



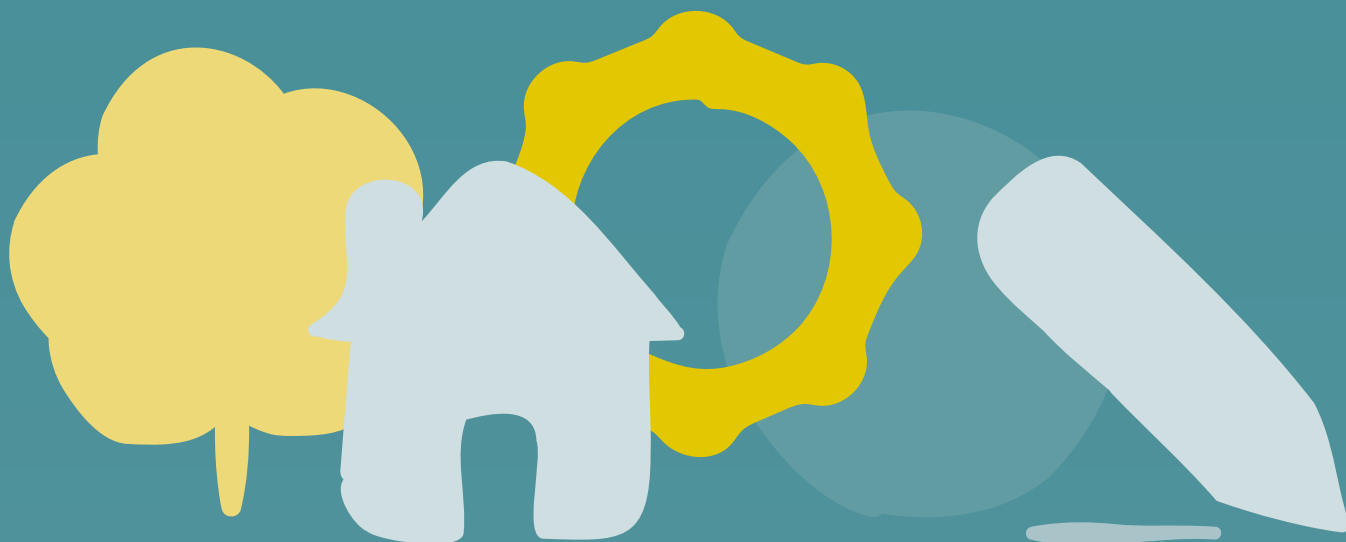
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Keeping health in the plan

Rapid Participatory Stakeholder Health Impact Assessment (HIA) Workshops

A toolkit for local authority planning policy
and public health teams in England

October 2026



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Keeping health in the plan Rapid Participatory
Stakeholder Health Impact Assessment (HIA)
Workshops

Town and Country Planning Association

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Sustainable Workspaces
County Hall, 5th Floor
Belvedere Rd
London SE1 7PB

020 7930 8903

tcpa@tcpa.org.uk

www.tcpa.org.uk

Authors

This toolkit has been written by Gemma Hyde.

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About the TCPA

The TCPA (Town and Country Planning Association) works to challenge, inspire and support people to create healthy, sustainable and resilient places that are fair for everyone. We do this by shaping policy and practice internationally, nationally, locally and through working with communities. Informed by the Garden City Principles, the TCPA's strategic priorities are to:

- Work to secure a good home for everyone in inclusive, resilient and prosperous communities, which support people to live healthier lives.
- Empower people to have real influence over decisions about their environments and to secure social justice within and between communities.
- Support new and transform existing places to be adaptable to current and future challenges including the climate crisis.

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Local Plans shape many of the conditions that influence health and wellbeing, and health inequalities. Impact assessments should be used to inform the preparation of Local Plans to ensure that their likely social, economic and environmental effects are understood and considered as choices are made.

Under the new plan-making system in England, the previous requirement for Sustainability Appraisal (SA) has fallen away and Strategic Environmental Assessment (SEA) is the principal statutory impact assessment framework. SEA provides an important legal hook for considering population and human health, but it is an environmental, rather than a health-focused, process.

