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Guidance for Planning Authorities in Wales:

What to consider when advising applicants
on the requirements of a Health Impact Assessment
(HIA) for development



September 2026

Introduction	Purpose of this guidance	Why Health Impact Assessments are important in Planning and Development	Types of Health Impact Assessment	Role of the Planning Authority	Local Development Plan (LDP) Policy requirements	HIA and Environmental Impact Assessment (EIA)	Advising applicants on the HIA Process	Establishing the baseline
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What to consider when advising applicants on the requirements of a Health Impact Assessment (HIA) for development

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Glossary

Term	Definition
Environmental Impact Assessment (EIA)	A tool used to assess the potential impacts of a development on the environment
Health Impact Assessment (HIA)	A Health Impact Assessment means an assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales. It is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population
Health inequalities	The systematic differences in the health and well-being status of different groups. This term is often used interchangeably with health inequities, which are unfair and avoidable differences in health and well-being
Local Development Plans (LDPs)	A plan which specifies and determines the use of land over a set period of time, serving as a framework for local planning decisions
Planning Authority	Planning authorities produce Local Development Plans and have responsibility for implementing the local planning system, making decisions on planning applications and ensuring development is in accordance with local policy
Population needs assessment (PNA)	A formal evaluation carried out by a Public Services Board on the care and support needs of a local population and consider the level of services required to meet the need
Public Services Board (PSB)	PSBs are statutory boards responsible for assessing and addressing the wellbeing needs of the population within one or more local authority areas. Members include local authorities, health boards and other public bodies
Regional Partnership Board (RPB)	A collaborative body consisting of health boards, local authorities and the third sector, to improve how health and care services are provided to meet community needs in a region
Spatial Planning	Management and allocation of space and resources, through the creation of a plan which can be at national, regional or local level
Supplementary Planning Guidance (SPG)	SPGs support local development plans by providing detailed planning advice on a range of specific topics, and expand on LDP policies
Sustainable development	Process of improving the economic, social, environmental and cultural wellbeing of Wales, and is a founding principle of the Wellbeing of Future Generations (Wales) Act 2015
Well-being Assessments and Well-being Plans	Undertaken by Public Services Boards in Wales. Well-being assessments provide analysis of the state of well-being in communities and areas. Findings influence the objectives set out in local well-being plans
WHIASU	Wales Health Impact Assessment Support Unit, Public Health Wales

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Introduction

Planning decisions shape the environments in which people live, work and connect and in doing so they play a fundamental role in determining health and wellbeing. Across Wales, planning authorities are uniquely positioned to influence these outcomes, ensuring that development contributes to healthier, more equitable and resilient communities.

This guidance has been developed to support planning authorities in embedding Health Impact Assessment (HIA) into the planning process, providing a clear and practical framework for advising applicants on when and how HIAs should be undertaken. By promoting a systematic, evidence-based and people-centred approach, HIAs enable the early identification of both the positive opportunities and potential unintended consequences of development, helping to shape proposals that enhance wellbeing, reduce health inequalities, and align with Wales's statutory and policy commitments to sustainable development and the well-being of future generations.

This guidance promotes a proportionate, plan-led approach to HIA with an emphasis on early-stage assessment, equity, and integration into decision-making within the Welsh planning system.



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1 Purpose of this Guidance

This guidance supports planning authorities in Wales in their role of advising and guiding applicants on the use of Health Impact Assessment (HIA) for development in the planning system.

It provides a framework for authorities to develop their own approach for embedding HIA within planning, tailored to the local context and policy requirements. This guidance has been developed specifically for use in planning and development, as an addition to HIA guidance available from the [Wales Health Impact Assessment Support Unit \(WHIASU\)](#), Public Health Wales.

In Wales, the requirement to consider health and wellbeing is underpinned by a strong legislative and policy framework, including the [Planning \(Wales\) Act 2015](#), Planning Policy Wales, and the [Well-being of Future Generations \(Wales\) Act 2015](#), alongside the [Health Impact Assessment \(Wales\) Regulations 2025](#).

The HIA Regulations will come into force from April 2027*, and **all public bodies in Wales will have a duty to undertake HIAs when they make decisions of a strategic nature about how they exercise their functions**. Together, these frameworks establish a clear expectation that planning decisions should actively contribute to improving health, reducing inequalities, and creating sustainable, resilient communities.

The information in this guide is intended for those involved in both plan-making and development management across Wales, and the information could be utilised by planning authorities to form a local HIA for development template, guide or Supplementary Planning Guidance as part of the planning system process. The intended audience is primarily:

- ✓ **Local authority officers including those working in planning policy and development management**
- ✓ **Health Boards and public health teams**
- ✓ **Local Authority Elected Members**
- ✓ **Planning Consultants**
- ✓ **Developers**

* When the Regulations come into force on 06 April 2027, compliance with them will ultimately be the responsibility of public bodies who should therefore revert to the Regulations themselves when assessing compliance.

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2 Why HIAs are important in Planning and Development

Planning Policy Wales (PPW) states that ‘Health Impact Assessment makes a valuable contribution towards plan making’.

