

# **LDP2** **Ceredigion**

**Replacement Local Development Plan  
2018 - 2033**

**Report on the Rapid Health Impact Assessment  
For Preferred Strategy 2019**



Cyngor Sir  
**CEREDIGION**  
County Council

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# 1. Introduction

## 1.1 Local Development Plan.

- 1.1.1 The Planning and Compulsory Purchase Act (2004) sets the requirement that Local Authorities must devise a Local Development Plan (LDP) for their area. The LDP sets out policies and specific proposals for land use and development.
- 1.1.2 Ceredigion's LDP was adopted on 25<sup>th</sup> April 2013 and was monitored on an annual basis through the medium of the Annual Monitoring Report (AMR) ([CCC, 2018](#)). Following the third AMR a full review was enacted with the outcome recommending the commencement of a replacement LDP, to be enforced until 2033 ([Ceredigion County Council](#)).
- 1.1.3 There are numerous statutory stages involved in the production of the plan which can be found in the Council's Delivery Agreement ([Ceredigion County Council](#)). A key document in the replacement process of the LDP is the Preferred Strategy (also called the Pre-Deposit Plan). The Preferred Strategy outlines the aims, objectives, key policies, monitoring targets and indicators, locations for sustainable development needs, and spatial interpretation of the strategy.

## 1.2 Health and Planning in Legislation and Policy

- 1.2.1 The Well-being of Future Generations (Wales) Act 2015 ([Welsh Assembly, 2015](#)) ensures Wales' commitment to maximising social, cultural, environmental and economic well-being through requiring public bodies to strive towards well-being goals (see Table 1). The goals aim to achieve, amongst other things, a healthier Wales in accordance with the principle of sustainable development, ensuring the needs of the present without compromising the ability of future generations to meet their own needs. The act dictates the goals be achieved through working in a collaborative, integrative, preventative manner with a consideration for the long-term and

involvement. The act signifies the dedication of Wales' contribution towards positive health and well-being, as outlined in Sustainable Development Goal (SDG) 3 ([UN, 2015](#)).

**Table 1: Well-being goals published in the Well-being of Future Generations (Wales) Act 2015. (Source: UK Government, 2015).**

A prosperous Wales	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
A resilient Wales	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
A healthier Wales	A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
A more equal Wales	A society what enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).
A Wales of cohesive communities	Attractive, viable, safe and well-connected communities.
A Wales of vibrant culture and thriving	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

Welsh language	
A globally responsible Wales	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

- 1.2.2 The importance of ensuring good health through planning is emphasised through the reiteration of the Well-being of Future Generations (Wales) Act 2015 within the Planning (Wales) Act 2015 ([Welsh Government, 2015](#)) and Planning Policy Wales Edition 10 (PPW) ([Welsh Government, 2018](#)) which set the statutory requirements and overarching framework for Local Planning Authorities (LPAs) in Wales. PPW proposes the achievement of a healthier Wales through promoting active travel, a key determinant of health (see Humphreys *et al.*, 2013), whilst ensuring environmental impacts that may negatively impact upon health are considered. Provisions for the aforementioned objectives are made in the Active Travel (Wales) Act 2013 ([Welsh Government, 2013](#)) and Environment (Wales) Act 2016 ([Welsh Government, 2013](#)).
- 1.2.3 PPW highlights the role of Health Impact Assessments (HIAs) in contributing towards plan-making. HIA, as a tool, abides by the ways of working proposed in the Well-being of Future Generations (Wales) Act 2015. The long-term focus incorporates the notion of sustainable development, whilst the focus to influence the severity of impacts is in line with the objectives set out in PPW (pg.31) and the well-being goals. Moreover, HIA induces a collaborative environment thus abiding by the regulations stated in the Town and Country Planning Act 1990, Well-being of Future Generations (Wales) Act 2015 and SDG 11.3, inclusivity in settlement planning (UN, 2015). The aforementioned legislation and policy, in conjunction with HIAs, identify a means through which SDG 3.4, reducing premature mortality from non-communicable disease through prevention and promote good mental health and well-being (UN, 2015), can be obtained in Wales.

