

Draft Supplementary Planning Guidance

Health Impact Assessment: Healthy Communities

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Draft Health Impact Assessment: Healthy Communities Supplementary Planning Guidance

Revised Carmarthenshire Local Development Plan 2018 - 2033

Using this guidance — start here

If you are an applicant or agent: [Chapter 9](#) sets out what applies to your proposal, and [Chapter 8](#) sets out the assessment methodology to follow.

To determine whether an HIA is required under INF2, please see [Chapter 6](#). A simplified flowchart is at [Appendix D](#).

Before you apply: early engagement is strongly encouraged (see [Paragraph 10.1-2](#)).

The remaining chapters cover the policy and legislative context, roles and responsibilities, and administration of the process.

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Abbreviation	Meaning
AQMA	Air Quality Management Area
EIA	Environmental Impact Assessment
EqIA	Equality Impact Assessment
HFSS	Foods high in fat, salt and sugar
HIA	Health Impact Assessment
LDP	Local Development Plan
LHB	Local Health Board (Hywel Dda University Health Board)
MTAN	Minerals Technical Advice Note
PPW	Planning Policy Wales
rLDP	Replacement Local Development Plan
SEA	Strategic Environmental Assessment
SPG	Supplementary Planning Guidance
TAN	Technical Advice Note
WHIASU	Wales Health Impact Assessment Support Unit
WIMD	Welsh Index of Multiple Deprivation
WLIA	Welsh Language Impact Assessment

1. Introduction

- 1.1. The places we plan and build shape the health of the people who live in them. Health and well-being are central concerns in Welsh legislation and planning policy, reflecting both the role that development has played in driving health inequalities and its potential — when planned and designed thoughtfully from the outset — to contribute positively to healthier, more resilient communities.
- 1.2. The present Supplementary Planning Guidance (SPG) has been prepared to accompany the Revised *Carmarthenshire's Local Development Plan (LDP) 2018–2033* and primarily relates to policy *INF2: Healthy Communities*. It is one of a suite of SPGs that collectively inform the process, design and quality of sustainable development across the county.
- 1.3. The purpose of this SPG is to explain when a Health Impact Assessment (HIA) will be required to accompany a planning application, what the local authority expects an HIA to cover, and how submitted HIAs will be used in the determination of planning applications. It will be used as a relevant consideration in the determination of planning applications and appeals and should therefore be referred to by those intending to submit a planning application.
- 1.4. This SPG has been developed in line with the local authority's statutory duties under Welsh legislation and in accordance with Planning Policy Wales (PPW), alongside other relevant national and local planning policy considerations. Chapter 4 summarises this policy and legislative context, and a fuller non-exhaustive list is provided at Appendix A.
- 1.5. This SPG should be read alongside other SPGs in the suite, including in particular those relating to placemaking, green and blue infrastructure, lighting and dark skies, public open space, and planning obligations, which together address related aspects of healthy, sustainable development.

Consultation

The draft SPG is subject to a consultation exercise conducted in accordance with the general procedures set out within the Delivery Agreement for the Revised LDP. Any changes agreed in responses to the comments received will be incorporated following its consideration at a future meeting of County Council.

2. Who Should Use this SPG?

- 2.1. This SPG is relevant to everyone involved in planning decisions that may affect health and well-being. Table 1 sets out how users should apply it at each stage of the planning process.

Table 1: Applying this SPG — user guidance by planning stage

User	Pre-Application	Planning Application	Post-Consent
Applicant / Developer	Identify potential health impacts early; consider HIA screening and scoping before the design is fixed; use pre-application advice to confirm whether an HIA is required and the proportionate approach or tier required. Embed design solutions within proposals.	Submit an HIA proportionate to the proposal, following the process in Chapter 8. Demonstrate how design has been influenced by the HIA.	Discharge conditions; deliver agreed health-related measures and any monitoring commitments.
HIA / Public Health Practitioner	Carry out screening and scoping at the earliest project stage. Engage with the design team before layout and uses are fixed. Advise on the tier of HIA.	Prepare the HIA in alignment with the Wales Health Impact Assessment Support Unit (WHIASU) current guidance. Maintain a clear audit trail between identified effects, recommendations and design decisions.	Support evidence gathering for the discharge of any conditions and report on outcomes where required.
Local Authority / Decision Maker	Use this SPG to guide pre-application discussions and set expectations on the proportionate approach or tier of HIA required.	Apply this SPG as a material planning consideration against INF2 and related policies. Use the WHIASU Quality Assurance Review Framework to assess submitted HIAs.	Monitor and enforce compliance with health-related conditions and obligations.
Community / Stakeholder	Use Chapters 3 and 6 to understand what health considerations should be addressed for proposals in the area.	Use Chapters 6–11 to understand what should be required and how to frame consultation responses.	Use Chapters 8 and 10 to understand monitoring commitments.

- 2.2. Applicants are encouraged to use this SPG at the earliest stages of development and to engage with the local authority through pre-application advice where applicable.

3. Why Health and Well-being Matter

- 3.1. The connection between health and well-being and the places we build is well-established. The design, location and mix of development influence how easily people can move around, access services, work, exercise, meet others, eat well, and feel safe — the wider determinants of health. These are matters the planning system is well-placed to positively influence.

Carmarthenshire Context

- 3.2. As further discussed in Chapter 11, the county's characteristics mean the relationship between health, land-use planning, and development management is particularly important:
- ➔ A largely rural county with dispersed urban settlements, resulting in significant variation in access to services, healthcare and active travel infrastructure.
 - ➔ Pockets of significant deprivation alongside relatively affluent areas, resulting in health inequalities that planning decisions can either widen or help to close.
 - ➔ An ageing population, with implications for housing design, accessibility, social infrastructure and loneliness.
 - ➔ Welsh-language communities, where cultural and social well-being is a recognised dimension of health in Wales.

The role of planning in health and well-being

- 3.3. Development can affect health both positively and negatively. Poorly planned development can entrench car dependency, sever communities, reduce access to nature, create environments that negatively affect mental health and well-being, contribute to noise and light pollution (affecting sleep), and place pressure on services, amongst others. Well-planned development can do the opposite — supporting active travel, protecting and creating green space, improving housing quality, promoting environments that support mental well-being, strengthening social infrastructure, reducing inequalities and upholding the principles of sustainable development and placemaking.
- 3.4. HIA gives applicants, the local authority and the community a structured way to consider health at the design stage, when changes are often cheapest and most effective. Approached proactively, the HIA process is an opportunity to improve a proposal and deliver benefits for present and future generations.

4. Policy and Statutory Framework

- 4.1. This chapter summarises the key statutory and policy provisions that underpin the relationship between development management and health and well-being. A non-exhaustive list with further detail is provided in Appendix A.

Statutory Duties

- 4.2. The *Public Health (Wales) Act 2017* provides for HIA to be undertaken in specified circumstances by public bodies. The detailed requirements are set out in regulations made under the Act. The *Health Impact Assessment (Wales) Regulations 2025* have been made and come into force on 6 April 2027, placing a statutory duty on specified public bodies to carry out an HIA in defined circumstances.
- 4.3. The *Well-being of Future Generations (Wales) Act 2015* requires public bodies, including the local authority, to work towards seven well-being goals¹ and to apply the five ways of working. HIA is one means by which the local authority demonstrates that health and well-being have been considered in line with these duties.
- 4.4. The socio-economic duty, introduced by section 1 of the Equality Act 2010 and commenced in Wales in 2021, requires relevant public bodies to have due regard, when taking strategic decisions, to reducing inequalities of outcome arising from socio-economic disadvantage. By identifying how the effects of development are distributed across different groups, particularly disadvantaged communities, HIA supports the local authority to comply with this duty.
- 4.5. The *Planning (Wales) Act 2015* reforms the planning system in Wales and reinforces the local authority's role in delivering sustainable development and well-being through the planning process. It forms part of the statutory framework within which this SPG and Policy INF2 operate. The Planning (Wales) Act 2026 will consolidate existing planning legislation into a single framework in due course.

National Planning Policy

- 4.6. PPW places placemaking, health and well-being at the heart of the planning system². Table 2 summarises other relevant requirements.

¹ including 'A Healthier Wales' and 'A More Equal Wales'.

² Reference is made to Paragraph 3.24 of PPW, Edition 12.

Table 2: Key national planning policy requirements relevant to health and well-being

Provision	Core requirement
National Sustainable Placemaking Outcomes ³	Development should contribute to the placemaking outcomes which include facilitating accessible and healthy environments.
Key Planning Principle: Facilitating Accessible and Healthy Environments	The planning system should promote physical and mental health and well-being, and reflect the links between health, well-being and the planning process.
Building Better Places (2020)	Identifies health and well-being, active travel and green infrastructure among the priorities for the planning system in supporting recovery and resilient places.
Future Wales: The National Plan 2040	Sets the national development framework within which the LDP and this SPG sit, including the public-sector role in placemaking.

Local Planning Policy

- 4.7. As below, INF2 is the specific policy this SPG supports. It requires HIA for applications meeting defined thresholds and sets out a sequential approach to undertaking it.

Policy INF2: Healthy Communities

Proposals for development which provide for active travel, accessible useable green spaces, and infrastructure, and which seek to reduce health inequalities through encouraging healthy lifestyles, addressing the social determinants of health and providing accessible health care facilities will be supported.

Proposals for major developments (as defined in planning legislation) as set out below will be required to submit a Health Impact Assessment in accordance with the sequential approach:

- 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 or more; or*
- development carried out on a site having an area of 1 hectare or more.*

- 4.8. This SPG should be read alongside other related LDP policies. Policies with specific relation to health and well-being are referenced within this SPG where directly relevant, including SP12(a). [Appendix A](#) provides further detail on these and other related policies.

³ Figure 5. Page 19. PPW, Edition 12.

5. What is a Health Impact Assessment?

Definition

- 5.1. An HIA is a structured process for considering how a proposed development may affect health and well-being, and how those effects are distributed across different groups. It identifies positive impacts that can be enhanced, potential negative impacts that can be mitigated, and gaps in a proposal that could be addressed through design changes, planning conditions or obligations.
- 5.2. HIA is not a standalone research method. It draws on a range of evidence (community input, local data, established research, and professional judgement) to reach proportionate, evidence-based and practical recommendations, applying a precautionary approach where appropriate, helping to uphold the sustainable development principle established by the *Well-being of Future Generations (Wales) Act 2015*.