The Placemaking Wales Charter (2020) also includes health within the ‘People and Community’ principle stating that the needs, aspirations, health and wellbeing of all people should be considered at the outset of development proposals. HIA is a valuable tool to use in development planning as it enables the consideration of the potential impact of development on a broad range of health determinants including housing, the environment and social networks, and also considers the potential impact on inequalities. Health inequalities are defined as the systematic differences in the health and well-being status of different groups (McCartney et al, 2019).

HIA is most beneficial in relation to development when undertaken during the design phase, when a proposal is clear, but the design can be shaped according to the HIA recommendations. Therefore, it is recommended HIAs are carried out at pre-application stage, i.e. during the design phase and before the planning application is submitted.

An HIA is a systematic and proportionate process that is used to consider how a proposed development may affect the health of a population and the potential distribution of those effects across population groups. Within planning, the use of HIAs helps to ensure that neighbourhoods are designed to actively support better health outcomes, addressing factors such as walkability, access to green (and blue) spaces, air quality, the noise environment, access to public transport, access to employment and education, and proximity to (and provision of) services. These factors are examples of what are widely referred to as ‘wider determinants of health’ (or social determinants of health) which go beyond genetics and individual behaviours such as smoking or physical activity, to consider the broader social, economic and environmental context (Figure 1).

Figure 1: The determinants of health and wellbeing (Barton and Grant, 2006)



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HIAs support the development of healthy, thriving, equal communities, by:

- providing a people centred approach to assessing any health impacts (both positive and unintended negative) that developments may cause.
- providing a mechanism for setting out recommendations for how these impacts can be enhanced or mitigated.
- supporting applicants to demonstrate that the potential impacts on different population groups have been considered during the process of preparing development proposals.
- helping to address some of the most pressing health challenges being faced across Wales such as physical inactivity, obesity, mental ill health, and deprivation.



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HIA framework for consideration in a development

Population groups should be considered by applicants in relation to how they may be impacted by development, both in positive and unintended negative ways. The groups in Table 1 provide a starting point for consideration. This is not an exhaustive list and applicants should be encouraged to use local population data and intelligence to identify the specific population groups who may be impacted.

Table 1: Population groups potentially impacted by development

Sex/Gender related groups

- Female
- Male
- Transgender
- Non-binary
- Other (please specify)

Age related groups (could specify age range for special consideration)

- Early years (including pregnancy and babies up to age of 2)
- Children and young people
- Working age adult populations
- Older people

Employment/Income related groups

- Economically active/inactive
- Economically inactive
- People on low income
- People on temporary contracts or zero hours contracts
- People who are unable to work due to ill health
- Unemployed/workless
- Volunteers
- Young people not in education, employment or training (NEETs)

Groups at higher risk of discrimination or other social disadvantage

- Carers
- Ethnic minorities (please specify)
- Ex-offenders
- Gypsy, Roma and Traveller
- Homeless or no fixed abode
- Language/culture (please specify)
- Lone parent families
- Looked after children or those leaving care
- Offenders
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups and asylum seekers
- Religious groups (please specify)
- Sex workers
- Sexual orientation groups
- Veterans/military personnel

Geographical groups and/or settings

- People in key settings: workplaces/schools/hospitals/care homes/prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in urban or rural areas
- People living in isolated or over-populated areas
- People unable to access services and facilities

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Health determinants in relation to development can be categorised as shown in Table 2 (adapted from IEMA, 2022¹ and WHIASU²). **This is not an exhaustive list**, and applicants should be encouraged to consider whether any other health determinants may be relevant. These could include determinants related to lifestyles, social and community influences on health, living or environment conditions, economic conditions, access to and quality of services, and macro-economic, environmental and sustainability factors; all of which could affect health in some way.

Table 2: Wider determinants of health in relation to development

Categories	Wider Determinant of health
Health behaviours / lifestyle	Physical activity
	Risk taking behaviour e.g. gambling
	Diet and nutrition
Social and community environment	Social cohesion/participation
	Transport modes, access, connections, and integration
	Community connectivity
	Community identity and culture
	Community safety and security
Mental wellbeing	Ability to participate in community and economic life
	Anxiety and uncertainty in relation to construction or development
Living and environmental conditions	Access to nature
	Access to open space, leisure and play
	Air quality
	Water quality or availability
	Land quality
	Noise and vibration
	Radiation
	Housing quality and tenure
	Housing affordability
	Localised flooding
Economic environment and conditions	Employment and income
	Education and training facilities
Access to services	Health and social care service availability
	Built environment / public amenities
	Wider social infrastructure
	Transport modes, access, connections, cost and integration
Macro-economic and environmental conditions	Climate change, including flooding and heating
	Biodiversity
	Energy and technology infrastructure

¹ IEMA, 2022. EIA guide to effective scoping of human health

² Health Impact Assessment (HIA): Population Groups and Wider Determinants of Health and Well-being
- World Health Organization Collaborating Centre On Investment for Health and Well-being

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3 Types of Health Impact Assessment

There are different types of HIA, depending on the depth and scale of the research and evidence base used for an assessment.