- 1.2.4 Section 109 of the Public Health (Wales) Act 2017 ([Welsh Government, 2017](#)) has set out the requirement for Welsh Ministers to produce regulations on how HIAs should be undertaken by public bodies in conjunction with making the process mandatory.

## 2. HIA of the Preferred Strategy

- 2.1.1 It was decided that a Rapid HIA approach would be undertaken on the Preferred Strategy for Ceredigion County Councils replacement LDP, this approach was considered the most suitable as the process had already gone through a very comprehensive evaluation of options for the adopted LDP and it had been decided that for the replacement Plan, only six Strategic policies, the Vision and one LDP Objective needed amending, with the remainder of the policies being reviewed and amended accordingly and will be subject to scrutiny in the Deposit Plan. The Preferred Strategy stage was selected as the preferred strategy provides a sound basis for assessment, as it clearly outlines the initial aims and agenda of the LDP, whilst still allowing enough time for the results of the HIA to form part of the evidence base that informs the final LDP about health and well-being. The methodology and results of the HIA are reported in subsequent chapters.
- 2.1.2 The Rapid HIA was in the form of a participatory workshop completed over several hours, and followed the systematic methodology of 'Improving Health and Reducing Inequalities: A Practical Guide to HIA' ([Welsh Assembly Government, 2004](#)) and 'Health Impact Assessment- A practical Guide.' ([WHIASU, 2012](#)).
- 2.1.3 The Preferred Strategy was considered by using the wider determinants of health as a framework and assessed how the health and well-being of the population and particular vulnerable groups within that population may be potentially affected by it. The stakeholders invited to the workshop were varied, encompassing representatives from different departments within the Local Authority, (Planning, Adult Services, Education, Transport, Health and



Well-being.), and from wider consultees including, Higher Education, National Health Service, and Volunteer organisations.

2.1.4 The Workshop was held on 14<sup>th</sup> May 2019, at council offices in Canolfan Rheidol, Aberystwyth.

## **2.2 Workshop Methodology.**

2.2.1 The purpose of the workshop was to:

- 1) Identify vulnerable groups within Ceredigion's population.
- 2) Identify any health impacts, both positive and negative, that may occur as a result of the information outlined in the Preferred Strategy and their distribution.
- 3) Identify work that may be undertaken to minimise the negative impacts and maximise the positive impacts.

2.2.2 As an introduction to the workshop, Cath Ranson (Planning Policy Manager, Ceredigion County Council) welcomed the stakeholders and gave a short presentation on an Introduction to the Health Impact Process, and the emerging Preferred Strategy for the Replacement LDP and outlined the aims and procedure of the workshop.

2.2.3 There was then an opportunity for attendees to clarify aspects of the Preferred Strategy for the LDP, the methodology of the HIA and the workshop itself. The full agenda of the workshop is provided in Appendix 4. A copy of the questions given to all attendees to consider during the workshop can be found in Appendix 5.

2.2.4 The first workshop session began with a round table discussion between attendees, to identify the vulnerable groups within Ceredigion's population. Participants were provided with a community profile and a Health and Well-being determinants checklist and indicative list of vulnerable populations from "A Practical Guide to health impact assessment" ([Welsh Assembly Government, 2004](#)) these documents are provided in Appendices 1, 2 and 3.

- 2.2.5 The second session considered the health impacts, both positive and negative, and the likely distribution of any effects within Ceredigion, that may occur as a result of the information outlined in the draft Preferred Strategy. A copy of the draft Preferred Strategy is provided Ceredigion County Council
- 2.2.6 The final session began with a recap on the vulnerable groups identified within Ceredigion and the possible health impacts arising from implementation of the Preferred Strategy. The session continued with a discussion to identify work that might need to be undertaken on the replacement LDP to maximise any positive impacts and minimise any negative impacts from implementation of the six Strategic Policies, and the change to the Vision and LDP Objective 4. The workshop concluded with a group discussion of the findings.