Determinants of Health

- 5.3. HIA is built on the recognition that health is shaped by far more than healthcare. The places people live, work and travel through — including housing quality, access to green space, air quality, opportunities to walk and cycle, and feelings of safety and connection — all influence physical and mental health over a lifetime. These are commonly described as the ‘*wider determinants of health*’. They are matters the planning system is well-placed to influence, which is why HIA has become an established part of plan-making and development management in Wales.

Preparing an HIA: the local authority’s approach

- 5.4. INF2 requires the submission of HIAs. The local authority expects these to follow a recognised methodological approach, in line with guidance from the Wales Health Impact Assessment Support Unit (WHIASU). The local authority expects HIAs submitted in support of planning applications in Carmarthenshire to:
 - a. follow a recognised sequential HIA methodology (see Chapter 8);
 - b. be prepared having regard to current guidance and any relevant templates⁴;
 - c. be proportionate to the scale and nature of the development (see Chapter 6); and
 - d. be prepared by people with appropriate competence in HIA practice.

⁴ This may include, but is not limited to, the use of templates published by WHIASU.

- 5.5. Links to guidance are provided in [Appendix B](#). As guidance is periodically updated, applicants should use the latest version rather than relying on superseded material.

Statutory HIAs

- 5.6. The *Public Health (Wales) Act 2017*, and the *Health Impact Assessment (Wales) Regulations 2025* provide for HIA to become a statutory requirement for public bodies in relation to strategic decision making⁵.
- 5.7. HIAs submitted in support of planning applications under policy INF2 will, in most cases, be non-statutory in this sense (i.e., as they are required by planning policy rather than directly by the 2017 Act). Where a proposal also triggers a statutory HIA duty, a single HIA can normally satisfy both requirements provided it is prepared to the higher standard. Applicants in any doubt should seek clarification from the local authority.

How HIA relates to other assessments?

- 5.8. Other assessments will often be prepared alongside an HIA. Each serves a distinct purpose, and duplication is not expected.
- 5.9. Environmental Impact Assessment (EIA) addresses the significant environmental effects of certain developments, with human health included as a receptor under the *EIA Regulations*⁶. There is overlap with HIA on matters such as air quality, noise and contamination, but EIA does not systematically address the wider determinants of health⁷ or distributional effects. Where an EIA is required, the HIA should cross-refer to it rather than duplicate findings. [Chapter 7](#) sets out how the two should be coordinated.
- 5.10. Equality Impact Assessment (EqIA) and Welsh Language Impact Assessment (WLIA) consider impacts on specific groups and the Welsh language respectively. There is some overlap with the distributional dimension of HIA, particularly in relation to vulnerable groups and Welsh-speaking communities. Cross-referencing is strongly encouraged.
- 5.11. Sustainability Appraisal (SA) and Strategic Environmental Assessment (SEA) operate at the plan-making level rather than individual applications. Both include consideration of human health and are statutory requirements in plan-making⁸, with additional requirements for consultation.

⁵ WHIASU publishes separate guidance for statutory HIAs and best-practice HIAs.

⁶ *Town and Country Planning (Environmental Impact Assessment) (Wales) Regulations 2016*.

⁷ See Paragraph 8.14.

⁸ SEA applies to a range of plans and programmes, including but not limited to LDPs, under the *Environmental Assessment of Plans and Programmes (Wales) Regulations 2004*.

6. When is a Health Impact Assessment Required?

Health, placemaking and proportionate screening

Quality design and placemaking begin with understanding how a development affects people's health and well-being. The wider expectation that all development should contribute to placemaking and to the health and well-being of residents and communities applies under SP12(a) (see Paragraph 6.15). The local authority therefore encourages all applicants (whatever the scale of their proposal) to consider health at the outset and, where helpful, to complete a short HIA screening. The tiered requirements set out in this chapter apply only where the INF2 thresholds are met or where discretionary circumstances may apply (see Paragraphs 6.10–6.15).

- 6.1. The decision-making sequence described in this chapter is summarised in [Appendix D](#).
- 6.2. INF2 requires an HIA to be submitted in support of applications for major development, where the proposal comprises:
 - a. residential development of 10 or more dwellings, or on a site of 0.5 hectares or more;
 - b. a building or buildings creating 1,000 square metres or more of floorspace; or
 - c. development on a site with an area of 1 hectare or more.
- 6.3. Where a proposal falls within more than one of the above categories, the HIA should address the full scope of the development as a whole.
- 6.4. For those developments requiring a WLIA under Policy WL1, an HIA, or proportionate HIA information, may also be needed.
- 6.5. Changes of Use will likely fall below the INF2 thresholds. However, certain use changes have well-recognised implications for health and well-being⁹ particularly where they are located near schools, areas of deprivation, or existing concentrations of similar uses. Where a proposed change of use raises issues of this kind, applicants are encouraged to complete a short HIA screening, and the local authority may request further information under the discretionary route (see sections 6.10–6.13).

⁹ For example, proposals for hot food takeaways, betting offices, vaping or tobacco retail, drinking establishments or other uses that may affect dietary, behavioural or community-safety outcomes.

Proportionate approach: tiers of HIA

- 6.6. Not all major developments warrant the same depth of HIA. The local authority expects the sequential approach required by INF2 to be applied proportionately to the scale, complexity and likely health effects of the proposal, in accordance with the methodology of the WHIASU.
- 6.7. Two tiers of HIA are identified (Rapid and Comprehensive) preceded by the screening step that forms the first step of the sequential approach. For the smallest threshold-meeting proposals, a thorough and well-documented screening exercise may demonstrate that no further appraisal is needed. The appropriate route or tier should be agreed at pre-application stage:
- ➔ HIA screening exercise (proportionate HIA information) – the first step of the sequential approach required by INF2. For sub-threshold proposals where the discretionary triggers in Paragraph 6.10 apply, voluntary submissions, and the smallest threshold-meeting proposals where likely health effects are limited and well-understood, a thorough screening exercise may be all that is required. The screening exercise should follow the WHIASU screening record sheet (see [Appendix B](#)), identify the likely effects, populations affected and any design responses incorporated, and provide a clear explanation of how the conclusion was reached. Where it concludes that no significant health effects are likely, no further HIA appraisal need be undertaken.
 - ➔ Rapid HIA – a structured assessment using a recognised determinants framework, suitable for major developments meeting the INF2 thresholds where likely health effects are identifiable but not unusually significant, complex or contested. A Rapid HIA will normally involve targeted engagement with relevant local stakeholders, alongside a systematic appraisal of each determinant of health in scope.
 - ➔ Comprehensive HIA – a detailed assessment for larger or more complex proposals, including those likely to generate significant, contested or unequally-distributed health effects. A Comprehensive HIA will normally involve primary engagement with affected communities, more detailed evidence-gathering, and explicit consideration of cumulative effects. A Comprehensive HIA is required for applications for EIA development that meets the INF2 thresholds (where it should be coordinated with the Environmental Statement).

- 6.8. The appropriate route or tier should be agreed with the local authority at pre-application stage, following the screening step (see [Chapter 8](#)). Table 3 will inform that discussion. This will not be required where a Comprehensive HIA is undertaken.

Table 3: Indicative routes and tiers

Route or tier	When this applies
HIA screening exercise (proportionate HIA information)	Sub-threshold proposals where the discretionary triggers in Paragraph 6.10 apply; voluntary submissions; and the smallest threshold-meeting major developments at the lower end of the INF2 thresholds, where likely health effects are limited and well-understood. The completed screening exercise constitutes proportionate HIA information.
Rapid HIA	Major developments meeting the INF2 thresholds, where likely health effects are identifiable but not unusually significant, complex or contested.
Comprehensive HIA	Larger or more complex proposals; proposals likely to generate significant, contested or unequally-distributed health effects; and EIA development that meets the INF2 thresholds (with the HIA coordinated with the Environmental Statement).

- 6.9. These ranges are indicative only. The local authority may agree a different tier where the circumstances of a proposal justify this, at the discretion of the local authority¹⁰.

¹⁰ For example, this may reflect the location of the site, the nature of the proposed end use, evidence of cumulative impacts, community engagement, relevant consultation, or the scope of any accompanying EIA.

Discretionary HIA for development below INF2 thresholds

- 6.10. SP12(a) requires all development to contribute to attractive, cohesive and safe places that enhance the health, well-being and quality of life of residents and communities. Where development falls below the INF2 thresholds, the local authority may, in support of SP12(a), request the submission of an HIA, or proportionate HIA information, where there is a clear and evidence-based health-related reason to do so having regard to the nature, scale, location or likely effects of the development. This may include, for example, where consultation responses from public bodies or statutory consultees indicate that the proposal could give rise to significant health effects. Circumstances where this may apply include:
- a. proposals within or adjacent to an Air Quality Management Area (AQMA);
 - b. proposals for hot-food takeaways and other uses associated with the sale of foods high in fat, salt and sugar (HFSS), particularly those located near schools or within, or likely to affect, areas experiencing high levels of childhood obesity or diet-related ill health;
 - c. proposals for sensitive uses, such as schools, care homes or supported housing, in locations where health-related site constraints or environmental risks have been identified;
 - d. proposals which, either individually or cumulatively with other development, are likely to contribute to identifiable health pressures within a community;
 - e. proposals for vaping or tobacco retail, gambling or betting premises, drinking establishments, or other uses with recognised implications for behavioural health, addictive behaviours or community safety, particularly where located near schools and/or in clusters within urban areas experiencing related health pressures; or
 - f. proposals raising other significant health concerns (see Paragraph 6.14).
- 6.11. The use of this discretion is intended to be proportionate, having regard to the specific circumstances of the proposal. It will normally be identified through pre-application discussions. However, where this has not occurred, the local authority may request an HIA or proportionate HIA information during the determination of an application where this is reasonably necessary having regard to the discretionary circumstances set out above, and the proposal's compliance with INF2 and SP12(a).