Rapid (Standard) HIA – these are the most common type of HIA and they can take days or weeks to complete. Rapid HIAs usually involve the establishment of a small steering group and can include a participatory stakeholder element. They usually rely on existing baseline data and a limited literature review to identify key health impacts and recommendations to address impacts.

Comprehensive HIA – these are more resource intensive and can take longer to complete. They use extensive data and evidence to explore a wide range of impacts and often include a participatory stakeholder element.

Applicants would normally be expected to prepare a rapid HIA as part of the planning process (if required by local planning policy), carried out at the proposal stage or an early stage in the application process. An HIA screening may be appropriate for developments which do not meet the criteria or threshold specified in planning policy (see Appendix 1).



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4 Role of the Planning Authority

When HIAs are either currently a policy requirement for specific developments or could become a requirement in future policies, the following points should be considered by a planning authority.

- **Promote early awareness** of HIA requirements in line with local policy to applicants at pre-application stage to facilitate clear understanding of HIA process and how it feeds into the design development process. *If the planning authority has developed local guidance this should be provided to applicants.*
- Provide **clear expectations** on when and how HIA is required according to local policy and processes, ensuring requirements are proportionate to the scale and type of development.
 - **Local Development Plan (LDP) policies should clearly define the trigger or threshold for when HIAs will be required for development.** *Refer to Section 4.1 for further details on thresholds.* Policy should state that HIAs need to inform decision-making and the design process.
 - **Guidance for developers produced by the planning authority should set out how the HIA should be undertaken, and planning applicants should be expected to demonstrate within their application how the HIA has informed both decision-making and the design process.** Supplementary Planning Guidance (SPG) can play an important role in providing detailed guidance for applicants on when and how an HIA is required. *Refer to Section 7 for details on the HIA process.*
- **Encourage early engagement** with key stakeholders as per local requirements, including local health boards. *Refer to Section 8 on stakeholder participation expectations.*
- Ensure HIAs are **integrated into decision-making**, either as standalone documents or within other assessments (for example, Environmental Impact Assessments, see section 6). Evidence of how the HIA has influenced decision-making should be a requirement of the planning application. **Requirements can be set out in an SPG or HIA guide by the planning authority.** Evidence could be in the form of a brief report (or appendix to the HIA itself) showing a clear audit trail between identified health impacts, recommendations, and resulting design decisions. A description linking HIA findings to design responses is a strong form of evidence and typically includes:
 - Identified health impact or health determinant
 - Affected population group/s
 - Significance of health impact
 - Recommendation to enhance positive impacts or mitigate negative impacts

Public Health Wales can provide guidance to planning authorities in relation to HIA requirements. See section 12.

Where possible, planning authorities should work in partnership with Local Health Boards to critically review HIAs to check they address **key health determinants, vulnerable groups, and include appropriate mitigation and enhancement measures.**

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4.1 When to Advise Applicants to Undertake an HIA

A policy (see section 5) will be required within an LDP which sets out the need for an HIA for specific types and/or scales of development (see section 5). It is important to be clear within **LDP policy when an HIA is expected to be carried out**. The triggers for HIA (type/scale of development) should be set by the planning authority and be **proportionate and reasonable**, aligned to local area requirements, with Supplementary Planning Guidance or local HIA guidance providing further detail on implementation.

HIA should be recommended for any developments that are likely to have **significant implications for health and well-being**.

The process for setting triggers for HIAs should be based on the determination of the planning authority about the significance and likelihood of development having an impact on health and wellbeing, and on health inequalities.

Consideration of local health needs and priorities is also key in determining a policy requiring HIA for development. Communities and settlements across Wales differ in scale and therefore the impacts of development on health and well-being will differ. For example the impacts of development in smaller settlements could be greater where access to services or public transport is more limited, or there could be a positive cumulative impact on health and well-being of the development of several settlements as this may mean more services or greater provision of public transport options. **Therefore the triggers for the requirement of an HIA need to take the local context into account.**

Example triggers are listed below, but the decision on the types of development requiring an HIA will rest with the planning authority:

- **Large major housing developments and mixed-use schemes** as defined within individual LDP policies.
- **Development over 0.5 hectares or a floorspace of over 1,000sqm / area of 1 hectare**
- Transport, infrastructure (including data centres), health and social care, education or regeneration projects.
- Waste, minerals, and energy developments (including renewable energy and battery storage).
- Any development with potential impacts on **air quality, noise, access to services, or community cohesion**.
- **Development which is likely to cause a cumulative impact** due to proximity to other developments for example where several housing developments are clustered together but may be developed at different stages.
- Developments in areas which have **high levels of deprivation** (according to the [Welsh Index of Multiple Deprivation](#)).

For smaller developments, or those which do not meet local triggers, planning authorities may **consider requesting an HIA screening** or a health-focused statement instead of a full HIA. Screening should cover potential impacts that may arise from construction, the potential impacts of the development itself, the impact on existing residents and workforces neighbouring the site, in addition to future users of the development. The HIA screening should identify both positive and unintended negative impacts of the development.

Appendix A includes an example of a screening assessment that could be used.

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5 Local Development Plan (LDP) Policy requirements

The requirement and trigger for HIA should be included within a policy of an LDP and ideally then supported through Supplementary Planning Guidance (SPG) or an HIA Toolkit or Guidance.