This toolkit is designed to sit alongside SEA, Integrated Impact Assessment or other assessment work, adding a focused qualitative health and inequalities lens. It provides a practical, proportionate way to bring together public health evidence, professional knowledge and stakeholder insight to explore the wider determinants of health, differential impacts on population groups and places and issues that may otherwise be less visible within broader assessment processes.

Why use this toolkit?

Health Impact Assessment (HIA) is a valuable process that enables local action on the wider determinants of health. It can help maximise the health and wellbeing benefits of a plan or development and minimise the potential harms, while maintaining a focus on reducing inequalities.

The new Local Plan-making system in England is intended to make plan-making faster and more efficient, with Local Plans prepared within a 30-month timetable and progressing through three formal gateways¹. This creates an opportunity to bring evidence together earlier and make clearer decisions about the future of places. It also means that local planning authorities will need to manage evidence, assessment, engagement and policy development carefully within a tightly structured process.

Strategic Environmental Assessment (SEA) is a statutory assessment which allows local authorities to assess, consult on, and monitor the likely impacts their plans, programmes and strategies will have on the environment. The SEA Regulations provide an important statutory route for considering the likely significant effects of Local Plans on population and human health. In principle, this can include a broad understanding of health, including wider determinants, vulnerable populations and inequalities.

But that potential is not always realised in practice.

Health can be dispersed across different parts of an SEA, considered mainly through environmental pathways such as air quality, noise or access to green space, or addressed without sustained input from public health teams. The wider determinants of health, differential impacts between population groups and places, and cumulative effects can receive less explicit attention.

A rapid participatory Health Impact Assessment (HIA), undertaken through one or more stakeholder workshops, can complement SEA, Integrated Impact Assessment or other assessment work by adding a focused qualitative health and inequalities lens.

It creates space for planning, public health and other relevant partners to bring together evidence, professional knowledge and stakeholder insight, and to consider health impacts in the round while Local Plan choices are still emerging. The HIA can sit alongside the authority's wider assessment work and be published as part of the Local Plan evidence base.

When used alongside SEA, Integrated Impact Assessment or other assessment work in the development of a Local Plan, a Rapid Participatory Stakeholder HIA Workshop can add qualitative insight by helping teams:

- bring together existing health evidence, professional knowledge, stakeholder insight and lived experience;
- consider the wider determinants of health in the round;
- identify how effects may differ between population groups and places;
- explore cumulative, unintended and unequal impacts that may be less visible in broader assessment processes;
- identify opportunities to improve health as well as mitigate harm;
- turn these insights into clear recommendations for the Local Plan and wider assessment work; and
- build internal capacity and relationships for joint working.

The intention is not to duplicate existing assessment processes or create another lengthy assessment. The workshop adds a focused, participatory and qualitative health and inequalities lens to the work already being undertaken, helping ensure that these considerations can influence policy development and decision-making.

¹ [30-month local plan process: an overview - GOV.UK](https://www.gov.uk/government/publications/30-month-local-plan-process-an-overview)

The case for a health-focused approach

There are three reasons for giving a specific focus on health and wellbeing within the new Local Plan-making system.

There is a legal basis. Strategic Environmental Assessment (SEA) requires consideration of the likely significant effects of a Local Plan on population and human health. This creates a clear statutory route for health to be considered as part of plan preparation².

There is a wider policy direction. Recent planning legislation increasingly recognises the relationship between spatial planning, health and health inequalities. For example, strategic planning authorities preparing Spatial Development Strategies are required to consider effects on both health and health inequalities³. Policy HC1 in the NPPF (2026) states that plans should identify wider opportunities to promote good health, prevent ill-health, reduce health inequalities and support social interaction through their spatial strategies and land allocations⁴.