- 6.12. Applicants may choose to submit an HIA on a voluntary basis. Early consideration of health and well-being issues can help to strengthen proposals, demonstrate good practice, and support efficient and effective decision-making.
- 6.13. For development that falls below the INF2 thresholds, applicants are encouraged to complete and submit a short, proportionate HIA screening alongside their application, regardless of scale. Screening at this stage need not lead to a Rapid or Comprehensive HIA; its purpose is to give an early indication of whether the proposal is likely to affect health and well-being and to identify design changes that could improve health outcomes for the community. WHIASU screening record sheet (see [Appendix B](#)) provides a suitable template.
- 6.14. Certain forms of development are more likely to give rise to health effects and are therefore likely to receive particular attention at screening and pre-application stage. These may include energy generation and storage development (including renewable energy, and battery storage), waste and minerals development, data centres, and major transport, infrastructure and regeneration schemes, together with development likely to affect air quality, noise, access to services, severance, or community cohesion¹¹. Such proposals may give rise to health concerns under criterion (f) in Paragraph 6.9. Where such proposals meet the INF2 thresholds, an HIA will be required. Where they fall below those thresholds, the local authority may request such information in accordance with the discretionary approach set out above, having regard to the likely scale, extent and distribution of health effects.
- 6.15. The discretionary approach set out above underpins the local authority's wider responsibilities in relation to sustainable development, health and well-being, and health equity, including those arising under the *Well-being of Future Generations (Wales) Act 2015*, the *Planning (Wales) Act 2015*, national planning policy, and wider public health objectives. It also ensures compliance with the requirements of the LDP, in particular SP12 criterion (a) which requires all development to contribute to places that enhance the health and well-being of residents and communities. The discretionary approach therefore provides the mechanism through which the requirements of SP12(a) could be satisfied where development falls below the INF2 threshold.

¹¹ See Public Health Wales Guidance for Local Planning Authorities (LPAs) in Wales (July 2026), which identifies development types more likely to give rise to significant or complex health effects.

Open cast coal working

- 6.16. With regard to paragraph 11.195 of the LDP, new open cast coal mining is defined as a Significant Infrastructure Project under the *Infrastructure (Wales) Act 2024* and applications will be determined by the Welsh Ministers through the infrastructure consent process, administered by Planning and Environment Decisions Wales.
- 6.17. The scoping of an open cast coal HIA should give particular attention to air quality, noise and vibration, dust, mental well-being, community severance, and the distribution of effects across vulnerable groups. Reference should be made to Minerals Technical Advice Note 2: Coal, and to the WHIASU guidance on assessing the impacts of opencast mining (see [Appendix B](#)).

7. Coordination with Environmental Impact Assessment

- 7.1. Where a proposal is considered to be EIA development, human health is a receptor that must be considered in the Environmental Statement under the *Town and Country Planning (Environmental Impact Assessment) Regulations 2017*. Whether a proposal requires EIA is determined separately from this SPG, under those Regulations; this section addresses only how an HIA and an Environmental Statement should fit together where both are required.
- 7.2. The local authority recognises that there is a degree of overlap between the health-related content of an Environmental Statement and an HIA. Consistent with the approach taken by WHIASU and by national guidance¹², the local authority regards HIA and the health component of EIA as complementary rather than alternatives, as set out below:
- a. An Environmental Statement's treatment of human health typically focuses on direct biophysical pathways — air quality, noise, vibration, dust, contamination, water quality and light, and similar effects on identifiable receptors. These are the matters where EIA methodologies are well established.
 - b. An HIA addresses these alongside the *wider determinants of health* (see Paragraph 8.14) and considers the distribution of effects across different population groups, particularly those whose health may be most vulnerable.
- 7.3. For EIA development, the local authority expects the HIA and the Environmental Statement to be coordinated. The HIA should:
- a. cross-refer to the Environmental Statement health-related findings rather than repeating them in full;
 - b. draw on the Environmental Statement baseline and assessment work where it is relevant to a wider determinant; and
 - c. focus its primary effort on the wider determinants and distributional matters that the Environmental Statement does not address.
- 7.4. A single, integrated chapter dealing with human health within the Environmental Statement, supported by a standalone HIA report that addresses the wider determinants, is normally acceptable. The detailed structure should be agreed at the scoping stage (see [Chapter 8](#)), with input from Hywel Dda University Health Board where appropriate.

¹² The Office for Health Improvement and Disparities' Health Impact Assessment in Spatial Planning, 2020.

- 7.5. At time of publication, there is no separate WHIASU template dealing specifically with health within EIA. For EIA development, the HIA should therefore follow the guidance referred to in this SPG, applying the coordination approach set out above.
- 7.6. It should be noted that the health component of an Environmental Statement requires a judgement on the significance of effects, as required by the EIA Regulations. A standalone HIA does not carry this formal significance requirement, though applicants are encouraged to characterise the magnitude of effects where possible.
- 7.7. Applicants undertaking the assessment of health within an Environmental Statement should have regard to the guidance published by the Institute of Sustainability and Environmental Professionals¹³.
- 7.8. This coordination does not reduce the requirement for an HIA where INF2 is engaged. EIA development that meets the INF2 thresholds will require both an Environmental Statement¹⁴ and a Comprehensive HIA. This SPG supports the coordinated use of evidence across both processes to ensure consistency and avoid unnecessary duplication.
- 7.9. Where EIA development falls below the INF2 threshold, the effects on human health must still be assessed within the Environmental Statement as a mandatory receptor, and the local authority may request the submission of an HIA, or proportionate HIA information, under the discretionary route.

¹³ [ISEP \(formally IEMA\) Guide to: Determining Significance For Human Health in Environmental Impact Assessment, November 2022](#)

¹⁴ Under the Town and Country Planning (Environmental Impact Assessment) Regulations 2017.

8. The HIA Process

- 8.1. This chapter sets out expectations for HIAs submitted in support of planning applications in Carmarthenshire, in accordance with the WHIASU HIA methodology.

Follow WHIASU guidance

This SPG sets out the local authority's expectations but does not reproduce HIA methodology. Applicants should carry out HIAs in line with current WHIASU guidance and templates, all of which are signposted in [Appendix B](#).

- 8.2. The local authority expects these to follow the WHIASU four-step sequential approach:
- ➔ Screening – deciding whether an HIA is required, and at what depth.
 - ➔ Scoping – determining the focus, methods and work programme.
 - ➔ Appraisal of evidence – identifying potential health impacts and how they are distributed.
 - ➔ Reporting and recommendations – setting out findings and proposing measures to maximise benefits and mitigate adverse effect
- 8.3. In addition to these four steps, the local authority expects a proportionate approach to monitoring (see Paragraphs 8.30–35), so that the influence of the HIA on the development can be tracked over time.
- 8.4. Current WHIASU guidance describes a five-step process, the fifth step being review and reflection, including monitoring and evaluation. This SPG addresses that fifth step separately, under Monitoring and Review, reflecting the resource constraints of the development management process; monitoring nonetheless remains an expectation for Comprehensive HIAs.

Step 1: Screening

Engage early — health works best when considered from the outset

Health and well-being are easiest and cheapest to address at the design stage. Applicants are strongly encouraged to discuss HIA requirements with the local authority at the pre-application stage — including the likely HIA tier and the scope of any assessment — and to involve Hywel Dda University Health Board where appropriate. Early engagement helps avoid abortive work, supports better design, and reduces the risk of delay at determination. Screening is the proportionate first step that helps even modest schemes contribute to healthier places.

- 8.5. Screening establishes whether an HIA is required and, if so, the proportionate approach or tier (see [Chapter 6](#)). Screening should consider impacts arising both during construction and once the development is complete; physical and mental health and well-being; the potential for impacts to fall unequally on vulnerable groups; and both current and future populations of the area.
- 8.6. For proposals meeting the INF2 thresholds, screening is generally straightforward — an HIA is required, and the focus moves to confirming the appropriate tier. Where a proposal sits close to a threshold, or where one of the discretionary triggers may apply (see Paragraph 6.10), the screening should explain the rationale for the position reached¹⁵.
- 8.7. A screening note should be prepared early in the design process and shared with the local authority at pre-application stage. It need not be lengthy; a short, proportionate document setting out the proposal, the relevant thresholds, the proposed tier and any locally significant issues will normally suffice¹⁶. While not formally required, this engagement helps ensure that the appropriate tier has been agreed, reducing the risk of issues arising later.
- 8.8. Screening is not limited to proposals that meet the INF2 thresholds. Applicants for development below the thresholds are encouraged to undertake the same proportionate screening — both to confirm whether any of the discretionary circumstances in Paragraph 6.10 apply and to capture opportunities to improve health and well-being through design. Where screening indicates no significant health effects, the completed screening record may itself be sufficient and no further assessment will be required.

¹⁵ For example, this may amount to recording that the local authority has confirmed at pre-application stage that an HIA is required under INF2, together with the appropriate tier.

¹⁶ The WHIASU screening record sheet (see Appendix B) provides a suitable template.

Step 2: Scoping

Agree the scope before you start the appraisal

Scoping is most useful when the determinants, populations and study area are agreed with the local authority at pre-application stage. The agreed scope becomes the benchmark against which the submitted HIA will be reviewed (see criterion 10.14(c)); any later departure from it should be explained in the HIA report.

- 8.9. Scoping establishes the terms of reference for the HIA, including which determinants of health will be examined, which populations and vulnerable groups may be affected, what evidence will be drawn on, and who will be engaged. Scoping should:
- a. be agreed with the local authority at pre-application stage, with input sought from Hywel Dda University Health Board where appropriate;
 - b. identify relevant determinants of health¹⁷ (the local authority does not prescribe a fixed list but expects the current WHIASU determinants checklist to be used as a starting point);
 - c. identify the affected populations, including any vulnerable groups whose health may be disproportionately affected¹⁸ (in Carmarthenshire this will commonly include older people, children and young people, people on low incomes, disabled people, and Welsh-speaking communities, although this should be tailored to the proposal and its setting);
 - d. set out the geographic scope of the assessment (site, neighbourhood, settlement, catchment) and justify it; and
 - e. describe the engagement approach, proportionate to the HIA tier¹⁹.
- 8.10. In setting the geographic scope, applicants should have regard to the three study area scales identified in current WHIASU guidance, selecting those appropriate to the determinants being assessed:
- a. Regional (local authority or health board level) — appropriate for determinants such as healthcare capacity, the local economy and strategic infrastructure;

¹⁷ See Paragraph 8.14

¹⁸ See Chapter 11

¹⁹ See Paragraphs 8.16–8.20

- b. Local (middle or lower super output area level) — appropriate for determinants such as access to services, active travel, social cohesion and the distribution of effects across communities; and
 - c. Site-specific (the development site and its immediate surroundings) — appropriate for determinants such as air quality, noise, contamination and the quality of the public realm.
- 8.11. For EIA development, scoping should also confirm how the HIA will be coordinated with the Environmental Statement (see Paragraph 7.3).
- 8.12. The WHIASU scoping checklist (see [Appendix B](#)) provides a suitable template.