### **3. Questions and Clarifications.**

- 3.1.1 There was one question in relation to whether HIA's had been carried out for the replacement LDP for neighbouring councils, it was stated that because the process for LDP production for neighbouring councils were in advance of Ceredigion, the requirement by Welsh Government by Local Authorities to produce a HIA as part of the LDP process had not come into effect.

### **4. Session 1.**

- 4.1.1 The aim of this session was to identify the vulnerable population groups in Ceredigion using the Community profile and the checklist for Health determination and list of vulnerable and/or disadvantaged population groups. The health of vulnerable groups tends to be impacted much more than the rest of the population by negative health pathways (Popay, *et al*, 1998). Groups were identified by the workshop participants and collated under the following categories in no particular order.

#### **Age related groups.**

- Older People
- “Baby Boomer “generation.

- Young non- drivers.
- Young families.
- 25-64 age group.
- School age children

#### **Income related Groups.**

- Lower income
- Low income rural dwellers
- Farming families.
- Home workers.
- School leavers, low academic skills.
- Unemployed

#### **Groups which suffer discrimination or other social disadvantage.**

- People with disabilities
- Mental health issues and other “invisible” disabilities
- Gypsies and Travellers
- LGBT extended to include Q and + to include all forms of sexuality
- Ethnic minority groups
- Religious Groups

#### **Geographical Issues.**

- Coastal communities.
- Isolated areas transport issues.
- County geographically isolated.
- Transport infrastructure.
- Access to services and facilities.
- Need to drive
- Lack of public transport.

4.1.2 These groups of particularly vulnerable or disadvantaged people were then kept in mind for the next session, when the effects of the proposed Preferred Strategy were considered.

## **5. Session 2.**

5.1.1 The aim of the second session was to discuss the Preferred Strategy for the replacement LDP, and the 6 Strategic Policies, amended Vision and LDP Objective 4, to consider their impact upon the health and well-being of Ceredigion's population both positively and negatively. The results were collated thematically.

## **6. Health and Well-being Determinants for Ceredigion's Preferred Strategy for the Replacement LDP summary:**

### **Lifestyle**

#### **Potential Positive Impacts Identified**

- The vision states its intention for Ceredigion to be a county of vibrant and engaged communities where people choose to live, which is committed to the resilience of its health and well-being.
- The Preferred Strategy aims to improve the sustainability of the county, by strengthening the network of town and rural settlements, which will provide more pedestrian and cycle paths and active travel routes to encourage more sustainable methods of travelling, walking and cycling.
- Strategic policies S01-S04 all deal with the Sustainable Development of Ceredigion and the allocation of sites within different settlement types. Growth will be focussed to deliver stronger, more sustainable communities and by concentrating growth in Urban Service Centres (USCs) and Rural Service Centres (RSCs), and Large Linked Settlements there will be greater accessibility to facilities and services, and more pedestrian and cycle paths, encouraging a healthier lifestyle.
- Strategic Policy S05, Affordable Housing provides housing for a range of affordable needs and allocations in USCs and RSCs and the Large Linked Settlements where there is greater accessibility to facilities and services and the cycle and pedestrian paths close to developments to encourage more sustainable methods of travel and a healthier lifestyle.

### **Potential Negative Impacts Identified**

- New developments need to consider the need for storage facilities for Bikes to encourage the use of active travel routes. Storage is often a problem in flats and communal housing, stored in hallways, is a potential fire hazard.
- Affordable houses can also be located in developments of single units in more isolated locations, and this can restrict the occupant's access to sustainable travel options, cycle paths and pedestrian paths.
- Rural residents will remain car dependant or isolated and unable to access services with associated health problems, as services and developments are located mainly in the large Settlements, policies S01-S04 and the Preferred Strategy.
- Developments in rural areas are unlikely to facilitate active travel routes or even pedestrian pathways, reducing associated healthy benefits.  
Policy S03