There is a practical need. Evidence on SEA practice shows that health is not always considered consistently or comprehensively^{5,6,7,8,9}. The wider determinants of health, differential effects on population groups, health inequalities and public health expertise can all be under-represented. A complementary health-focused process can therefore help ensure that the statutory consideration of human health is not reduced to a narrow set of environmental exposures but reflects the broader ways in which Local Plan choices can influence people's everyday lives, opportunities and health outcomes.

² [The Environmental Assessment of Plans and Programmes Regulations 2004](#)

³ [Planning and Infrastructure Act 2025](#)

⁴ [National Planning Policy Framework 2026](#)

⁵ [Learning from practice: case studies of health in strategic environmental assessment and environmental impact assessment across the WHO European Region](#)

⁶ [Health in SEA: International good practice and ongoing shortcomings](#)

⁷ [How well do strategic environmental assessments in Scotland consider human health? - PubMed](#)

⁸ [Health and strategic environmental assessment](#)

⁹ [Analysis of Health in Environmental Assessments—A Literature Review and Survey with a Focus on Denmark](#)

What this toolkit is and isn't

This toolkit is a practical, low-resource way to bring health insights and a health inequalities lens into Local Plan-making while policies and spatial choices are still emerging.

It is based on work by Public Health Wales¹⁰ and uses a Rapid Participatory Stakeholder HIA Workshop approach, supported by existing evidence and local knowledge, to identify likely health impacts, consider who may be affected differently and agree recommendations that can inform the Local Plan.

It is intended to help planning policy and public health teams work together and make better use of existing evidence, insights and expertise from key local stakeholders. It can be used as a standalone or repeatable workshop process, alongside wider integrated assessment work, or to complement more extensive HIA where that is already planned.

This tool is not:

- a replacement for SEA or any other statutory assessment;
- a substitute for formal consultation or community engagement;
- a replacement for equality duties or equality impact assessment;
- a requirement to produce a lengthy standalone HIA report; or
- a substitute for a full HIA where an authority wishes to undertake or commission one, or where the scale or complexity of likely impacts warrants one.

The emphasis is on early, focused and useful discussion. The value lies not in producing another assessment document, but in helping health considerations influence plan choices, policy wording, mitigation, enhancement and monitoring.

¹⁰ [Health Impact Assessments - Public Health Wales](#)

When to use the toolkit

Rapid Participatory Stakeholder HIA Workshops are most useful when the Local Planning Authority is developing or comparing spatial options, policy directions or other significant plan choices. At this point, there should be enough information to have a focused discussion, but still enough flexibility for the findings to shape the Local Plan.

A single well-timed workshop may be sufficient. In some places it may be helpful to supplement this with a short early scoping session or a later review of how recommendations have been addressed – both of which can be written into the report/ findings for the Local Plan evidence base.

The important principle is simple- use the process at the point when it can still change something.

For more information on Health Impact Assessment more generally see further reading at [Appendix 2](#).

Overview of the Local Plan gateway process and subsequent examination:
[Procedural guide for Examinations and Gateways under the Town and Country Planning \(Local Planning\) \(England\) Regulations 2026-GOV.UK](#)

Policy area	Points to consider
Publish Local Plan timetable	The timetable must be kept up-to-date and set out the anticipated and actual dates for key plan-making stages.
Publish notice of intention to commence Local Plan preparation	Publication of notice which commences a minimum 4-month notice period so that stakeholders are aware plan-making is beginning.
Scoping consultation	Inviting feedback from stakeholders on how to engage with them and what the plan should contain.
Gateway 1: self-assessment for readiness	Publication of a document setting out how you have prepared for plan-making, marking formal commencement of plan-making for the purposes of the 30-month timeframe.
Consultation: proposed local plan content and evidence	Minimum 6-week consultation on the proposed local plan content and evidence, including a draft vision.
Gateway 2	Seeking observations and advice from an assessor to support the early resolution of potential soundness issues and progress towards the 'prescribed requirements' in legislation.
Consultation: proposed local plan	Minimum 8-week consultation on the proposed Local Plan and its supporting documents.
Gateway 3	Testing if the proposed Local Plan has met the 'prescribed requirements' and can proceed to examination.
Examination	Examination of the Local Plan against the tests of soundness, set out in national policy.
Adoption	Publication of the Local Plan and adoption statement.