Wider Determinants of health

- 8.13. The local authority does not prescribe a fixed checklist, recognising that relevant determinants vary by proposal and that the WHIASU framework is periodically updated. As a guide, the local authority will normally expect HIAs to include the following determinants²⁰:
- ➔ housing quality, design and affordability;
 - ➔ access to social infrastructure and services, including healthcare, education and community facilities, along with access to work, training and the local economy;
 - ➔ active travel, accessibility and public transport;
 - ➔ physical activity and opportunities for active, healthy lifestyles (including play sufficiency²¹);
 - ➔ access to public open space including accessible green and blue infrastructure;
 - ➔ air quality, noise, light and neighbourhood amenity;
 - ➔ community safety, connectivity, and social cohesion;
 - ➔ mental health and well-being, including anxiety and disruption associated with construction and change;
 - ➔ the healthy food environment;
 - ➔ climate resilience, flood risk, and biodiversity and ecological connectivity; and
 - ➔ Welsh language and cultural well-being.

²⁰ see [Public Health Wales, HIA: Population Groups and Wider Determinants of Health and Well-being](#), which provides a comprehensive framework of determinants, including behaviours affecting health, social and community conditions, mental well-being, living and environmental conditions, economic factors, access to services, and macro-level sustainability influences. Applicants should have regard to this and other current guidance when defining the scope of an HIA.

²¹ Reference to Open Space Assessment and Play Sufficiency Assessment is strongly encouraged.

- 8.14. Not every determinant will be material to every proposal. Scoping should identify which are relevant and why, and the appraisal should focus on these accordingly.

Engagement

- 8.15. Stakeholder engagement is integral to the HIA process and is particularly important during the scoping stage. The level of engagement should be proportionate to the HIA tier:
- ➔ A screening exercise may rely on existing engagement undertaken for the planning application, supplemented by reference to relevant Hywel Dda University Health Board evidence and priorities where available.
 - ➔ A Rapid HIA should include targeted engagement with relevant local stakeholders identified at scoping, supplemented by input from Hywel Dda University Health Board where this can be obtained.
 - ➔ A Comprehensive HIA should include primary engagement with affected communities and vulnerable groups, in addition to statutory consultees where relevant.
- 8.16. For large or complex proposals (typically those subject to a Comprehensive HIA), it is best practice for applicants to establish a small HIA steering group at screening stage. A group of around four to eight people normally works well, drawing together public health specialists, community representatives, third sector organisations and decision-makers²².
- 8.17. Applicants may find it helpful to prepare a Stakeholder Participation Plan setting out who will be engaged, and how and when, aligned with the template at Appendix 2 of the current WHIASU guidance.
- 8.18. Engagement for HIA should be integrated with Pre-Application Consultation (PAC) requirements for major development under the *Town and Country Planning (Development Management Procedure) (Wales) Order 2012*. Where PAC is required, HIA scoping and evidence gathering should align with this activity so that health considerations are embedded early, consultation findings are shared, and duplication is avoided. Outputs from PAC (including feedback and responses) should inform the HIA and be reported accordingly.

²² To avoid any conflict of interest, local authority planning officers directly responsible for determining the application should not be members of the steering group or of the HIA stakeholder engagement process.

Step 3: Appraisal of evidence

Build the audit trail as you go

As effects are identified during appraisal, record which evidence supports each finding, which population groups are affected, and the relative significance of the effect. This is the trail the report will need to demonstrate at Step 4, and the audit trail the local authority will look for under criterion 10.14(g) below.

- 8.19. The appraisal stage is the central analytical component of the HIA. For each determinant identified at scoping, the HIA should:
- describe the baseline — the existing conditions in the relevant population and area, drawing on local and national data sources;
 - identify the likely effects of the proposal — positive and negative, direct and indirect, during construction and in the short- and long term;
 - consider how those effects are distributed across different groups, with particular attention to vulnerable populations such as children, young people, and the elderly;
 - consider cumulative effects, where the proposal interacts with other recent or proposed development in the locality; and
 - identify measures to enhance positive effects and mitigate adverse effects, integrated into the design and supporting documents where possible rather than left to planning conditions.
- 8.20. Construction-phase health effects warrant particular attention, especially for larger schemes with long construction periods or where people live or work close to the works. Typical considerations include noise, lighting, air quality and dust, vibration, traffic generation and severance, access changes affecting community facilities, and anxiety or mental well-being effects arising from prolonged disruption. The audit trail should distinguish construction-phase from operational-phase effects (and, where relevant, from decommissioning-phase effects — see Paragraph 8.21), since the populations, durations and mitigation mechanisms typically differ. Mitigation of construction-phase effects is typically secured through Construction Environmental Management Plans (CEMPs) and planning conditions; the HIA should identify which construction-phase measures are recommended to be carried through to these mechanisms.

- 8.21. For development types where decommissioning, restoration or aftercare are material — including opencast and other minerals development, energy generation and storage, waste facilities, and major industrial development — health effects during these phases warrant similar attention to those arising during construction²³. The audit trail should distinguish these effects from construction-phase and operational-phase effects, since the populations, timing and mitigation mechanisms typically differ. Mitigation is typically secured through restoration and aftercare schemes, planning obligations and decommissioning conditions; the HIA should identify which measures are recommended to be carried through to these mechanisms.
- 8.22. The depth of appraisal should reflect the agreed route or tier. A Rapid HIA will draw primarily on existing evidence supplemented by targeted engagement and proportionate professional judgement; a Comprehensive HIA will involve primary engagement and more detailed analysis. Where a screening exercise constitutes proportionate HIA information, the appraisal step within it should be brief and clearly explained, focusing on the principal effects and design responses.
- 8.23. Appraisal is not a mechanical exercise. The local authority expects evidence to be interpreted in context, with judgements clearly explained. Where evidence is uncertain or limited, this should be acknowledged rather than overlooked.

²³ Typical considerations include noise, dust and air quality, traffic, and the potential disturbance of contaminated land or hazardous materials, alongside anxiety or mental well-being effects associated with site closure and changes to the local landscape and community.

Step 4: Reporting and Recommendations

Show how the HIA shaped the proposal

An HIA is not simply a document to be submitted: applicants must demonstrate how its findings have influenced the design and content of the proposal. The report, or a short accompanying statement, should provide a clear audit trail linking each identified health effect, the population affected, the significance of the effect, and the resulting recommendation or design response.

- 8.24. The HIA report should be a proportionate and self-contained document that allows the local authority, consultees and the community to understand:
- a. what the proposal is;
 - b. what health and well-being considerations have been examined;
 - c. what evidence has been drawn on;
 - d. who has been engaged and the views expressed;
 - e. what the assessment concluded; and
 - f. what is proposed in response.
- 8.25. Recommendations should meet the criteria set out in the supplementary text of INF2: they should be clear, concise, realistic, achievable, manageable in number, impartial, evidence-based and, where possible, agreed by consensus. They should distinguish clearly between:
- a. measures already embedded in the design of the proposal;
 - b. measures recommended as planning conditions;
 - c. measures recommended as planning obligations (Section 106); and
 - d. measures that are recommendations to others, beyond the scope of the planning permission itself.
- 8.26. This distinction matters because only the first three are within the planning system's reach. The local authority will give weight to recommendations accordingly in decision-making.
- 8.27. Where recommendations arise from the HIA, the report should demonstrate a clear audit trail showing, for each recommendation:

- a. the health determinant or effect identified;
 - b. the population group or groups affected;
 - c. the significance or magnitude of the effect; and
 - d. the recommendation to enhance positive impacts or mitigate negative ones, with accountability identified where possible.
- 8.28. The inclusion of a non-technical, bilingual summary is encouraged, to support accessibility and understanding by non-specialist audiences.

Step 5: Monitoring and Review

- 8.29. INF2 refers to a four-step sequential approach (Steps 1 to 4 above). WHIASU's [HIA: A Practical Guide](#) describes a fifth step — review and reflection, encompassing monitoring and evaluation. This SPG addresses that fifth step here so that applicants following WHIASU's methodology have clear local authority expectations, while recognising that it sits beyond the four steps formally required by Policy INF2.
- 8.30. Monitoring in the context of HIA can usefully be distinguished into two main forms:
- ➔ Implementation monitoring is the routine check that the design responses, mitigation, planning conditions or planning obligations identified in the HIA are actually delivered. This is part of the local authority's normal role following the grant of planning permission and applies to all HIAs in proportion to what the HIA secures.
 - ➔ Outcome monitoring is the more resource-heavy exercise of checking whether the predicted health and well-being effects materialised, and whether mitigation worked as intended. The local authority does not normally require post-permission outcome monitoring.
- 8.31. For implementation monitoring to be effective, the HIA should clearly identify any recommendations that depend on planning conditions, Section 106 obligations or other formal mechanisms, and should distinguish these from matters falling outside the planning system (see criterion 10.14(h) and Paragraphs 10.9–10). Where monitoring is to be secured through planning conditions or obligations, the relevant indicators, frequency and reporting arrangements should be discussed at pre-application stage so that the conditions can be drafted with sufficient precision at the point of consent.

- 8.32. For schemes requiring a Comprehensive HIA, a proportionate monitoring approach should be discussed at pre-application stage.
- 8.33. Beyond monitoring during and after implementation, WHIASU recommends that those involved in HIA undertake review and reflection on completed assessments — considering what worked, what did not, and what can be learned for future practice. This is good practice rather than a requirement of INF2. The local authority encourages applicants, agents and consultants working on multiple schemes in the county to share learning where appropriate.