### **Social and Community Influences.**

#### **Potential Positive Impacts Identified**

- The Preferred Strategy and Policies S01-S03 concentrate larger developments in the USCs and RSCs, which incorporate a range of different housing mixes to meet differing needs, which helps to form a better sense of community.
- Linked Settlements Policy S04, allows for development in rural areas and keeps local services in the smaller communities and provides vibrant, engaged communities as stated in the LDP Vision.
- Policy S05 for Affordable housing, allows allocations outside the USCs and RSCs and Linked Settlements depending on local need, which helps keep local people within their communities.
- Policy S06, Planning and the Welsh Language, aims to support and improve the Welsh language throughout the county and helps reduce the sense of isolation, particularly for the older generation who might be living in particularly isolated areas.

- The needs of Gypsy Travellers are considered through a five yearly Gypsy Traveller Accommodation assessment (GTAA).
- There is no bias against the LGBTQ+ and their needs are considered in the Vision as a County of vibrant, bilingual and engaged communities.

### **Potential Negative Impacts Identified**

- Social isolation in smaller communities which can affect both physical and mental health, from the lack of provision of services, as there is no provision for Active Travel and a lack of public transport, as the Plan promotes development in the USCs, RSCs and Large, or Sustainable Linked Settlements, as in Policies S01-S04.
- Lack of support for growth in the smaller settlements could have an adverse effect on smaller shops and services in the area, and possibly result in the loss of these services all together.
- There could be a possible impact on House prices from limiting the amount of growth in very rural areas, as it could result in house prices in the area being artificially increased, pricing local residents out of the market, and forcing them to leave the area, and fracturing communities.

### **Living and Environmental Conditions.**

#### **Potential Positive Impacts Identified.**

- Agreed with the Vision for the LDP to provide vibrant engaged communities, where housing, economic, infrastructure, community, education, health and well-being needs are met. All housing developments have to be built to “Lifelong Home” standards ensuring they can be adapted to meets the differing needs of residents, allowing householders to remain in their own home for longer, this is particularly important for the “Baby Boomer” generation who will likely expect to own their own home to pass on to the next generation.

- The Strategy aims to improve sustainability of the County to make it more resilient socially, by strengthening the town and rural settlement communities.
- Policies S01- S03 focus growth in the Urban Service Centres (USCs) and Rural Service Centres (RSCs) and Large Linked Settlements and provides larger developments with a range of different housing types, for families, couples, single person households and the elderly and disabled, avoiding problems of isolation.
- The Affordable Housing Policy S05, provides housing throughout the County for those on lower incomes, enabling them to access services and facilities near to where they live, improving community identity and reducing social isolation

### **Potential Negative Impacts Identified**

- Increased development in USCs , RSCs, and Large or Sustainable Linked Settlements , S01-S04, need to consider including provision for greenspace areas as this has been proven to be beneficial for mental health and well-being.
- There is a problem both economic and topographical with linking the three Active travel Settlements to outlying settlements to increase the use of sustainable and healthy modes of transport between them.
- Increased traffic in USCs, RSCs, and Large Linked Settlements (policies S01-S04) could exacerbate problems with infrastructure from increased traffic, leading to health problems with local air quality.

### **Economic Conditions**

#### **Potential Positive Impacts Identified**

- The Preferred Strategy and Policies S01-S03 concentrate development in larger settlements, where the majority of employment opportunities exist, reducing travel times, and allowing for healthier more sustainable forms of transport to be used.

- Provision of Affordable houses in the USCs and RSCs, allows young people to stay within the County and find employment, making for more resilient vibrant and cohesive communities, Policy S05.
- Policy S03, and the LDP Objective 4 and the Vision, makes provision to provide opportunities for Tourism based economic developments in rural areas , and diversification opportunities for isolated communities and farms, helping bring economic benefits to small rural communities and health benefits from increased mental health well-being.