Rapid Participatory Stakeholder HIA Workshops Toolkit



Section 1: How to prepare



Section 2: How to run the workshop



Section 3: Post workshop follow through

Appendix 1: People and places prompt

Appendix 2: Key source material

At a glance

To run a Rapid Participatory Stakeholder HIA Workshop you need:

1. A clear scope – a Local Plan choice, option or policy direction that is discrete enough to be explored in 3-4 hours (see Box 1) and still open to influence.
2. A short evidence summary – the key health, inequalities and local context information needed for discussion.
3. The right people involved – including a small steering group and then wider workshop participants from planning, public health and other relevant partners, with lived experience or community insight brought in where useful.
4. A facilitator and someone to record the discussion – plus a manageable group size and accessible format.
5. A suitable, accessible venue – if undertaking the workshop in person (this is recommended for getting the most out of the session) and refreshments for participants.
6. If undertaking the workshop online – it is recommended for a large group (more than 12 participants) to split into smaller breakout groups for discussion so that the conversation is manageable. Each group will need a facilitator, but the discussion could be recorded rather than needing a notetaker if necessary.
7. Around three to four hours – enough time to explore impacts, affected groups and recommendations without making the process burdensome.
8. Capacity to write up a short report – following the workshop with clear recommendations.
9. A clear route into decision-making – so recommendations can feed into the Local Plan and any wider assessment or monitoring process.

Section 1: How to prepare

A Rapid Participatory Stakeholder HIA Workshop should be light-touch, but a small amount of preparation will make the time much more useful. The aim is not to create a new evidence base, but to bring together the information, people and emerging Local Plan choice needed for a focused discussion.

Useful HIA scoping assessment templates exist^{11,12} or use this checklist to prepare for a workshop.

Step 1:

Agree leads and what you are assessing

- Identify named public health and planning policy leads for the work.
- Add to those roles a small steering group if considered appropriate.
- Undertake a short scoping exercise – agree purpose of the workshop, who needs to be involved, roles and responsibilities, timing, format and how the findings will be used (a simple terms of reference can help keep the workshop focused).
- Identify the Local Plan choices, options or policy directions you want to test.
- Make sure they are developed enough to discuss but still open to influence.
- Be clear about what is fixed, constrained or outside the scope of the workshop.



Useful question:

What decisions could this workshop realistically influence?

Step 2:

Pull together the key evidence to understand the local health context

Use existing evidence wherever possible. You do not need to create a new health evidence base.

- Review the Joint Strategic Needs Assessment and relevant public health intelligence to identify key health and wellbeing issues in the local area, and public health priorities such as obesity or an ageing population.
- Gather any relevant existing Local Plan and SEA evidence.
- Draw on previous consultation, engagement and community insight.
- Where available, bring simple maps or spatial evidence showing where inequalities or environmental risks are concentrated, for example deprivation, healthy life expectancy, access to services or green space, flood risk or heat risk.
- Prepare an agenda (see *Suggested workshop running order*).

¹¹ [Health impact assessment scoping template- Public Health Wales](#)

¹² [Health Impact Assessment in spatial planning- GOV.UK](#)

- ❑ Prepare a short slide set that includes a brief overview of the Local Plan and decisions to be taken, local population health needs, demographics and inequalities, and a brief definition of HIA and what the workshop is about.
- ❑ Consider using the Public Health Wales Population Groups Resource¹³ or the People and places prompt ([Appendix 1](#)) as useful tools in the workshop for discussions. Plan how the group might access this in the session (print or screen).
- ❑ Prepare an evaluation form to collect feedback from participants.

Do not try to pre-select every wider determinant or population group before the workshop. Instead aim to produce a short summary of the key demographics and projected population changes, main health issues affecting local communities and population groups or places to keep in mind during the workshop. A short summary can be presented at the beginning of the workshop and form the basis of discussions.