A note on strategic monitoring

- 8.34. In addition to the implementation, outcome and evaluation monitoring described above — which relates to individual HIAs and the development they accompany — the local authority monitors the implementation of INF2 at the strategic level through the Annual Monitoring Report. This includes aggregate data on the volume and tier of HIAs submitted, and on any significant health-related conditions or obligations secured. The local authority will keep its approach under review and reflect lessons learned in any future revision of this SPG. https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/WHIASU_2017_QA_Review_Framework_for_HIA_FINAL_GUIDANCE-1.pdf

9. Requirements by Application Type

- 9.1. This chapter sets out typical requirements for each type of planning application. It should be read alongside [Chapter 6](#) (which sets out when an HIA is required and at what tier) and [Chapter 8](#) (which sets out the HIA process).
- 9.2. Because INF2 applies to major development meeting defined thresholds, HIAs are rarely required for householder, minor or permitted development, although the discretionary route may be applied in specific circumstances.

Major Applications

- 9.3. Major development meeting any of the INF2 thresholds must be accompanied by an HIA. In summary, applicants should:
- a. undertake screening early in the design process and confirm the HIA tier with the local authority at pre-application stage (see [Chapter 8](#));
 - b. agree the scope of the HIA with the local authority, with stakeholder input where appropriate;
 - c. submit an HIA report with the application, prepared in accordance with the agreed scope and tier, and having regard to current WHIASU guidance and established practice; and
 - d. ensure recommendations are clearly linked to the design of the proposal, potentially secured through proposed conditions or obligations²⁴, or identified as recommendations to others (see Paragraph 8.26).
- 9.4. Where the proposal is also EIA development, the HIA will normally be a Comprehensive HIA and should be coordinated with the Environmental Statement.

²⁴ Any planning conditions or obligations will be subject to agreement with the local authority through the application and determination process.

Outline Applications

- 9.5. Outline applications for major development meeting the INF2 thresholds should be accompanied by an HIA proportionate to the level of detail available at outline. The HIA should:
- a. address matters fixed at outline stage — in particular the principle of development, quantum, access and broad disposition of uses;
 - b. demonstrate how health and well-being considerations have informed the indicative layout and parameters; and
 - c. clearly identify which matters are to be addressed at reserved matters stage, so that they can be secured by condition where appropriate.
- 9.6. Where significant health-related matters cannot be resolved at outline stage, the HIA should set out the principles to be applied and demonstrate that the site can accommodate them.
- 9.7. Fundamental constraints should not be deferred to reserved matters stage. Consideration of health and well-being should be integral to the development of the proposal from the outset; leaving these matters to be addressed at a late stage may not accord with INF2.

Other Development Types

- 9.8. Most householder and minor applications fall below the INF2 thresholds and may not require an HIA. Applicants for such development are nonetheless encouraged to complete a short HIA screening (see [Chapter 8](#) and [Appendix B](#)), as an early check on health and well-being effects. Where a householder or minor application falls below the thresholds but engages one of the discretionary triggers at Paragraph 6.9, the local authority may request an HIA or proportionate HIA information to ensure SP12(a) is upheld. This will normally be discussed at pre-application stage.
- 9.9. For change-of-use applications, see Paragraph 6.5, which sets out expectations on screening and proportionate HIA information for use changes with health implications.
- 9.10. Development carried out under permitted development rights does not require a planning application and is not subject to INF2 or to this SPG. Where prior approval or prior notification is required, consideration is limited to the matters set out in the relevant legislation and does not include a general requirement for an HIA.

10. The Planning Application Process

Pre-application Engagement

- 10.1. For all proposals likely to meet the INF2 thresholds, the local authority strongly encourages early pre-application engagement. This is the stage at which the most useful HIA discussions can take place — before a scheme is fixed and when design changes are still relatively easy to make. At pre-application stage, the local authority will seek to:
- a. establish whether an HIA is required;
 - b. confirm the appropriate route or tier (screening exercise, Rapid HIA or Comprehensive HIA);
 - c. agree the scope of the assessment, including the relevant determinants of health and affected populations;
 - d. agree how the HIA will be coordinated with any Environmental Statement (where the proposal is EIA development – see [Chapter 7](#)); and
 - e. identify appropriate consultees and the approach to community and stakeholder engagement.
- 10.2. Early engagement reduces the risk of an HIA being submitted that is not fit for purpose and helps to avoid delay later in the process. Applicants are encouraged to use the local authority's formal pre-application advice service for this purpose

Consultation

- 10.3. The local authority may consult Hywel Dda University Health Board on HIAs submitted with planning applications, reflecting its role as the local NHS body with relevant public health expertise. Hywel Dda is not a statutory consultee under the *Town and Country Planning (Development Management Procedure) (Wales) Order 2012*; engagement is at the discretion of both public bodies and is sought where it would meaningfully inform the assessment.
- 10.4. Other consultees (e.g., Public Health Wales, Natural Resources Wales, the local authority's own Public/Environmental Protection, Highways and Education services, and Town and Community Councils) may be consulted in accordance with their respective remits.
- 10.5. The local authority does not require applicants to consult the Health Board directly but encourages this for proposals with significant or contested health implications. Where direct engagement has taken place, it should be documented in the relevant HIA.

How HIAs are used in decision-making

- 10.6. An HIA is a relevant consideration in the determination of planning applications. It is one of a range of considerations to be weighed alongside the development plan and other relevant matters. In practice, the HIA informs decision-making in three ways:
- a. It informs the design and content of the application itself, where issues identified through the HIA have been addressed by the applicant before submission.
 - b. It informs the planning balance at determination, where the local authority weighs health and well-being effects alongside other relevant considerations.
 - c. It supports the use of planning conditions and obligations, where specific measures are secured through the permission itself.
- 10.7. The weight to be given to an HIA (including its recommendations) is a matter for the decision-maker who will determine whether the applicant's proposal has demonstrated compliance with the LDP. The local authority will have particular regard to recommendations that are clear, evidence-based, proportionate, and capable of being delivered through the planning system.

Conditions and Planning Obligations

- 10.8. Where an HIA identifies measures, the local authority will consider whether these are necessary to make the development acceptable in planning terms. Where this is the case, they may be secured through:
- a. planning conditions, where the relevant tests in *Welsh Government Circular 016/2014: The Use of Planning Conditions for Development Management* are met; or
 - b. planning obligations under Section 106 of the *Town and Country Planning Act 1990*, where they meet the statutory tests in Regulation 122 of the *Community Infrastructure Levy Regulations 2010*.²⁵
- 10.9. Not every HIA recommendation will translate into a planning condition or obligation. Recommendations that fall outside the scope of the planning system — for example, those addressed to health service providers, schools or other bodies — will be considered in the assessment of the application but may not be tied to the permission. Reference is made to the *Planning Obligations SPG*.

²⁵ Namely that the obligation is: (i) necessary to make the development acceptable in planning terms; (ii) directly related to the development; and (iii) fairly and reasonably related in scale and kind to the development.

Competency

- 10.10. The local authority expects HIAs to be prepared by individuals with appropriate competence in HIA practice, whether in-house specialists, planning consultants with relevant expertise, or public health professionals. Authors do not require formal accreditation; however, applicants should be able to demonstrate that the author of the HIA has the necessary skills and experience. The [WHIASU Quality Assurance Review Framework](#) is a useful reference point for understanding the standard against which the local authority will appraise submitted HIAs.
- 10.11. Where an HIA is commissioned from an external consultant, applicants retain responsibility for ensuring the provider has the necessary skills and experience.
- 10.12. Given the importance of local context to HIA, applicants should ensure that whoever prepares the assessment has, or draws on, a sound understanding of the local area, its communities and its health profile — for example through experience with local engagement and familiarity with the use of relevant local data. This concerns the knowledge informing the HIA, and not necessarily the location of the practitioner.
- 10.13. HIAs that do not demonstrate appropriate competence in their preparation and execution may not be accepted as sufficient to inform decision-making.

Quality Assurance

- 10.14. In reviewing a submitted HIA, the local authority will assess its quality, robustness and adequacy as a material planning consideration. In doing so, the local authority will have regard, in particular, to whether the HIA:
- a. Proportionality and tiering — is proportionate to the scale, nature and likely significance of health and well-being effects, and aligns with the appropriate HIA tier identified in Chapter 6;
 - b. Adherence to recognised methodology — has been undertaken in accordance with a recognised and transparent HIA methodology, consistent with current WHIASU guidance, in particular *HIA: A Practical Guide* or any successor guidance, and demonstrates a clear and systematic process;

- c. Scope and coverage — addresses the scope agreed at pre-application stage, including the determinants of health identified as relevant to the proposal, and clearly explains any deviation from that scope;
- d. Population and inequalities — identifies the population likely to be affected, including any vulnerable or disadvantaged groups, and considers how effects are distributed across different population groups, including any potential health inequalities;
- e. Evidence base — is informed by a robust, proportionate and locally relevant evidence base, drawing on appropriate quantitative and qualitative data, up-to-date information on the local health profile, and engagement with relevant stakeholders where appropriate;
- f. Assessment of impacts — considers effects arising both during construction and once the development is operational, over the short, medium and long term, and assesses the nature, magnitude and significance of those effects;
- g. Transparency and audit trail — provides a clear and transparent audit trail linking the evidence gathered, the health effects identified, the populations affected, and the resulting design responses, recommendations or mitigation;
- h. Recommendations and deliverability — sets out clear, proportionate and achievable recommendations linked to the effects identified, including any mitigation, enhancement, design changes, planning conditions or obligations needed to secure them, and distinguishes these from matters falling outside the planning system;
- i. Quality and competence — has been prepared by an author with appropriate competence (see Paragraphs 10.10–13), is internally consistent, clearly presented and adequately referenced, and acknowledges any limitations in the evidence or assessment.

10.15. Where an HIA is incomplete, lacks robustness, is internally inconsistent, fails to address the agreed scope, or does not provide sufficient evidence to support its conclusions, the local authority may request further information from the applicant. In more significant cases, the applicant may be invited to revise and resubmit the HIA before the application is determined.