### **Potential Negative Impacts Identified**

- LDP Objective 4 which looks at improving tourism as an industry for Ceredigion, could impact on the infrastructure and environment of smaller settlements as an influx of tourists could cause problems with infrastructure, as the roads may not be suitable for the increased amount of traffic, and there could be associated problems with increased road hazard risks for residents and health issues arising from localised air pollution.

### **Access and Quality of Service**

#### **Potential Positive Impacts Identified**

- The Preferred Strategy, Policies S01-S03 concentrate the development in the USCs, RSCs and Large Linked Settlements, which enables residents to better access the services and facilities they need, including Health services, Education services, IT services and the transport infrastructure. Policy S04 allows for some development in accordance with national policy in Linked Settlements, which helps to maintain communities by providing a local level of services, close by for residents within that area, reducing the need to travel and reinforcing a sense of community



**Potential Negative Impacts Identified**

- Small rural settlements could be further isolated, by allowing very limited development which could encourage the loss of any services and facilities within the area, further isolating those residents without access to transport, in particular the elderly and those on low incomes.

**Macro-economic, Environmental and Sustainability Factors.****Potential Positive Impacts Identified**

- The Vision, considers the sustainability of the County and protection of the environment and natural resources, and the supporting statements ensure that it adapts and responds positively to the challenges of climate change.
- The Preferred Strategy and the Policies within for the replacement LDP adhere to Welsh Government Policies, including Planning Policy Wales (PPW 10), Environment (Wales) Act 2016 and Well-being of Future Generations (Wales) Act 2015.
- Policies S01-S04, and the Preferred Strategy concentrate development in the larger settlements, reducing the need for travel and therefore reducing carbon emissions and Ceredigion's contribution to greenhouse gas emissions and climate change.

**Potential Negative Impacts Identified**

- Brexit has an impact on the health and well-being of Ceredigion, as the uncertainties over European trade, has led to fewer economic developments and opportunities in the area.
- Problems in changing climate, will affect the coastal settlements as rising sea levels, will lead to increased coastal and tidal flooding, and may affect existing settlements, forcing relocation needs.
- Improvements in Information Technology may be localised to the USCs, and disadvantage residents in more rural areas, from being able to access the services they need to work from home, forcing relocation to other areas in the county or even out of county.

- Infrastructure for alternative modes of transport may not be viable outside of USCs or RSCs, for example electric car charging points, which excludes residents outside those areas.

## **7. Recommendations.**

- Integration of active travel routes with new developments to encourage active lifestyles, and to enable access to services and facilities.
- Protection for disused railway lines as possibility for use for cycle ways and active travel routes, as direct routes between settlements and gentle inclines so accessible for all.
- All areas within Ceredigion need to be considered as viable in terms of the Welsh language, to ensure the LDP Vision of Vibrant, bilingual engaged communities is met.
- Community facilities need to be protected for communities to ensure they have access to facilities to reduce effects of isolation.
- Possibility of using “tele-health” services in the future in rural areas to ensure communities have access to health care.

## **8. Workshop Conclusion.**

- 8.1.1 The results from the Health Impact Assessment workshop indicate that the Preferred Strategy and associated Policies were mostly beneficial and had a positive impact on the health and well-being of Ceredigion’s population.
- 8.1.2 Most of the potential negative impacts highlighted by the HIA workshop were centred around different issues for small rural settlements where the limited amount of development allocated would have no major effect on their sustainability as a community.
- 8.1.3 Where negative impacts were highlighted , these would be addressed going forward into the Deposit Plan.

- 8.1.4 The workshop was successful in highlighting recommendations for the Planning Policy team to consider when finalising the draft Deposit LDP 2.