Step 3: Invite the right people

Bring together people who can contribute different forms of knowledge, insights and lived experience. Give participants enough notice and provide a short briefing so they know why the workshop is being held, where the Local Plan is in the process, what choices or options they will be considering and what they will be asked to do.

You should plan for between three and four hours and aim for around 20 participants in person (see [Suggested workshop running order](#)).

Possible participants include:

- ❑ planning policy
- ❑ public health
- ❑ transport and active travel
- ❑ housing
- ❑ environmental health
- ❑ climate and sustainability
- ❑ green infrastructure or parks
- ❑ children's services
- ❑ other relevant council teams or partners
- ❑ voluntary, community and social enterprise organisations
- ❑ local colleges or universities
- ❑ police
- ❑ registered social landlords
- ❑ healthcare providers, for example Integrated Care Boards, local GPs

¹³ [Health Impact Assessment \(HIA\): Population Groups and Wider Determinants of Health and Well-being- Public Health Wales WHO CC](#)



Also consider:

- Whether local community representatives should participate directly.
- Where direct participation is not practical, explicitly present and consider relevant community evidence, lived-experience insight or previous engagement findings.

You do not necessarily need everyone at every workshop. Invite people who are relevant to the choices being assessed.

Step 4:

Agree how the findings will be used

Before the workshop, decide what will happen to the findings.

- ☐ Who will record the discussion?
- ☐ Who will own the recommendations?
- ☐ How will they inform Local Plan policies, spatial choices or alternatives?
- ☐ Who will prioritise and decide whether recommendations are accepted?
- ☐ How will actions be tracked?

Do not run the workshop without a clear route into decision-making.

The principle is simple: use what is already known, involve the right people and focus on choices that can still change.

Suggested workshop running order

There is no single way to run a Rapid Participatory Stakeholder HIA Workshop. The format should reflect the Local Plan choices being considered, the number of participants and the time available. The example below provides a starting point for a workshop of around three to four hours. For further detail on the suggested sessions see [*Section 2: How to run the workshop.*](#)

Suggested session	What to cover	Approx. time
1. Welcome, introductions and purpose	Explain why the workshop is being held, what it will inform and what is still open to influence.	15 mins
2. Set the scene	Briefly introduce the Local Plan choices or options being considered and summarise the key health, inequalities and local context evidence. Introduce the HIA methodology.	25 mins
3. Identify health impacts and who may be affected	Work through the wider determinants of health checklist, asking participants to identify likely positive and negative impacts, the groups and places affected, and any unequal, cumulative or unintended effects. Emphasise it is the gathering of participants' insights, experience and knowledge that is the focus of the workshop, not necessarily whether what they are saying is backed up by evidence (their views can be validated after the workshop).	90 mins
Break		15 mins
4. Explore opportunities and actions	Discuss what could change, be strengthened, mitigated or investigated further. Capture possible actions and where they might feed into the Local Plan or wider work; detailed validation and prioritisation can follow after the workshop.	45 mins
5. Confirm next steps	Check the main points raised, any recommendations, and explain what will happen to the workshop findings after the session.	15 mins

Facilitator tips

Keep the discussion connected to the Local Plan choice.

Health discussions can quickly become very broad. Keep asking: *what is it about this particular option, policy direction or spatial choice that could create this impact?*

Keep the discussion useful without closing it down.

Participants may raise issues that sit partly or fully outside the Local Plan, and that can still be useful. Capture them where relevant, note any follow-on route and bring the discussion back to the choices the Local Plan can influence.

Separate different kinds of action.

An issue might lead to a change to the Local Plan, a recommendation for another assessment to consider, a need for further evidence or engagement, or an action that sits outside the Local Plan. Record the appropriate route rather than expecting the plan to solve everything.

Use the evidence, but make space for professional and local knowledge.

Participants do not need perfect evidence for every potential impact. Record uncertainty or evidence gaps where necessary and use these to inform further work.

Do not force consensus.

If participants disagree about an impact or there is insufficient evidence to make a judgement, record it as contested or uncertain rather than trying to reach an artificial agreement.