11. Local Considerations

- 11.1. This chapter highlights considerations of particular relevance in Carmarthenshire that the local authority expects HIAs to engage with where they apply to a proposal. It does not set out bespoke methodologies; rather, it identifies matters that should be explicitly considered at scoping.
- 11.2. The list is not exhaustive. Applicants and consultants should use professional judgement, informed by the WHIASU determinants framework, to identify locally relevant issues at scoping.

Placemaking

- 11.3. The design, layout and density of development have a significant influence on health and well-being. Well-designed places can support active lifestyles, social interaction and access to services, while poorly designed development can contribute to isolation, car dependency and reduced physical activity. The local authority is a signatory to the Wales Placemaking Charter, and HIAs should have regard to its principles where relevant.
- 11.4. HIAs should consider, where relevant:
- a. whether the form, layout and density of development support walkable neighbourhoods and access to services;
 - b. the permeability of the site and its connectivity to surrounding areas;
 - c. access to and integration of public open space and opportunities for informal recreation;
 - d. the quality, safety and usability of the public realm, including streets and shared spaces; and
 - e. the relationship between density, housing mix and local context, including rural and urban settings.
- 11.5. In compliance with SP12, proposals should demonstrate how placemaking supports healthy behaviours and social interaction through the design and layout of development.

Deprivation and Health Inequalities

- 11.6. Carmarthenshire contains areas of significant deprivation, alongside more affluent communities. This is reflected in the Welsh Index of Multiple Deprivation (WIMD) and is associated with marked inequalities in health outcomes. Deprivation in the county is concentrated in particular communities, and the relative position of individual areas changes as WIMD is periodically updated. Applicants should therefore consult current WIMD data for the specific area likely to be affected, rather than relying on historic rankings, and should pay particular regard to the most deprived areas where they fall within the study area. This reflects the local authority's wider responsibilities to have regard to reducing the inequalities of outcome associated with socio-economic disadvantage.
- 11.7. HIAs should consider, where relevant:
- a. whether the proposal is located within, or likely to affect, areas identified as deprived in WIMD;
 - b. how the proposal may contribute to reducing or exacerbating health inequalities;
 - c. access to employment, education, services and affordable housing;
 - d. the affordability of transport and access to essential services;
 - e. the provision of local facilities and opportunities to support social cohesion and resilience; and
 - f. whether the benefits of the proposal are likely to be equitably distributed across different population groups.
- 11.8. Particular attention will be given to proposals that may increase inequalities, either through displacement, reduced access to services, or environmental impacts that disproportionately affect more deprived communities.

Children and Young People

- 11.9. Children and young people are particularly sensitive to the health effects of the built environment. Early life experiences have a lasting influence on health and well-being throughout life. HIAs should consider, where relevant:
- a. access to safe, high-quality play spaces and recreational opportunities (reference to PSD8 and PSD9, and *Open Space SPG*);
 - b. safe, convenient and attractive routes to schools and community facilities;
 - c. exposure to environmental risks, including air quality, noise and traffic;
 - d. opportunities for social interaction, independence and physical activity; and
 - e. the relationship between development and local schools, including accessibility and capacity where relevant.

Ageing Population

- 11.10. Carmarthenshire has an ageing population with the number of deaths exceeding births each year since 2001/2002, while the county has a higher proportion of older people than the Welsh average. This trend is projected to continue over the coming years²⁶. This has important implications for health and well-being, and for the way places are planned and designed. HIAs should consider, where relevant:
- a. the accessibility of services, facilities and public spaces for older people, including walking distances, gradients and inclusive design;
 - b. the suitability of housing, including adaptability, lifetime homes principles and the ability to support independent living;
 - c. access to healthcare, social care and community support networks;
 - d. opportunities for social interaction and the prevention of loneliness and isolation; and
 - e. the safety and legibility of the public realm, including lighting, crossings and wayfinding.

²⁶ [Principal projection 2024 - Wales summary - Office for National Statistics \(released April 2026\)](#)

Welsh Language

- 11.11. The Welsh language is a recognised dimension of well-being in Wales, and Carmarthenshire contains some of the strongest Welsh-speaking communities nationally. Reference is made to *WL1: Welsh Language and New Developments*. HIAs should consider, where relevant:
- a. the effect of the proposal on the vitality of Welsh-speaking communities, including the social networks, community facilities and informal spaces through which the language is sustained;
 - b. the demographic composition of new populations associated with the development and any implications for community cohesion and language use; and
 - c. the availability of Welsh-medium services and facilities to meet the needs of the new population.
- 11.12. Where a WLIA is also being prepared, the HIA should cross-refer to it rather than duplicate its analysis. The two assessments serve related but distinct purposes.

Sensitive Uses and Vulnerable Populations

- 11.13. Proposals for sensitive uses — including schools, early years settings, care homes, supported housing and healthcare facilities — should give specific attention to site selection and design from the perspective of the populations they will serve. Conversely, proposals that may affect existing sensitive uses (for example, through air quality, noise or community severance) should explicitly consider impacts on those populations.

Rural and Dispersed-Settlement Development

- 11.14. Much of Carmarthenshire is rural, with development distributed across a network of small towns, villages and hamlets. In this context, engaging SP12(g) (active travel and access to public transport) and SP12(h) (connections to social infrastructure and community facilities), HIAs should give particular attention to:
- a. access to services and facilities, where distance and limited public transport may make routine access to healthcare, schools, shops and social infrastructure difficult, particularly for those without access to a car;
 - b. transport poverty, where the cost and availability of transport can compound deprivation and isolation;
 - c. active travel, where rural settings may offer opportunities for walking and cycling networks but also present significant constraints (including road safety, severance by trunk roads and dispersed destinations);
 - d. digital connectivity and its relationship to access to services, working from home, and social connection; and
 - e. loneliness and social isolation, particularly among older people and people living alone.
- 11.15. These issues are often under-addressed in HIAs prepared by consultants more familiar with urban development. The local authority will give particular attention to whether they have been considered proportionately at scoping stage.

Noise

- 11.16. Noise is a recognised determinant of physical and mental health, with effects including sleep disturbance, cardiovascular impacts from chronic exposure, and reduced mental well-being, often falling unevenly on vulnerable groups. PSD11 provides the development management framework. HIAs for proposals likely to generate noise affecting sensitive receptors, or for sensitive uses proposed in noisy locations, should reflect the requirements of PSD11 and address the health and well-being implications, including any unequal distribution across affected populations. Where a noise assessment is prepared in support of the application, the HIA should be coordinated with it on receptors, exposure and mitigation.

Air Quality

- 11.17. Air quality affects respiratory, cardiovascular and mental health, with exposure typically falling unevenly on vulnerable groups including children, older people, those with pre-existing conditions, and communities living close to busy roads or industrial sources. PSD12 provides the development management framework for proposals giving rise to, or affected by, air quality concerns. HIAs for such proposals should reflect the requirements of PSD12, address the distribution of exposure across affected populations, and be coordinated with any air quality assessment prepared in support of the application.
- 11.18. Where odour is likely to be a material issue – for example from waste, industry, or agricultural proposals – HIAs should address it alongside other air-quality considerations.
- 11.19. Proposals within or adjacent to an Air Quality Management Area (AQMA) — or in locations where air quality is a known constraint — should give specific attention to air quality and associated health effects, including the distribution of exposure across vulnerable groups. The HIA should be coordinated with any air quality assessment prepared in support of the application.
- 11.20. Carmarthenshire currently has three designated AQMAs, one in each of Llandeilo, Llanelli and Carmarthen, associated with areas of elevated nitrogen dioxide concentrations linked primarily to road traffic. HIAs should take this local context into account where proposals (including their related traffic) are in proximity to these areas.

Light Pollution

- 11.21. Artificial light has recognised health implications, including effects on sleep, circadian rhythm and mental well-being, alongside wider effects on the experience of dark night skies, and the use of the public realm after dark.
- 11.22. Lighting impacts arise during both construction and operation. Construction-phase effects include temporary work lighting, site security lighting and lighting associated with night working, particularly where construction sites are close to residential properties or other sensitive uses. Operational-phase effects arise from a wider range of sources, including street lighting in new highway and estate road provision, external lighting on commercial, industrial and community buildings, sports and recreation lighting, and the cumulative contribution of lighting from new residential properties themselves (window light and external residential lighting). HIAs for proposals giving rise to significant new lighting should reflect the requirements of PSD12 and address the health implications of both excess lighting and inadequate lighting (the latter affecting perceived safety, access after dark, and road-traffic safety).
- 11.23. The local authority intends to prepare a *Lighting and Dark Skies SPG*; in the interim, HIAs should have regard to current Welsh Government guidance and to the Institution of Lighting Professionals guidance on the reduction of obtrusive light and its related health impacts.

Healthcare Capacity and Demand

- 11.24. Development may increase demand for healthcare services. In some parts of Carmarthenshire, existing services are already under pressure. HIAs should consider, where relevant:
- a. the capacity of existing healthcare services, including primary, community and hospital provision, such as workforce, facilities and bed availability;
 - b. the likely increase in demand arising from the proposal;
 - c. whether existing services are capable of accommodating that demand; and
 - d. whether mitigation or contributions may be necessary to address identified impacts.
- 11.25. This is distinct from issues of physical access to services. HIAs should have regard to available evidence from Hywel Dda University Health Board where appropriate.

Contaminated Land

- 11.26. Carmarthenshire has a rich and diverse industrial legacy, which has resulted in a number of sites with the potential for land contamination. In such locations, HIAs should give specific attention to the potential health effects associated with contamination.
- 11.27. Contaminated land is defined under Part 2A of the *Environmental Protection Act 1990* as land that appears to the local authority to be in such a condition, by reason of substances in, on or under the land, that significant harm is being caused, or there is a significant possibility of such harm; or that pollution of controlled waters is occurring or is likely to occur. The presence of contaminants alone does not mean that land meets this definition. A risk only arises where a pollutant linkage is present, comprising a source, pathway and receptor.
- 11.28. PSD13 provides the development management framework for proposals on, or affecting, contaminated land. PSD13 requires demonstration that any actual or potential risks can be suitably mitigated so that there is no residual adverse impact on human health and the environment. HIAs prepared for such proposals should reflect the requirements of PSD13 and the supporting evidence prepared to address them.
- 11.29. Where development is proposed on, or adjacent to, land with the potential for contamination, the HIA should:
- a. consider potential pathways of exposure to future users and neighbouring populations, including vulnerable groups;
 - b. have regard to any contaminated land risk assessment or remediation strategy prepared in support of the application;
 - c. consider the potential for both construction-phase and long-term health effects; and
 - d. demonstrate how risks are avoided or mitigated through site design and remediation.
- 11.30. The local authority has a statutory duty to inspect its area to identify contaminated land and to address unacceptable risks. [Carmarthenshire County Council's Contaminated Land Inspection Strategy](#) sets out the local authority's approach. HIAs should take this local context into account where relevant.

