – Recreation – Strategic Policies. The level of details:
 - S.U.P.G.
 - The type of detail is provided in SP5
- Needs strengthening with “it’s safe to cycle”. It has to be secure and safe, not only available.
- Focus on existing as well as new developments.
- Positive enabler for Active Travel in area.
- Developers can put paths, sport centre and green space but cannot put the people in them.
- Add responsibility on other officials and organisations to focus and align to the PSB.
- Equal emphasis on using the space – scooter paths around parks, safe routes to use bicycles. Welsh Sport are currently working in this area.

- WCBC – PSB plan refers to installing park benches and taking down “no balls” signs. Thinking of being active as well as active travel.
- Plans reference green space is stronger on active travel and not on recreation. SP1 refers to active travel and will need to include active recreation.
- SP5 will become a major route into town.
- Active Travel Act:
 - LDP sets framework through strategic policies.
 - Planning application has guidance where benches and paths are included.
- Access being safe and convenient. Must be safe and secure to use when dark.

Impact of plan on vulnerable groups? Identify which groups will be affected?

- Dementia friendly.
- Safety of walking routes. Older people may be affected.

Diet and access to food referred to in the Health & Wellbeing Policy.

How will this impact on older developments?

- The general framework – for existing communities we need to align the approach and reflect together in the same way.

2. Social and community influences on health

What makes a cohesive community? Look at the design, can different age groups access?

- Shared space and shared resources.
- Open space can be designed for interaction i.e. benches, allotments – different ages can access.
- Informal meeting spaces.
- Tesco Wrexham have community room – good model.
- Location – spread out throughout the County Borough Council.
- Use this plan to reduce the burden on linking to the housing strategy. Cardiff – taking pressure off the existing stock and maximising development of affordable housing.
- SP 1 & 2
- How can you be certain a developer will be able to deliver on e.g. peer pressure?
- Role of the LDP, is it strong enough to help developers?
- Does this provide the framework to deliver the needs?
- NRW – redeveloping the environment to develop a good intergenerational environment.

Is it developing the right mix to enable cohesiveness?

- From a planning point of view, it is aspirational. It can deliver the opportunity for the community to live within their community by filling the housing needs.
- There has been an increase in properties sub-divided to fit more in. Will need to reduce the burden on existing stock. The key element is flats in the right location, linked with policy.
- SP1 – How will the developer deliver all? Developers have a toolkit.

- There is enough in the LDP for the council to challenge developers.

How do we know it is the right mix?

- Housing assessment confirmed two developments of 1500 homes.
- What about schools, GP surgeries, supermarkets? In terms of the developers, would they know they have to fit those dimensions in? What developmental tools would be needed? A sense of what else you need to build the houses.
- SP4 relates to land – list of requirements, community facilities etc. and how these will come together. Next step would be to develop a Master Plan for the site in detail; a high level framework to discuss with stakeholders.
- 1500 homes equate to 4000 residents and will require 2 GPs. This is the current thinking.
- Stakeholders have had input into an infrastructure plan looking at health, travel etc.
- SP1 – need to map the needs with the development – infrastructure play – evidence based in this.
- Schools make cohesive communities.
- Primary school planned holding 420 pupils based on both strategic sites. Dual use of playing field; try to create a hub.
- School can be part of a multi-use resource.
- Current schools are full; therefore, the new schools will help with access to education.
- Is there anything around the design of this environment?

How are the existing communities incorporated? Are there links in design to involve or links to laws with existing community?

- The Design Policy has a master plan framework to work to.

The function of residential streets?

- The DM1 policy has the detail. Developers encouraged to look at function as well as size of streets.

Vulnerable Groups:

- Dementia community would require access plans.
- Safety of routes and access to services – if the route from the front door is not accessible it could be a “taxi job”!

3. Mental Wellbeing

Not mental ill health but rather “I’m in control and can access stuff!”.

- Framework enables community participation by placing greater emphasis on active travel and therefore interaction.
- Environmental design can encourage people to take part in the community.
- Safer streets in which to play and play areas close to home.
- Consideration of how to install confidence in parents to allow children to use roads and play areas.
- NW 5 & 6 - increase in population will affect waste. If required, appropriate land for B2 use will be authorised. Waste site location and management will be considered.

4. Living/environmental conditions affecting health

- Sites have good access to employment, hospitals and the Cefn Industrial Estate.
- SP 11 - Proposed 28 hectares of land for an industrial estate. Includes type of business and effect on current community.
- Plan to safeguard current employment sites/land.
- Have high working age population – positive area with links to Chester.

5. Economic conditions affecting health

- Economic effect on species, greenness of area? Active travel will be a challenge, so how to address?
- Disability employment – does the plan provide/reference opportunity?
- Study model predicted growth of certain industries, which would be market driven.