Box 1:

A simple worked example

The process works best when the workshop focuses on choices that are specific enough to discuss but still open to influence.

Too broad:

What are the health impacts of our emerging Local Plan?

More useful:

What could be the health and health-inequality implications of concentrating a greater proportion of new development in larger settlements rather than using a more dispersed pattern of growth?

The workshop might identify that concentrating development could make it easier to support public transport, walking and cycling, access to services and social infrastructure. It might also raise concerns about unequal access to those benefits, pressure on existing services, displacement or whether some communities experience greater negative effects.

The important next question is not simply “*is this option healthy or unhealthy?*” but:

What could be changed, strengthened or investigated further so that the Local Plan increases potential health benefits, reduces avoidable harms and does not widen existing health inequalities?

Other Local Plan issues that could benefit from Rapid Participatory Stakeholder HIA Workshops

- approaches to active travel, public transport, housing quality and affordability, access to services, green spaces, parks and play, air quality, noise, climate resilience, community facilities, employment, food environments, and safety and perceptions of safety.



Section 2:

How to run the workshop

Rapid Participatory Stakeholder HIA Workshops should be focused, collaborative and practical. The aim is not to reach a definitive judgement on every possible health impact, but to use the evidence, experience and expertise in the room to identify potential impacts, explore who and where may be affected, and identify possible actions and opportunities.

Use these steps to structure the workshop.

Step 1: Welcome, introductions and purpose

- ☐ Allow everyone to introduce themselves.
- ☐ Briefly explain the purpose of the workshop and any housekeeping and ground rules.
- ☐ Outline the HIA process and why it is being used for the workshop.

Step 2: Set the scene

Start by making sure everyone understands what is being considered and where the Local Plan is in its development.

- ☐ Summarise the Local Plan stage and timetable.
- ☐ Explain the choices, options or policy directions being considered.
- ☐ Be clear about what is still open to influence.
- ☐ Summarise the key health and inequalities evidence.



Useful question:

What are the main choices we are trying to inform today?

Step 3: Identify health impacts and who may be affected

Using the Public Health Wales Population Groups Resource¹⁴ or People and places prompt ([Appendix 1](#)) ask the group to identify and discuss the wider determinants of health most relevant to the Local Plan choice being considered.

For each issue, ask:

- ☐ What could the positive, negative or unintended health impacts be?
- ☐ Who and where could be affected?
- ☐ Who benefits, who may lose out and who could be left behind?
- ☐ Could the choice reduce or widen existing health inequalities?
- ☐ Are impacts concentrated in particular neighbourhoods, rural communities or areas of poor environmental quality or could several impacts accumulate over time?

Record the main impacts as you go using a version of the workshop recording table below.

¹⁴ [Health Impact Assessment \(HIA\): Population Groups and Wider Determinants of Health and Well-being- Public Health Wales WHO CC](#)

Step 4: Explore opportunities and actions

For the impacts identified, ask what could be changed, strengthened, mitigated or investigated further. The purpose is to capture insights and possible actions, not to reach final decisions or determine any points of statutory significance.

Possible actions or opportunities might include:

- ☐ Changing or refining a spatial option.
- ☐ Strengthening Local Plan policy.
- ☐ Adding criteria or requirements.
- ☐ Mitigating a negative impact.
- ☐ Increasing a potential health benefit.
- ☐ Filling an important evidence gap.
- ☐ Carrying out further engagement.
- ☐ Adding an implementation or monitoring action.

Capture suggestions as clearly as possible. The HIA steering group and planning and public health leads can validate the findings, identify priorities and turn them into agreed recommendations after the workshop.

Step 5: Confirm next steps

Summarise the main impacts, opportunities and actions raised.

Explain how the findings will be reviewed and validated after the workshop, who will be responsible for this, and how participants will be kept informed.

Workshop recording table

Use the recording template in whatever format works locally. This might be a shared spreadsheet, online whiteboard or simple Word table. Use one row for each impact or issue raised and make the health-inequalities effect explicit.