Healthy Food Environment

- 11.31. The local authority identifies the healthy food environment as a public health priority. HIAs for proposals involving hot-food takeaways, or for major developments that will introduce significant new retail or hospitality floorspace, should consider:
- a. proximity to schools and other settings used by children and young people;
 - b. the existing density of hot-food takeaways in the locality;
 - c. access to healthier food alternatives, including affordable fresh food retail; and
 - d. the relationship between the proposal and local childhood obesity prevalence.
- 11.32. This applies whether the proposal meets INF2 thresholds in its own right or is being considered under the discretionary route (see Paragraphs 6.10-15).

Cumulative Effects

- 11.33. Development pressures may be concentrated in particular communities, including urbanised or urbanising areas, and areas undergoing significant change in character due to the scale and/or volume of recent and proposed development. Where a proposal forms part of a wider pattern of recent or planned development in a locality, the HIA should consider cumulative effects on health and well-being, including on services, infrastructure, amenity and social cohesion. Scoping discussions should identify the appropriate baseline. In identifying whether such a pattern exists, applicants should have regard to the strategic growth locations and site allocations set out in the LDP, and to other committed or emerging development in the surrounding area.

Appendix A: Legislative and Policy Context

- A.1. This appendix provides a concise overview of the national, regional and local policy and legislative framework relevant to this SPG. It summarises the key legislation, strategies and guidance that shape how health and well-being are considered within the planning process and supports the implementation of INF2. This appendix is intended as a signposting tool and is not exhaustive. Applicants should ensure they are referring to the most up-to-date versions of legislation, policy and guidance when drafting their proposals.

National

Planning Policy Wales

- A.2. PPW establishes the Welsh Government's land use planning policies and places health, well-being and placemaking at the centre of the planning system. PPW promotes the creation of healthy, inclusive and sustainable places and requires planning authorities and developers to consider how development affects physical health, mental well-being, social cohesion, equality and access to services and opportunities.

Future Wales – The National Plan 2040

- A.3. Future Wales provides the national spatial framework for development in Wales. It supports sustainable patterns of growth, placemaking, active travel, green infrastructure, climate resilience and access to services, all of which contribute to improving health and well-being outcomes.

Technical Advice Notes and National Guidance

- A.4. A number of Technical Advice Notes (TANs) and national guidance documents provide detailed advice on matters that influence health and well-being, including design quality, transport, recreation, open space, flood risk, climate resilience and placemaking. These documents should be considered alongside PPW and Future Wales when preparing development proposals.

Key Legislation

- A.5. Table A summarises key legislation relevant to health and well-being that is of direct relevance to this SPG. This list is indicative and not exhaustive.

Table A: Principal Legislation Informing Health Impact Assessment

Legislation	Key Relevance to This SPG
Planning and Compulsory Purchase Act 2004	Establishes the statutory development plan system and the framework for plan-making and decision-taking in Wales.
Town and Country Planning Act 1990	Provides the principal legislative framework for development management and planning decisions.
Well-being of Future Generations (Wales) Act 2015	Requires public bodies to pursue sustainable development and contribute to seven well-being goals, including a healthier Wales. A key consideration in planning policy and decision-making.
Planning (Wales) Act 2015	Introduced reforms to the Welsh planning system, strengthening the role of sustainable development and placemaking.
Environment (Wales) Act 2016	Supports sustainable management of natural resources and contributes to healthier and more resilient communities and environments.
Public Health (Wales) Act 2017	Establishes measures to improve and protect public health in Wales. Part 6 provides the legislative basis for HIAs.
Active Travel (Wales) Act 2013	Requires the improvement of facilities and routes for walking and cycling and promotes active lifestyles through better connectivity and accessibility.
Welsh Language (Wales) Measure 2011	Establishes the official status of the Welsh language and supports consideration of linguistic and cultural well-being within communities.
Equality Act 2010	Protects people from discrimination and promotes equality of opportunity. Relevant to inclusive design and equitable access to development.

- A.6. The *Health Impact Assessment (Wales) Regulations 2025*, made under Part 6 of the *Public Health (Wales) Act 2017*, come into force on 6 April 2027 and place a statutory duty on specified public bodies to undertake an HIA to inform strategic decision making. Applicants should refer to the latest Welsh Government guidance and advice issued by the Wales Health Impact Assessment Support Unit (WHIASU).

National Health and Well-being Guidance

- A.7. WHIASU, hosted by Public Health Wales, provides national guidance, tools and resources for undertaking HIAs. Public Health Wales also publishes evidence and guidance relating to the wider determinants of health, health inequalities and healthy placemaking.

Regional

- A.8. The Hywel Dda University Health Board has a key role in improving health outcomes across Carmarthenshire and provides strategic direction for healthcare delivery and population health, reflecting its role within the Public Service Board. Its priorities and evidence base can help inform the assessment of health impacts arising from development proposals.
- A.9. The South West Wales Area Statement seeks to improve environmental quality, community resilience and well-being through the sustainable management of natural resources. [Reducing health inequalities](#) is identified as a key priority, with a focus on improving access to green and blue infrastructure, promoting active travel, enhancing air and water quality, and supporting nature-based solutions that deliver better health and well-being outcomes for all communities.
- A.10. Strategic Development Plans (SDPs) will be prepared by Corporate Joint Committees at a regional level. Once adopted, SDPs will form part of the development plan framework and may include strategic policies relevant to health, well-being, infrastructure and placemaking.

Local

- A.11. The LDP provides the primary local planning policy framework for considering health and well-being within development proposals. Policy INF2 and related policies seek to ensure that development contributes positively to community health, quality of life and sustainable placemaking.
- A.12. The Carmarthenshire Public Services Board Well-being Plan 2023–2028 establishes local well-being objectives, including improving well-being and reducing health inequalities. Together with the accompanying Well-being Assessment, it provides an important evidence base and local context for HIAs, helping to identify community needs, inequalities and opportunities to improve health and well-being outcomes.
- A.13. Carmarthenshire County Council's Corporate Strategy establishes the Council's priorities and objectives, including those relating to healthier communities, reducing inequalities, supporting active lifestyles and improving quality of life.
- A.14. This SPG should be read alongside the LDP as a whole, including policies and accompanying SPGs relating to placemaking, design, housing, transport, green and blue infrastructure, the Welsh language, community facilities and the natural environment, all of which influence health and well-being outcomes.

Appendix B: Useful Resources

- B.1. This appendix sets out guidance and resources that applicants and consultants may find useful in preparing an HIA. It is not exhaustive, and the local authority accepts no responsibility for the content of external websites. Applicants should ensure that they are working from the most up-to-date versions.

WHIASU Methodology and Guidance

- B.2. HIAs should be aligned with current WHIASU guidance and demonstrate consistency with its principles, processes and recognised standards of good practice. The resources below provide the primary methodological framework for undertaking HIAs in Wales.

- [Resource Hub](#) (gateway to all WHIASU resources)
- [Voluntary HIA Guide \(2025\)](#) (the primary methodological reference for developer-led planning HIAs)
- [HIA Guide for Public Bodies](#) (guidance for statutory HIAs) (2025)
- [Quality Assurance Review Framework for HIA](#) (2020)

Templates and Checklists

- B.3. WHIASU provides a suite of practical templates and checklists designed to support the consistent and systematic application of HIA methodology. These tools can assist applicants in structuring the HIA process, ensuring comprehensive coverage of health determinants and population groups, and maintaining a clear audit trail. Applicants may use these resources where appropriate; however, their use is not mandatory, provided that an equivalent level of rigour and transparency is demonstrated.

- [Screening Record Sheet](#)
- [HIA Scoping Checklist](#)
- [Population Groups and Wider Determinants of Health and Well-being Checklist](#)

HIA and Spatial Planning

- B.4. The resources listed below provide supplementary guidance on applying HIA within plan-making and development management, and on the relationship between the built environment and health outcomes. Applicants are encouraged to draw on these documents to ensure that HIAs are aligned with good practice in spatial planning and contribute effectively to creating healthy, sustainable places.

- [WHIASU HIA and LDPs: A Toolkit for Practice \(Parts A and B, 2021\)](#)
- [WHIASU Planning Application Response Guide for Local Health Boards \(2022\)](#)
- [WHIASU Maximising Health and Well-being Opportunities for Spatial Planning in the COVID-19 Pandemic Recovery \(2022\)](#)
- [Office for Health Improvement and Disparities: HIA in Spatial Planning \(2020\)](#)
- [Public Health England: Spatial Planning for Health: an evidence resource \(2017\)](#)
- [London Healthy Urban Development Unit: Rapid HIA Tool](#)
- [Town and Country Planning Association: Healthy Place-making Resources](#)
- [Public Health Wales: Planning Healthy Places: a guide for Welsh LAs \(2025\)](#)
- [Public Health Wales: Planning and Enabling Healthy Environments](#)
- [Public Health Wales: Creating Healthier Places and Spaces for our Present and Future Generations \(2018\)](#)
- [Design Commission for Wales: Placemaking Guidance \(2020\)](#)

Topic-Specific and Comparator Resources

- B.5. In addition to general methodology, there is a wide range of topic-specific guidance and comparative case studies that may support the preparation of HIAs. These resources can assist applicants in understanding particular development types, assessing specific determinants of health, and benchmarking their approach against established practice. Applicants should ensure that any such resources are applied proportionately and are relevant to the nature and context of the proposal.