**References.**

Popay, J. Williams, G. Thomas, C. & Gatrell, A. (1998), Theorising inequalities in health: the place of lay knowledge, *Sociology of Health & Illness*, 20(5), 619–644,  
<http://www3.interscience.wiley.com/journal/119116624/abstract?CRETRY=1&SRETRY=0>

## Appendix 1:

### Determinants of Health Checklist.

#### 1. Lifestyle

- Diet
- Physical activity
- Alcohol, cigarette and non-prescribed drug use
- Sexual activity
- Other risk-taking activity

#### 2. Social and Community Influences

- Family organisations and roles
- Citizen power and influence
- Social support and social networks
- Neighbourliness
- Sense of belonging
- Local pride
- Divisions in community
- Social isolation
- Peer pressure
- Community identity
- Cultural and spiritual ethos
- Racism
- Other social exclusion

#### 3. Living and Environmental Conditions

- Built environment
- Neighbourhood design
- Housing
- Indoor environment
- Noise
- Air and water quality
- Attractiveness of area
- Green space
- Community safety
- Smell/odour
- Waste disposal
- Road hazards
- Injury hazards
- Quality and safety of play areas

#### 4. Economic Conditions

- Unemployment
- Income
- Economic activity
- Type of employment
- Workplace conditions

#### 5. Access and Quality of Services

- Medical services
- Other caring services
- Careers advice
- Shops and commercial services
- Public amenities
- Transport including parking
- Education and training
- Information technology

## **6. Macro-economic, Environmental and Sustainability Factors**

- Government policies
- Gross Domestic Product
- Economic Development
- Biological diversity
- Climate

## **Appendix 2:**

### **Vulnerable and/or disadvantaged population groups**

#### **1. Age related groups**

- Children and young people
- Older people

#### **2. Income related groups**

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

#### **3. Groups who suffer discrimination or other social disadvantage**

- People with disabilities
- Refugee groups
- People seeking asylum
- Gypsies & Travellers
- Single parent families
- LGBT+
- Ethnic minority groups
- Religious groups

#### **4. Geographical issues**

- People living in areas known to exhibit poor economic and/health indicators
- People living in isolated areas
- People unable to access services and facilities

## Appendix 3:

### Ceredigion Community Profile

#### Ceredigion Demographics

Total population of Ceredigion at 2011 Census = 75,922

Population 2015 Mid-Year Estimate (MYE) = 74,642 (Males = 37,475; Females = 37,167)

#### Population structure

Broad Group	2011 Census	%	2015 MYE	%
0-14	10,460	13.8	10,224	13.7
15-24	14,823	19.5	14,723	19.7
25-44	14,897	19.6	13,163	17.6
45-64	20,037	26.4	19,191	25.7
65-74	8,418	11.1	9,553	12.8
75+	7,287	9.6	7,788	10.4

The high proportion of 15 to 24 year olds corresponds to Higher Education (HE) student age groups. The latest information from the Higher Education Statistics Agency (HESA) indicates approximately 7,000 full time HE students at Ceredigion universities in 2015/16, close to 10% of the county's population.

#### Black and Minority Ethnic (BME) Groups (2011 Census)

2,479 (3.3%) of population are members of a non-white ethnic group.

#### Employment and Economy

Economic activity (Oct 2015 – Sep 2016)

People	Ceredigion (numbers aged 16+)	Ceredigion (%)
Population aged 16 to 64	46,300	62.1% <sup>1</sup>



Economically active	34,900	69%
In employment	33,900	66.9%
Economically active: employees	23,900	49.8%
Economically active: self-employed	9,200	16.2%
Unemployed	1,400	3.8%

Source: NOMIS

### Household Composition

4,478 people (6% of population) lived in communal establishments at the 2011 Census, many in university halls of residence.

### Total number of households in Ceredigion was 31,562 at 2011 Census

### Housing

Tenure (2011 Census)

### Health

#### Limiting long term illness

7,589 (10%) reported that their day-to-day activities were limited a lot, 8,436 (11%) reported that their day-to-day activities were limited a little, whereas 59,897 (79%) reported their day-to-day activities were not limited in 2011 Census

#### General health

60,138 (79%) reported 'Very Good Health' or 'Good Health', 10,946 (14%) reported fair health while 4,811 (7%) reported 'Bad Health' or 'Very Bad Health' in 2011 Census

### Income

Average household income c. £30,293 p.a. (2016 CACI Paycheck data)

### Wales Index of Multiple Deprivation (WIMD) - Income

Aberteifi/Cardigan – Teifi is the only area within Ceredigion to appear in the worst 10% of Wales' areas for income.