The table should be completed during the discussion where possible. This keeps the workshop focused on the connection between the plan choice, its health implications, who is affected and what should change.

Local Plan choice or issue
Likely health impact
Groups or places affected
Impact on health inequalities Reduce / widen / neutral / uncertain
What could improve the outcome?
Who could take this forward?
Where should it feed in? Local Plan / other



Section 3:

Post workshop follow through

The value of the workshop depends on what happens afterwards. Use the findings to track how health considerations are reflected in the Local Plan, other assessments and supporting evidence.

Step 1:

Review, validate and prioritise the findings

After the workshop:

- ☐ Review the completed workshop table and bring together any additional notes from facilitators or participants.
- ☐ Check key findings against available evidence and identify important uncertainties or evidence gaps. Participant insight is itself valuable evidence, but some findings may need further validation.
- ☐ Consider which impacts need priority attention, taking account of their scale or severity, duration, cumulative effects, the number of people affected and whether impacts fall on groups or places already experiencing disadvantage.
- ☐ The public health and planning policy leads should confirm the priority recommendations and where they should feed into the Local Plan, evidence base or further engagement.
- ☐ Circulate the draft workshop findings to participants for a quick accuracy check and invite any essential corrections or additions.
- ☐ Allocate an owner for each agreed action and record where further evidence or discussion is needed.

Step 2:

Track the response

Keep a short record of how recommendations have been considered.

Recommendation	Response	Action taken	Where reflected	Owner	Reason if not taken forward

Not every recommendation will be accepted. The important thing is that there is a clear record of what was considered, what changed and why.

Step 3: Check back as the plan develops

Return to the findings at key points in plan preparation.

Check whether:

- ☐ Agreed changes have been reflected in emerging policies or spatial choices.
- ☐ Relevant findings have been carried into other assessment opportunities.
- ☐ Important health impacts or inequalities have changed as the plan has evolved.
- ☐ New evidence or engagement changes the assessment.
- ☐ Mitigation or enhancement measures remain in place.
- ☐ A further workshop could add benefit.

A short follow-up meeting with the steering group may be enough. Repeat the workshop only where this would add value.

Step 4: Monitoring

Where the workshop identifies significant health impacts or important uncertainties, consider whether these should be reflected in Local Plan monitoring arrangements.

Possible monitoring questions include:

- ☐ How can the impact be monitored? Are there existing mechanisms and measures or proxy measures? Who can access and report on them and to whom?
- ☐ Is the anticipated health benefit being realised?
- ☐ Is a negative impact emerging that was not expected?
- ☐ Are some population groups or places experiencing different outcomes?
- ☐ Are agreed mitigation measures being delivered?
- ☐ Is further action needed as new evidence becomes available?

Use existing monitoring indicators wherever possible. The aim is not to create a parallel health-monitoring system, but to make sure that important health and health-inequality findings are not lost once the plan is adopted.

Rapid Participatory Stakeholder HIA Workshops should leave a visible trail from discussion, to recommendation, to plan-making, to monitoring.

Appendix 1

People and places prompt

Use this prompt during the workshop to consider **who may be affected differently** by a Local Plan choice, **where those impacts may fall**, and **which aspects of everyday life may affect health and wellbeing**.

Who and where?

Focus on groups and places most relevant to the choice being discussed, particularly those already experiencing poorer health or disadvantage.

Consider:

- children and young people;
- older people;
- disabled people and people with long-term health conditions;
- people on low incomes or experiencing deprivation;
- minority ethnic communities;
- people experiencing social isolation or exclusion;
- people without access to a car;
- people in insecure, overcrowded or poor-quality housing;
- people who rely more heavily on local services and facilities;
- communities already exposed to environmental burdens or climate risks, such as poor air quality, noise or flooding;
- neighbourhoods with poorer health outcomes or fewer opportunities to be healthy; and
- rural, urban or other communities that may experience the impacts differently.

What might affect health and wellbeing?