A policy requirement for HIA should not only require the HIA to be completed for specific developments but should require applicants to outline how the recommendations have informed decision making in the design process and the actions that followed.

Figure 2 provides examples of HIA policies in local plans in Wales and England.

Figure 2: Examples of Health Impact Assessment policy requirements in local plans

Bridgend County Borough Local Development Plan 2018-2033 Policy SP8: Health and Wellbeing

Health inequalities will be reduced and healthy lifestyles and choices encouraged by ensuring that development proposals:

... are supported by a Health Impact Assessment where appropriate (major developments must be supported by a HIA, which demonstrates how the proposal will result in beneficial effects (and avoid adverse impacts) on the key determinants of health in the County Borough).

Darlington Local Plan 2026-2033 Policy DC3: Health and Wellbeing

Development that supports improvements to health and wellbeing in Darlington will be supported. In order to achieve this the council will:

...require, in the case of development of 150 or more homes and all other non-residential 'major' development, the submission of a Health Impact Assessment as part of the application to explain how health considerations have informed the design. Assessments should be proportionate to the scale of development proposed and undertaken in line with current government guidance.

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6 HIA and Environmental Impact Assessment (EIA)

Development proposals of certain types and scales may be subject to the requirements of the Town and Country Planning (Environmental Impact Assessment) (Wales) Regulations 2017.

The [EIA Regulations](#) set out the screening criteria for such development. Where a proposal is determined to require EIA, the likely significant direct and indirect effects of the proposed development on human health must be identified, described, assessed and reported within the Environmental Statement (ES).

The assessment of health effects included within an ES is often referred to as 'health in EIA' and, **where it meets the quality standards and policy requirements of an HIA, generally removes the need for a separate standalone HIA report** (although local planning policy requirements and [HIA Regulations \(Wales\) 2025](#) should be consulted).

When a 'health in EIA' assessment is undertaken, a judgement on 'significance' is required whilst in standalone HIAs, this is not a strict requirement of the process. The European Commission's definition of significance is widely applied in the context of health in EIA (IEMA, 2022):

'The assessment of significance relies on informed experts' judgements about what is important, desirable or acceptable with regards to changes triggered by the project in question.'

For more guidance on significance levels in EIA, refer to the following guidance: [Institute of Environmental Management and Assessment \(IEMA\) Guide to Determining Significance for Human Health in Environmental Impact Assessment \(2022\)](#).



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7 Advising applicants on the HIA Process

There are five key steps of any HIA, which applicants should be advised within an SPG or guidance produced by the planning authority. Guidance on carrying out HIAs is provided by Public Health Wales.



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1 Screening

This stage involves determining whether a proposal has potential impacts on health, well-being and equity through the lens of the wider determinants of health, and which population groups could be affected. **Where an HIA is required through local planning policy this stage is not required** and scoping is the first stage. If it is unclear or the development falls outside the triggers of the policy, screening can determine if an HIA is required.

2 Scoping

This stage is about establishing how the HIA will be carried out and provide clarity over its purpose and focus. *Section 8 provides further details about establishing a baseline for the data to be gathered.* Scoping includes the consideration of:

- **Objectives and focus** – aims and objectives for the HIA, the determinants to focus on, the elements of the proposal to focus on, and geographical boundaries
- **Process** – scale and proportionality of the HIA should be established, tools and assessment frameworks identified to use, stakeholder engagement established as required, and consideration of what evidence will be gathered (for example health statistics, community health profiles, details of health assets and health services). The likely implications for healthcare service infrastructure should also be scoped at this stage in consultation with Health Boards where possible.
- **Project management and governance** – time scales, who will complete the HIA (HIAs should be undertaken through a collaborative process), resources available and responsibilities identified for completion and review.

3 Evidence appraisal

Gather and appraise evidence including data and contextual knowledge about the potential nature, size, likelihood and distribution of the development's potential impacts on health, well-being and equality. Engagement with key stakeholders may be undertaken to gain an understanding of local health-related impacts. Stakeholders' knowledge and 'lived experience' of the local area and population can be valuable in both evidence of population impacts and in gathering ideas for the development. Stakeholder engagement usually takes the form of a short workshop (see section 9).

Conclusions can then be drawn alongside recommendations or actions to ensure the development addresses the impacts identified in the evidence appraisal process.

A local profile should be produced of population health needs, demographics, deprivation indices and assessment of the local area including services and facilities.

Evidence should be appraised to identify potential positive and negative impacts and how they may affect specific population groups.

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4

Reporting and Recommendations

Identify recommendations and actions to address potential impacts and address any identified health inequalities. Present findings in a clear report, linked to planning application documents and outline recommendations. Applicants should describe how any potential negative health impacts will be mitigated, and how any positive health impacts will be enhanced (and who is accountable) and how they will be monitored.

5

Review and reflection, including monitoring and evaluation

This stage aims to set out how the HIA was used, and whether it influenced decision-making and developments. The planning authority receiving the HIA should quality assure it to ensure it meets requirements of the authority, and has included everything identified during the screening and scoping stages.