6. Access and quality of services

Medical:

- Primary Care – SP14 Policy – proposal to access to service. A little “woolly” – could be strengthened.
- SP4 – Facilities – no mention of planning community health care provision.
- Need similar section as education for Primary and Community Health Care services.
- Acute Care – forecast population growth – significance as potential demand for acute e.g. number of GPs etc.
- What will impact be on acute services – to be modelled and defined out more.
- More definition to access to medical services – but the plan does flag it.
- Impact – size of population will have impact on groups in population.
- Need to find ways to mitigate.
- About appropriate infrastructure.
- Build in prevention.
- Older people i/d.
- Protected characteristics.
- L/D & MH.
- Need to link to development proposals.
- Impact of transport/car parking; include access to/for emergency services.
- Impact on accessing Acute Services e.g. Maelor Hospital.
- Transport infrastructure.
- Accessing medical structures – what provision – thoughts – park, ride & cycle scheme.
- Could mitigate the impact on older people – Chirk is a very good model.
- Highlight in plan travel options, links to new and existing development.
- Covered in some of the strategic & policy documents:
 - Need links between partners before proposals are approved.
 - Some mechanism is in place to build on.
- Framework in LDP:
- Active travel, physical activity, green spaces supportive of Health Board strategy.
- Links closely to care closer to home.

- Mitigates/prevention covered in the framework.

Shops & commercial services:

- See policy section – possible small retail area.
- Focus on Wrexham town centre.
- Restriction to develop in sustainable locations.
- Issue of rural access discussed.
- Some reference to community facilities.
- Employment provision for local people – is idea of framework.

Employment Provision:

- Intension of LDP to regenerate the town centre.

Transport:

- Air quality – can this be strengthened in the policy for transport – also noise?
- Master plan aligning with new WG policy.
- Also strengthen in hospital section.
- DM1 – section 3.
- Consider transport solutions.

Education & training:

- 2 new schools required – primary sector
- Higher education needs, post 16 and into employment?
- Is land growth required for Coleg Cambria/Glwydwr University?
- New Channel 4 bid to be considered if becomes a reality.
- Needs strengthening.

Information Technology:

- Telecom infrastructure is permitted under the Town & Country Development Plan.
- SP9 is an enabler.
- Cefn Road is in one of the weaker reception areas, however telecoms would lead as the land is developed and may result in improved service.

7. Macro-economic, environmental and sustainability factors

There is specific policy support around renewable energy, green environment and protection of wildlife. There is a duty to identify where local renewable generation can be located, including heat generating.

Climate Change Policy – reduce carbon omission, promote energy efficiency, prevent flood risk. Listing active travel with walking, green transport etc. will link to the policy.

1.6 Appendix 6 – Workshop Evaluation

1. What did you learn during the workshop?

1. The importance of pre-engagement with stakeholders to embed health early in plan making.
2. I was only present for part of the workshop but I did learn that there is more than you think to consider when drawing up plans and the impact they can have on the population. Also it's important to see everyone's point of view.
3. That the HIA is a critical tool for developing evidence-based recommendations for project decision makers and key stakeholders. Health is the responsibility not only of the health sector but also of other relevant sectors such as engineering, design, construction, community affairs department, local waste-management service, country road safety department, and local emergency response unit. These sectors also can play an important role in prevention, promotion, and mitigation.
4. Overview of the HIA process, its application and usefulness as a policy tool.
5. I got to understand the Local Development Plan in more detail and how it will support the Health and Well-being of our community.

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

1. Cross examination of the health impacts from a wide range of experts adds robustness to the LDP.
2. Getting everyone around the table with different backgrounds opens your own views to what is important.
3. From my point of view I felt that the Deposit Plan had covered most of the subject areas that the HIA screening set out , which was very positive. It brought together key stakeholders who had been involved in the LDP process from the start and I think led to a good understanding and contribution to the development of this key document for Wrexham Borough Council. This process will form one component of a coordinated approach to health planning and provision through the alignment of LDP implementation and delivery within the aims and objectives of other organisations.
4. An opportunity to network and meet new people / contacts and appreciating the points of view of other stakeholders and their input into the process.
5. Better understanding of the LDP and how it will support the health and well-being of our community. Good input from all around the table. Some clear ideas that can be taken forward to support the health and well-being of the community over the life of the plan. Links made for taking projects forward together. It was interesting and informative.

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

1. Facilitation of the event helped stimulate debate and tweak out impacts. Not really something that didn't work but a real challenge was to cover a large and wide ranging document as the LDP.
2. It took a while to get going as there was so much information and if you hadn't read it before hand it was complex. Also some of the language is not straightforward unless you're a planner. It was initially difficult to grasp the concept of looking at impacts of the plan rather than other details around the plan.
3. It would have been helpful to have the LDP policies emailed out to attendees so that they could have had sight of them prior to the session taking place.
4. The joint introduction from WCBC and PHW as well as the informal nature of the session worked well. There was also a good opportunity for all to participate and contribute in a meaningful way and the space felt safe for people to engage. I also felt that the session was well facilitated.
5. The session worked well

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. 9/10
2. 6/10
3. 10 very much met my expectations.
4. I had no preconceived ideas about what the session would be like and having not attended one before I was surprised at how useful the approach was in appraising a land use plan from a different perspective. I would give the session a 10.
5. Yes, met expectations

5. Any other comments you wish to make?

Following this session I consider that HIA will have been informed by and emerged out of a process of constructive dialogue with both internal and external stakeholders and organisations responsible for this subject area across the County Borough and contribute to making the Local Development Plan a sound document.