Consider impacts on:

- Homes and neighbourhoods — quality, affordability, security and neighbourhood conditions.
- Getting around — walking, wheeling, cycling, public transport, car dependency and road safety.
- Services and facilities — healthcare, education, shops, community and leisure facilities.
- Green space, play and nature — access to parks, green and blue space, play and recreation.
- Environment and climate — air quality, noise, overheating, flooding and climate resilience.
- Work and local economy — employment, good work, skills and economic opportunity.
- Food — access to affordable healthy food and the local food environment.
- Community and social connections — safety, participation, belonging and social contact.

Who benefits? Who might be disadvantaged?

Could the choice reduce or widen existing health inequalities?

Could impacts differ between places or neighbourhoods?

Could several impacts combine for the same groups or places?

What could be changed to increase positive impacts or reduce negative ones?

Appendix 2

Key source material

Statutory and policy context

Environmental Assessment of Plans and Programmes Regulations 2004

Sets the statutory requirements for Strategic Environmental Assessment (SEA), including consideration of likely significant effects on population and human health.

<https://www.legislation.gov.uk/ukxi/2004/1633/contents>

Planning and Infrastructure Act 2025

Introduces requirements for Spatial Development Strategies to consider effects on health and health inequalities, signalling the wider direction of strategic planning policy.

<https://www.legislation.gov.uk/ukpga/2025/34/contents>

National Planning Policy Framework 2026

The National Planning Policy Framework sets out the government's policies for plan-making and for making decisions on development proposals in England and how these are expected to be applied.

<https://www.gov.uk/guidance/national-planning-policy-framework>

New Local Plan-making system

Planning Inspectorate procedural guide for examinations and gateways under the 2026 Local Planning Regulations explains how the new 30-month Local Plan process, gateways and examination will operate, including the role of SEA within the process.

<https://www.gov.uk/guidance/procedural-guide-for-examinations-and-gateways-under-the-town-and-country-planning-local-planning-england-regulations-2026>

Health Impact Assessment guidance and tools

Public Health in Planning: Good Practice Guide, TCPA, 2015

<https://www.tcpa.org.uk/resources/public-health-in-planning-good-practice-guide/>

Health Impact Assessment in spatial planning, Public Health England, 2020

English guidance on using HIA in spatial planning, including rapid and participatory approaches and links between HIA and plan-making.

https://assets.publishing.service.gov.uk/media/5f93024ad3bf7f35f184eb24/HIA_in_Planning_Guide_Sept2020.pdf

Health Impact Assessment and Local Development Plans Toolkit, Public Health Wales, 2021

The principal methodological inspiration for this toolkit. It sets out how Rapid Participatory HIA can be applied during plan preparation, including workshop planning, facilitation, recording and follow-through.

<https://phwwhocc.co.uk/wp-content/uploads/2021/10/HIA-and-LDPs-Toolkit-E-final.pdf>

HIA: Population Groups and Wider Determinants, Public Health Wales, 2026

A practical guide for identifying population groups and wider determinants of health that may be affected. We suggest using this as a supporting prompt when preparing for and running the workshop.

[Health Impact Assessment \(HIA\): Population Groups and Wider Determinants of Health and Well-being - Public Health Wales WHO CC](#)

Example in practice

Vale of Glamorgan Rapid Participatory HIA in Local Development Plan preparation

An example of Rapid Participatory HIA being applied to plan-making, showing how workshop findings can be recorded and fed back into plan development.

Vale of Glamorgan Rapid Participatory HIA of Preferred Strategy of the replacement Local Development Plan – June 2023

<https://valeofglamorgan.oc2.uk/docfiles/26/BP3%20Report%20on%20the%20Rapid%20Participatory%20HIA.pdf>

Vale of Glamorgan Rapid Participatory HIA of the Deposit Plan – September 2025

<https://valeofglamorgan.oc2.uk/docfiles/63/BP3A%20Report%20on%20the%20Rapid%20Participatory%20HIA%20of%20the%20Deposit%20Plan.pdf>

**Town and Country Planning
Association (TCPA)**

020 7930 8903

tcpa@tcpa.org.uk

www.tcpa.org.uk

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