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8 Establishing the baseline

During the scoping stage it is important to establish a relevant and accurate health and demographic baseline which is sufficiently detailed to develop a clear understanding of the health and wellbeing profile of the local population whilst also identifying health assets (such as health infrastructure, schools, community sports provision) and environmental conditions such as air quality, noise, and green and blue spaces.

Key sources of health and community data and evidence are Local Wellbeing Assessments and Wellbeing Plans, and Population Needs Assessments produced in each area of Wales by [Public Service Boards](#) and [Regional Partnership Boards](#).

If there are any specific health or population issues in a development site area, or wider geographical area, that need to be considered in relation to the HIA, these should be highlighted to the applicant within the planning authority's guidance. For example, an area may have particularly high levels of obesity or diabetes amongst the population or have a higher proportion of older adults compared to Wales overall. Any specific vulnerable population groups identified within the local area that need to be considered should be outlined to the applicant, for example ethnic minority community groups, veterans, gypsies and travellers, or people living in areas of high deprivation.



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Applicants should be encouraged to review publicly available information to establish a baseline and identify the evidence for how development can impact on health and well-being. This could include the following resources:

- Local Development Plan evidence base
- Local Health Board Long Term Strategies
- [StatsWales](#) – Welsh Government data
- [Data Map Wales](#) – public sector data in Wales, including transport and active travel networks
- [Health Maps Wales](#) – Welsh Government data on hospital admissions, cancer incidence, mortality and fertility rates mapped by Health Board area
- [Welsh Health Equity Solutions Platform](#) – data, evidence and policy on health equity in Wales
- [Office of National Statistics](#) (ONS) Census 2021
- [Census Maps - Census 2021 data interactive, ONS](#) - Interactive Census 2021 maps
- [Public Health Wales Observatory](#) – data includes population health outcomes, disease prevalence and the child measurement programme
- [Wales Index of Multiple Deprivation](#)
- [NHS Wales](#) – GP practices in a local area
- [Air quality in Wales](#) – Welsh Government data maps
- [Extrium](#) – Wales noise and air quality viewer
- [Wales emissions data](#)
- Public Health Wales publications such as [Creating healthier places and spaces for our present and future generations](#) (PHW, 2018) and [Planning Health Places](#) (PHW, 2025)
- [Healthy Homes Principles](#) – evidence on impacts of housing on health and wellbeing
- Evidence and information gathered through stakeholder engagement

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8.1 Establishing the study area

The study area that is used for establishing the baseline should be clearly defined within the HIA and be proportionate to the scale of the development being proposed. Health impacts vary spatially depending on the nature of the health determinant being assessed and also on the type of project being considered. Generally, there are three scales of study area which may need to be considered, described in Table 2.

Table 3: Health Impact Assessment study areas

Study area	Description
Health behaviours / lifestyle	Can be used to establish the wider population health baseline with regards to wider determinants of health that affect communities at more regional levels. For example, health and social care provision, employment and education, public transport provision and access. This scale of study area is typically defined as local authority areas, or health board areas.
Local study area	Can be used to establish the population health baseline with regards to wider determinants of health that affect communities at a more local level – for example, community identity, the quality of the local environment (matters such as noise, air quality, visual amenity), social participation, and local access. The scale of the study area is typically based on middle super output areas (MSOAs) and lower super output areas (LSOAs), depending on data availability.
Site specific population	This scale applies to the population most likely to be directly affected by any development such as landowners, the mix of residents, those who access the site already and/or future workers coming to the site. It can be a challenge to obtain health data specific to this population therefore the baseline usually relies on data applicable at the local or regional scale.

8.2 Assessment of impact of development on access to healthcare

Significant development, particularly for housing, can result in changes in demand for public service infrastructure including healthcare services. An HIA should include an assessment of the potential impact of a development on healthcare facilities, including primary care services. This assessment can then inform an understanding of the potential need for new or improved facilities in order to meet the infrastructure needs of the development.

When assessing potential impacts of a development on healthcare services, applicants should engage with local health boards, and apply an appropriate methodology. The assessment should consider impacts on primary care, secondary care, and community health services, and demonstrate where mitigation measures are required and how the measures will be undertaken.

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9 Stakeholder participation

Applicants should be reminded that stakeholder participation is a core principle of quality HIAs, leading to assessments that reflect real community needs, values, experiences and expertise.

It also supports transparent decision-making. Collaboration and involvement are core ways of working within the Well-being of [Future Generations \(Wales\) Act 2015](#).

Stakeholders can be involved at every stage of an HIA, but it is important during the scoping stage where boundaries of the HIA are being set, including the identification of affected groups, population health needs, and potential likely impacts – both positive and potentially negative or unintended negative impacts. Appendix 2 sets out an example stakeholder participation plan template that can be adapted to meet the scale of project being assessed.

For very large projects applicants should be advised to establish a small HIA steering group during the screening stage. This should have a clear scope and terms of reference and, where possible should include a combination of public health specialists, local authority officers, community representatives, third sector organisations and decision makers. Typically, a steering group will be 4-6 people and be made up of people who can act as a bridge between communities, evidence providers and decision makers.

