

14 October 2014

*See Chair,*

**Response to the Environment and Sustainability Committee's inquiry into the general principles of the Planning (Wales) Bill.**

- 1.1 As Wales' leading cancer charity, Tenovus welcomes the opportunity to respond to this inquiry on the general principles of the Planning (Wales) Bill. Tenovus is well-known as a charity that funds research and supports those affected by cancer, but it is also central to our purpose to campaign to lower the instances of cancer in Wales by targeting some key causes. For this consultation we will keep our observations focused on the intrinsic linkages between planning and healthy lifestyles and wellbeing.
- 1.2 According to the latest publication of the Wales Health Survey: *'Around 3 in 10 (29 per cent) adults reported being physically active on five or more days in the previous week. Around a third (34 per cent) of adults reported not being physically active on any day in the previous week. Around 3 in 5 (58 per cent) adults were classified as overweight or obese, including just over 1 in 5 (22 per cent) adults classified as obese. Men were more likely to be overweight than women, but there was little difference between the sexes for obesity. Obesity was more prevalent in middle age for both men and women.'*
- 1.3 The evidence and trends presented in the 2013 Wales Health Survey show that rates of obesity and physical inactivity have continued to be stubbornly high across Welsh communities particularly some of the most deprived. It is with this context that Tenovus believes the Welsh Government should be using all of the policy levers at its disposal to improve the health and wellbeing of the country.
- 1.4 In the Welsh Government's Public Health (Wales) Green Paper the use of Health Impact Assessments (HIA) in planning were a key aspect of the initial consultation. HIA has been defined as *'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'*<sup>1</sup>. HIA uses a range of methods and evidence to identify potential or actual health impacts of policies or proposals in order to maximise positive impacts and minimise any negative impacts on health.
- 1.5 Tenovus strongly supports the adoption of a mandatory requirement for HIA in planning policy. It is a major recommendation in the Acheson report on inequalities in health and it is also recognised by Article 152 of the Amsterdam Treaty which calls for the European Union to examine the possible impact of major policies on health. HIA is effective because it has the following key features:
- It is a social model of health and wellbeing which means an explicit focus on equity and social justice.
  - It involves a multidisciplinary, participatory approach this avoids decisions being made in isolation and short term decisions adopted. For example closing a local swimming pool to alleviate Council budgets with no consideration of the loss of a physical activity opportunity to the community's health.
  - It uses qualitative as well as quantitative evidence.

<sup>1</sup> Health Impact Assessment: main concepts and suggested approach, World Health Organisation Gothenburg consensus paper, 1999, [www.euro.who.int/document/PAE/Gothenburgpaper.pdf](http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf)

- HIA process lends legitimacy to a decision and the decision making process is transparent.
- HIA requires that the process involves the population that is affected by the policy or decision. It gives a voice to vulnerable groups.
- HIA allows you to explore how a decision will impact on a community and to mitigate any negative impacts.

1.6 Following the initial Green Paper, the Public Health White Paper consultation contained only one specific reference to 'health impact' and this was in relation to the planning system. Tenovus believes that there is a real opportunity for the Welsh planning system to improve the health and wellbeing of the people of Wales and in turn lower the instances of cancer through encouraging healthier lifestyles. We would strongly urge the committee to take note of the work currently undertaken by the Wales Health Impact Assessment Support Unit through their deliberations.

1.7 The Planning (Wales) Bill in its present form does not go far enough to take advantage of the intrinsic link that planning has with improving the health and wellbeing of communities across Wales. The Bill in its current form does have some recognition of the benefits that planning can have on health, however it does not provide firm enough provisions that would allow for the full potential benefits to be realized.

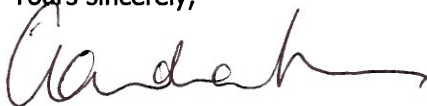
1.8 Tenovus believe that a statutory duty on Local Authorities and partners to carry out HIAs could create opportunities to manage the local environment better. Managing spaces for physical activity and addressing concerns around safety, crime and inclusion. For example providing facilities and schemes such as cycling and walking routes, safe play areas, traffic calming and congestion charging. HIA could ensure buildings and spaces are designed to encourage people to be more physically active (For example, through positioning and signing of stairs, entrances and walkways). As obesity and associated ill health increases in Wales there is a need to make these connections more explicit.

1.9 HIAs provide a further opportunity for strengthening community engagement in the planning process in by:

- Ensuring transparency and clarity of information on health-related interventions/changes/plans and Impact Assessments. For example when proposing planning applications.
- Ensuring that communication between local authorities and community group on health related activity is not tokenistic.
- Making HIA assessments clear and straightforward so that non-experts can be involved and comment (Avoiding jargon and complex language).

1.10 **Tenovus recommends that Health Impact Assessments, which considers the wider determinants of health (including, but not restricted to, access to public toilets, exercise, active travel, green space for wellbeing), become a statutory requirement within planning processes and Local Development Plans (LDPs).**

Yours sincerely,



Claudia McVie  
Chief Executive



Est. 1943

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