- [WHIASU: A Guide to Assessing the Health and Wellbeing Impacts of Opencast Mining \(2011\)](#)
- [All Island Institute of Public Health: HIA Resource Hub](#)
- [All Island Institute of Public Health — Mellow Village: A Health Impact Assessment Case Study \(2024\), a worked HIA of a hypothetical mixed-use development](#)

- [NICE Guidelines: NG6 \(Excess winter deaths and illness and the health risks associated with cold homes\)](#)
- [NICE Guidelines: NG70 \(Air pollution: outdoor air quality and health\)](#)
- [NICE Guidelines: NG90 \(Physical activity and the environment\)](#)
- [International Association for Impact Assessment: Best Practice HIA](#)
- [Institute of Environmental Management and Assessment: Guide to Determining Significance for Human Health in Environmental Impact Assessment \(2022\)](#)

Local Data Sources

- B.6. Robust HIAs should be informed by an understanding of the local population, environment and health profile. The data sources listed in Table B provide access to nationally and locally available datasets that can support baseline analysis and the identification of potential health impacts. Applicants are expected to use the most recent and locally relevant data available, and to interpret this data appropriately in the context of the proposed development.

Table B: Key data sources to support baseline evidence gathering and health impact assessment.

Data source	Health Determinant / Topic	Potential HIA Use
Welsh Index of Multiple Deprivation (WIMD)	Socio-economic conditions, deprivation and inequality	Assess deprivation, income, employment, housing, access to services and population vulnerability
StatsWales	Population, housing, economy and community statistics	Baseline demographic, economic, housing and community profile information
Public Health Wales Observatory	Health status and population health	Assess health outcomes, health inequalities, disease prevalence and wider determinants of health
Office for National Statistics (ONS)	Population and demographic characteristics	Census data including age profile, ethnicity, household composition, disability and economic activity
Natural Resources Wales Data Hub	Environmental quality and environmental risks	Assess environmental constraints, pollution incidents, water environment, biodiversity and other environmental factors
Air Quality in Wales – Maps and Data	Air quality	Identify existing air quality issues, and potential exposure to pollutants.
Wales Noise and Air Quality Viewer	Noise environment and air quality	Identify strategic noise mapping, noise action planning priority areas, quiet areas, and air quality constraints that may affect health and well-being

Appendix C: Glossary

- C.1. The table below explains key terms as they are used in this SPG. Where a term has a precise statutory meaning, the legislation prevails.

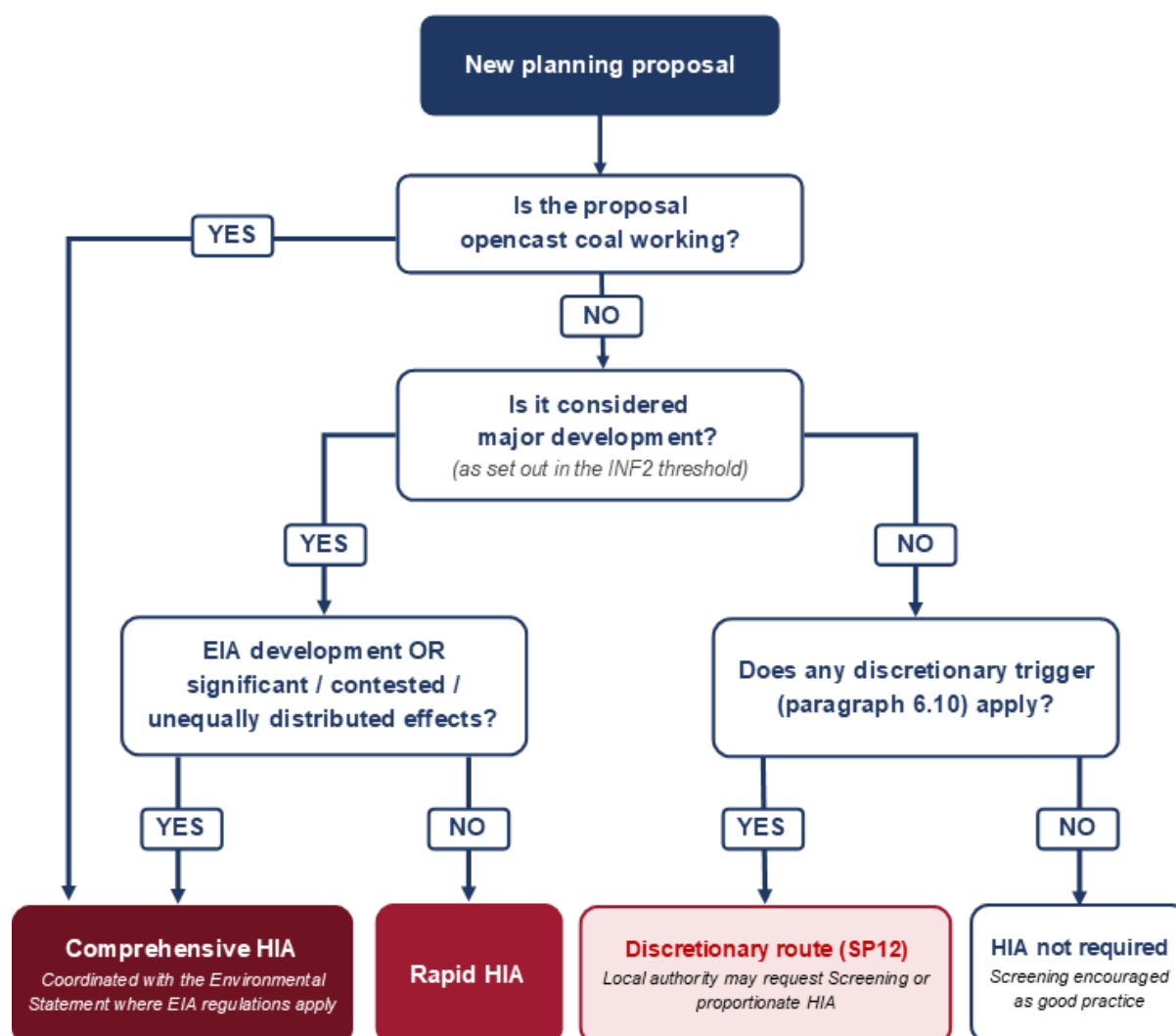
Table C: Glossary of key definitions used within this SPG.

Term	Meaning
Appraisal of evidence	The third step of the HIA process: identifying the likely health effects of a proposal, how they are distributed, and measures to enhance benefits and mitigate harms.
Cumulative effects	Health and well-being effects that arise when a proposal interacts with other recent or proposed development in the locality.
Determinants of health	The wide range of factors — social, economic, environmental — that influence health and well-being, many of which the planning system can affect. Reference is given to WHIASU guidance .
Discretionary Approach	A proportionate, case-by-case approach under which the local authority may request an HIA, or proportionate HIA information, for development below the INF2 thresholds where there is a clear and evidence-based health reason. This may relate to the proposal's nature, scale, location or likely effects (e.g. air quality, health behaviours, or community health pressures). The approach is usually identified at pre-application stage but may also be applied during determination where reasonably necessary. (See Paragraphs 6.10–15).
Environmental Impact Assessment (EIA)	The statutory process under the <i>Town and Country Planning (EIA) Regulations 2017</i> for assessing the significant environmental effects of certain development; human health is a specified receptor.
Community Severance	Refers to the physical and/or psychological barriers created by transport infrastructure or high levels of traffic that restrict people's ability to move within their community, access services, and maintain social connections. It can affect perceptions of safety, reduce walking and cycling, and contribute to social isolation and poorer health and well-being.
Comprehensive HIA	A detailed HIA for larger or more complex proposals, normally involving primary community engagement and detailed analysis.
Health Impact Assessment (HIA)	A structured process for considering how a proposed development may affect the health and well-being of the population and how those effects are distributed.
HIA screening exercise	The first step of the HIA process: a brief, structured assessment that identifies whether a development is likely to have health and well-being effects and, if so, at what depth. Normally completed using the WHIASU screening record sheet (see Appendix B). Where no significant effects are identified, the completed screening record may serve as proportionate HIA information accompanying the application.

Term	Meaning
Local Health Board (LHB)	In Carmarthenshire, Hywel Dda University Health Board; may be consulted upon for planning applications accompanied by an HIA.
Major development	Development falling within the definition of "major development" in planning legislation; the INF2 thresholds identify the major development for which an HIA is required.
Proportionate HIA information	Health and well-being information submitted alongside a planning application that is appropriate to the scale and likely impact of the development but falls short of a Rapid or Comprehensive HIA. Most commonly takes the form of a completed HIA screening exercise; may extend to a scoped assessment of principal health issues where the local authority considers this proportionate.
Rapid HIA	A structured HIA using a recognised determinants framework, suitable for major developments meeting the INF2 thresholds where likely health effects are identifiable but not unusually significant, complex or contested.
Scoping	The second step of the HIA process: determining the focus, methods, populations, geographic scope and engagement approach for the HIA.
Screening	See <i>HIA screening exercise</i> .
Sequential approach	The WHIASU four-step HIA process — screening, scoping, appraisal of evidence, and reporting and recommendations — required by Policy INF2.
WHIASU	The Wales Health Impact Assessment Support Unit, hosted by Public Health Wales; the national source of HIA methodology and guidance in Wales.
Wider determinants of health	See ' <i>determinants of health</i> '.

Appendix D: Decision Flowchart

When is a Health Impact Assessment Required?



Change of Use

Most changes of use fall below the INF2 thresholds. Where the proposed use raises health concerns—for example hot food takeaways, alcohol, tobacco, vaping, gambling—the discretionary route may apply. Applicants are encouraged to screen and discuss at pre-application (see paragraph 6.5)

Discretionary route triggers (Paragraph 9.10)

- Proposals in or near an AQMA
- Hot-food takeaways / HFSS food uses, especially near schools or in high-obesity areas
- Sensitive uses (e.g. schools, care homes, supported housing) in locations with health or environmental risks
- Development likely to create or add to community health pressures (individually or cumulatively)
- Uses linked to behavioural health or safety risks (e.g. vaping/tobacco retail, gambling, betting, drinking), especially near schools or high-risk areas
- Any proposals raising other significant health concerns (see para. 6.14)

Pre-application discussion is encouraged for all proposals likely to require an HIA

Voluntary submission of HIA information is welcomed even where the discretionary route is not triggered.