Any participation should be inclusive, proportionate to the scale of the HIA, and focused on equity. This means going beyond the 'tick box' consultation and ensuring voices of disadvantaged or vulnerable populations are heard. An HIA could include a stakeholder workshop during the evidence appraisal stage.

Local authority stakeholders should not include local authority planners because they are responsible for assessing the planning submission and should not be placed in a position of actual or perceived conflict of interest.

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10 Key points for applicants undertaking HIAs

Applicants should be encouraged to:

Take a **proportionate approach**, the depth of assessment should reflect the scale of likely health impacts. Applicants should include in their report their justification for scoping in or out potential impacts during the scoping stage.

Use **robust evidence sources** that meet the needs of the HIA requirements of the planning authorities including local health data, Public Health Wales and WHIASU tools and resources, and stakeholder engagement.

Consider **specific population groups who may be affected positively or negatively impacted**, not just the general population.

Make recommendations that are **specific, achievable, and linked to planning policies, conditions or obligations**.

If an **HIA is being commissioned by an applicant with an external provider, they should ensure the provider has the competencies required for HIA**. For further information about HIA competency, refer to the knowledge and skills framework in HIA **guidance** from Public Health Wales and the **Institute of Sustainability and Environmental Professionals Sustainability Skills Map**.

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11 Reviewing Submitted HIAs

When reviewing HIA reports planning authorities should check whether:

- ✓ All **relevant health determinants** (environmental, social, economic) have been considered. Refer to the Population and Wider Determinants of Health and Well-being resource in [WHIASU HIA Guidance](#) for a list of potential health and wellbeing determinants which can be considered in an HIA.
- ✓ The **distribution of impacts** (i.e. how impacts are spread across a population) has been assessed. Refer to the Population and Wider Determinants of Health and Well-being resource in [WHIASU HIA Guidance](#), for a list of potential vulnerable population groups which could be identified in the local area as being affected by a development.
- ✓ There is evidence of **stakeholder involvement**.
- ✓ Recommendations are **practical and achievable and have informed the design of the development**.
- ✓ The HIA is clearly linked to the **decision-making process undertaken within the planning system**.

A **Quality Assurance Review Framework** for Health Impact Assessments is a critical appraisal tool for HIA developed by WHIASU. This [document](#) aims to provide guidance to a range of audiences on undertaking a quality assurance review of HIAs, and could support planning authorities in reviewing HIAs for development. WHIASU offer an [e-learning course](#) on quality assuring and reviewing HIAs.

A helpful [guide](#) to reviewing HIA reports for development is available from Ben Cave Associates⁴.

⁴ Ben Cave Associates, 2009, [A Review Package for Health Impact Assessment Reports of Development Projects](#)

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12 Useful HIA Resources

• Wales HIA Support Unit (WHIASU), Public Health Wales

Public Health Wales have produced several resources to support practitioners in completing HIAs and to support the evidence gathering around the connections between planning and health:

- Health Impact Assessment: a [range of guides](#), templates and resources which introduce the HIA process and are complimented by a range of templates and resources .
- Quality Assurance [Review Framework](#) for Health Impact Assessments, a critical appraisal tool for HIA. This document aims to provide guidance to a range of audiences on undertaking a quality assurance review of HIAs. E-learning is also available on quality assuring and reviewing HIAs.
- A [toolkit](#) to support the integration of HIA into Local Development Plans
- [Planning Healthy Places](#) guidance to support those working across urban and rural local authorities in Wales to consider, include and promote health and wellbeing through Local Development Plans (LDPs) and the planning system. It provides evidence and guidance about how this can be achieved and why the links between planning and health are so important.
- [Planning and Enabling Healthy Environments](#) is a resource and SPG template around creating healthy environments, including healthy weight environments.
- [Creating healthier places and spaces](#) demonstrates how the health and well-being opportunities afforded by the natural and built environment, such as walking and cycling infrastructure, food growing and access to nature, can contribute to a thriving, sustainable Wales for current and future generations.
- [Planning Policy Wales \(Edition 12, 2024\)](#) for policy context.
- Local health boards and Well-being Needs Assessments for baseline data and local priorities.
- Public Health England – [HIA in Spatial Planning](#)
- Planning Authority LDPs, SPGs and Annual Monitoring Reports (AMRs).

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13 Summary

Planning authorities play a central role in embedding health into planning decisions.

By providing clear advice to applicants on the purpose, scope, and process of HIA, authorities can ensure that:

- ✓ **Health, well-being and equity** is integrated into development proposals at the earliest stages.
- ✓ Communities benefit from **healthier environments and reduced inequalities**.
- ✓ Development proposals align with Wales's **well-being and sustainability objectives**.



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14 Further useful links

The following list provides resource links for further information.