### Welsh Language

34,964 Welsh speakers (47.3% of population aged 3+) at the 2011 census.

One person HH	10,456	33%
One family: married, same-sex civil partnership couple or cohabiting	12,442	39%
One family: all pensioner	3,199	10%
One family: lone parent	2,503	8%
Other	2,962	9%
Owner occupied	21,323	68% of households
Private rental	6,275	20% of households
Social rental	3,196	10% of households

## Appendix 4:

### Health Impact Workshop Agenda:

#### Workshop Agenda

**Health Impact Assessment  
on  
Ceredigion's emerging Preferred Strategy  
for  
the Replacement Local Development Plan.**

**Venue: 02 Room, Canolfan Rheidol, Llanbadarn, Aberystwyth. Ceredigion SY23 3UE.**

**Date: 14th May 2019**

**Time: 9:30am to 12:30pm**

A proposed agenda / timeline for the workshop is outlined below.

<b>Time</b>	<b>Activity</b>
9:30am	Introduction to Health Impact Assessments, emerging LDP Preferred Strategy and workshop aims and procedures
9:40am	Questions and Clarifications
9:50am	Introduction and briefing on activity 1
10:00am	Activity 1- identification of vulnerable groups
10:30am	Introduction and briefing on activity 2
10:40am	Activity 2- identification of Preferred Strategy potential health impacts
11:10am	Break – Tea/Coffee
11:30am	Recap on previous session and introduction to activity 3
11:40am	Activity 3- recommendations on ways to maximise or minimise impacts.
12:10pm	Group discussion and Concluding remarks
12:25pm	Completion of feedback

## **Appendix 5:**

### **Questions to consider during the workshop.**

- How will the policy affect the health of the population?
- Are the impacts likely to be positive or negative?
- How likely it is the impact will occur (definite, probable etc.)?
- What proportion of the population is likely to be impacted?
- How severe or beneficial is the impact likely to be?
- When will the impact occur (weeks, months etc.)?
- Are short-term risks worth the long-term benefits?
- Will different groups be impacted more than others?
- Will one portion of the population benefit whilst others will not?

## Appendix 6.

### List of Stakeholders invited to the Workshop.

Bwrdd Ichyd Prifysgol Hywel Dda University Health Board	Director of Primary Care, Community and Long Term Care
Bwrdd Ichyd Prifysgol Hywel Dda University Health Board	Director of Planning, Performance and Commissioning
Bwrdd Ichyd Prifysgol Hywel Dda University Health Board	County Director Ceredigion
Cyfoeth Naturiol Cymru/Natural Resources Wales	
	Comisiynydd Heddlu a Throsedd Dyfed Powys Police and Crime Commissioner
Prifysgol Aberystwyth University	Is-Ganghellor/Vice-Chancellor
Coleg Ceredigion	Principal
Prif Ysgol Cymru Y Dindod Dewi Sant Campws Llanbed/University of Wales Trinity Saint David - Lampeter Campus	
National Library of Wales	Chief Executive and Librarian
Mid and West Wales Fire and Rescue Service	Head of Response Ceredigion County Command
CAVO	Chief Executive
Ceredigion County Council	Corporate Manager Partnership & Performance, Policy & Performance
Ceredigion County Council	CLO Children Services
Ceredigion County Council	CLO Schools, Schools Services
Ceredigion County Council	CLO Highways & Environmental, Highways & Environmental Services
Ceredigion County Council	CLO Adult Services

Ceredigion County Council                      CLO Lifelong Learning and Culture

Ceredigion County Council                      CLO Policy and Performance

Ceredigion County Council                      Planning Policy Manager

Dyfed Powys Police                              Chief Superintendent