- NHS Wales – <https://nwssp.nhs.wales/contact-us/services-we-provide-a-z/registering-with-a-gp-and-other-patient-queries-within-nhs-wales/practices-that-operate-in-your-area>
- Office of National Statistics (ONS) Census 2021 – [nomis data: https://www.nomisweb.co.uk](https://www.nomisweb.co.uk)
- Public Health Wales, Wales Health Impact Assessment Support Unit (WHIASU). WHIASU website includes access to information, training resources, examples of HIAs and HIA related training: <https://phwwhocc.co.uk/whiasu>. Email contact: WHIASU.PublicHealthWales@wales.nhs.uk
- Planning (Wales) Act 2015: <https://www.legislation.gov.uk/anaw/2015/4/contents>
- Planning Policy Wales, Edition 12, 2021: <https://www.gov.wales/planning-policy-wales>
- PHW, 2018, Creating healthier places and spaces for our present and future generations. https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/06/Creating_healthier_places_and_spaces_for_our_present_and_future_generations.pdf
- Public Health Wales Observatory: <https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/StatsWales>: <https://statswales.gov.wales/Catalogue>
- The Well-being of Future Generations (Wales) Act 2015: <https://www.gov.wales/well-being-future-generations-act-essentials-html>
- Welsh Government, May 2025. Section 5 Annex: Planning Application Classifications – thresholds and Criteria. Development Management Manual. <https://www.gov.wales/sites/default/files/publications/2025-05/section-5-annex-planning-application-classifications.pdf>

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15 References

Institute of Sustainability & Environment Professionals (formerly the Institute of Environmental Management and Assessment). "Guide to Determining significance for human health in Environmental Impact Assessment" IEMA, 2022, [\(PDF\) IEMA Guide: Determining Significance for Human Health in Environmental Impact Assessment](#).

McCartney, G., Popham, F., McMaster, R., Cumbers, A., 2019. Defining health and health inequalities. *Public Health*, Special issue on Migration, Ethnicity, Race and Health 172, 22–30. <https://doi.org/10.1016/j.puhe.2019.03.023>

Public Health England. "Health Impact Assessment in Spatial Planning." GOV.UK, 2020, www.gov.uk/government/publications/health-impact-assessment-in-spatial-planning.

Public Health Wales. "Child Measurement Programme Dashboard - Public Health Wales." *Public Health Wales* –, 29 Apr. 2025, phw.nhs.wales/data/child-measurement-programme-dashboard/. Accessed 12 June 2026.

Public Health Wales. "Creating Healthier Places and Spaces for Our Present and Future Generations ." *Public Health Wales NHS Trust*, 20 July 2021, phwwhocc.co.uk/resources/creating-healthier-places-and-spaces-for-our-present-and-future-generations/.

Public Health Wales. "Planning Healthy Places: A Guide for Local Authorities in Wales for Embedding Health in Planning Policy ." *Public Health Wales NHS Trust*, 19 Nov. 2025, phwwhocc.co.uk/resources/planning-healthy-places-a-guide-for-local-authorities-in-wales-for-embedding-health-in-planning-policy/.

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16 Appendix 1: Screening template

For developments that do not meet the trigger or the policy requirement for a full Health Impact Assessment (HIA), applicants should be encouraged to complete and submit a screening assessment alongside the planning application.

This screening provides an early indication of whether the proposal is likely to generate health impacts and facilitates mitigation/design changes that would promote improved health outcomes for communities, regardless of the scale of the proposals.

Where a development meets the triggers set by the planning authorities to require an HIA, the screening stage is covered as the first step and the policy and guidance will highlight the key issues to explore in greater depth during the full assessment. The scoping stage will then inform the detailed approach to be taken and the impacts to consider.

The form below can be used as a screening template.

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HIA for Development Screening Template	
Project information	
Proposal title	
HIA screening completed by	
Date of screening	
Description of proposal	
Provide a brief description of what is being proposed	
Proposal location. Provide a description of the location and surroundings in addition to a location map	
Population profile / key population groups affected by proposal	
Review and summary of local population needs assessment or wellbeing plan to obtain a local population health and wellbeing profile. Outline key local population health needs.	
Are there any vulnerable or disadvantaged groups within the study population? Refer to WHIASU population groups resource	

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Environmental profile	
Describe the general environmental quality of the area, e.g. are there any air quality management areas or noise important areas close to the development? How much green/blue space is accessible?	
What social and community infrastructure is close to the development (within 1km). E.g. schools, libraries, active travel networks, public transport, primary care services, medical centres, etc)	
Nature of evidence considered/ to be used	
Describe the evidence which will be used to identify and analyse impacts on determinants of health (e.g. baseline health and wellbeing data, demographics, socio-economic indicators, healthcare service provision and environmental data)	

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
1. Population groups				
Is the proposal likely to impact upon specific population groups? If so who and how? Refer to population groups checklist in WHIASU HIA guide and population needs assessments and profiles				
2. Healthy behaviours/ lifestyles				
Is the proposal likely to influence the level of physical activity for the population of the development and surrounding community?				
Does the proposal allow for access to healthy food options?				
Is the proposal likely to increase risk taking behaviour, e.g. gambling, smoking?				

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
3. Social and community environment				
Is the proposal sensitive to community identity and culture?				
Does the proposal take account of inclusive design?				
Does the proposal include designs to create communal spaces which are attractive and will enable people to meet safely?				
Have the local community been engaged/are there plans for engagement?				

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
4. Mental wellbeing				
Does the proposal include elements to help 'design out crime' and help people feel safe?				
Will the proposal impact on mental wellbeing of existing or new community members?				
5. Economic environment				
Will the proposal affect employment opportunities?				
Will the proposal affect access to education and training?				

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
6. Living and environmental conditions				
Does the proposal retain and enhance existing open and natural spaces? Does it provide new areas of green space?				
Does the proposal address the housing need of the local community?				
Does the proposal include a range of housing typologies?				
Is air quality likely to be affected by the proposal?				
Does the proposal provide access to a range of play and recreation spaces for children and young people? Does it consider the needs of different age groups?				

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
Is water quality or availability of water likely to be affected by the proposal?				
Are there any issues related to the quality of the land on which the proposal is located? E.g. is the site contaminated?				
Are noise impacts likely to arise from the proposal?				
Does the proposal provide access to public transport and active travel opportunities to enable connection and integration to existing facilities?				
Are traffic management and traffic calming measures included in the proposals?				

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Screening Assessment	Relevant? [Y/N] Impact during construction or when complete?	Is the likely impact to be: positive/negative/neutral or uncertain	Any vulnerable groups particularly affected?	Description/ justification
7. Access to services				
Are the proposals likely to affect access to healthcare services? E.g. through increasing demand on, or changing physical access to such services?				
Is social infrastructure such as healthcare services, libraries, shops, financial services within easy access of the proposals (i.e. within walking distance or accessible by public transport)?				
8. Macro-economic and environmental conditions				
Do the proposals include climate resilience within the design, e.g. natural shading, aspect, shelter, ventilation, drainage, etc.				
Does the proposal include consideration of the impact on biodiversity?				
Are the proposals highly energy efficient?				

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17 Appendix 2: Stakeholder Participation Plan template for HIA

The tables below provide a basic stakeholder participation template that can be adapted for a project.

It is structured around the HIA stages providing suggestions for who could be involved, appropriate engagement methods, timelines needed and responsibilities. At all stages the stakeholder participation plan should be proportionate to the scale and importance of the project being assessed, be inclusive, transparent and accessible. In this context accessible means providing easy to read information and translations and providing appropriate expenses for participants.

Table 1: Screening

Screening: To agree whether an HIA is appropriate/required and to define the broad focus.		
Relevant Stakeholders	- Decision-makers (local authority, planners, health board) - Key community reps (e.g. tenants' associations, patient groups) - Public health specialists	Notes:
Participation methods	- Short stakeholder meeting/ workshop - Email circulation of proposal with feedback option	Notes:
Indicative timeline	1-2 weeks	Notes:
Responsibility	HIA lead + steering group if used	Notes:

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Table 2: Scoping

Scoping: To define impacts to assess, populations affected, assessment methods and participation strategy to be followed.		
Relevant Stakeholders	- Community representatives (including vulnerable groups) - Service providers (health, housing, education, transport, etc) - Advocacy/voluntary groups	Notes:
Participation methods	Stakeholder mapping exercise Participative discussions and completion of scoping template	Notes:
Indicative timeline	2-3 weeks	Notes:
Responsibility	HIA lead + steering group if used	Notes:

Table 3: Assessment

Assessment: Collecting and interpreting evidence, understanding distribution of impacts.		
Relevant Stakeholders	- Residents/community members (including seldom-heard voices) - Professionals/experts (planning, public health, environment, economy)	Notes:
Participation methods	- Community surveys or interviews - Participatory mapping (i.e. using the participants knowledge, experience and priorities to identify vulnerable groups, health assets, risks, barriers to health, etc) - Multi-stakeholder workshops to review evidence - Expert panels for technical topics such as air quality, transport modelling.	Notes:
Indicative timeline	4-6 weeks (depending on scale and project programme)	Notes:
Responsibility	HIA lead + steering group if used, supported by local authority	Notes:

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Table 4: Reporting and recommendations

Reporting and recommendations: Drafting and validation of assessment and recommendations.		
Relevant Stakeholders	• Community representatives • Advocacy groups • Decision makers • Service providers	Notes:
Participation methods	• Circulation of draft report for comment • Validation meeting with stakeholders involved at early stages	Notes:
Indicative timeline	2-3 weeks	Notes:
Responsibility	HIA lead + steering group if used, local authority ⁵	Notes:

Table 5: Monitoring and evaluation

Monitoring and evaluation: Track uptake of recommendations and impacts over time *(whilst this is a valid and important step, particularly for large scale developments, it is acknowledged that resources and budgets may not permit ongoing monitoring. HIA contracts would likely not extend beyond the final HIA report delivery/HIA evaluation).		
Relevant Stakeholders	• Community representatives • Local authority/public health analysts • Service providers	Notes:
Participation methods	• Monitoring framework developed jointly with stakeholders • Community feedback sessions at regular intervals • Annual review meetings	Notes:
Indicative timeline	Ongoing (every 6-12 months)	Notes:
Responsibility	Initially the HIA lead, then Local authority/ public health lead with community partners	Notes:

⁵ Local Authority Stakeholders should not include Local Authority Planners because they are responsible for assessing the planning submission and should not be placed in a position of actual or perceived conflict of interest.