

Spatial Planning for the Health & Wellbeing of Nottinghamshire (for adoption by Nottingham City & Erewash) 2016

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Contacts

Nina Wilson
Principal Planning Officer
Nottinghamshire County Council
Tel: 0115 977 3793
Nina.wilson@nottscc.gov.uk

Anne Pridgeon
Senior Public Health Manager
Nottinghamshire County Council
Tel: 01623 433 008
Anne.pridgeon@nottscc.gov.uk

Matt Gregory
Policy & Research Manager
Nottingham City Council
Tel: 0115 876 3981
Matt.gregory@nottinghamcity.gov.uk

Adam Reddish
Planning Policy Manager
Erewash Borough Council
Tel: 0115 907 2202
Adam.reddish@erewash.gov.uk

1. Introduction

Executive Summary

- 1.1. The purpose of this of this document is to present a holistic overview of health related planning policies across Nottinghamshire, Nottingham City and Erewash in order to provide supporting information for planners, public health, health care commissioners & providers, developers and the public on how decisions made on planning matters impact on the health and wellbeing of the residents of Nottinghamshire and Erewash. In addition the document provides a planning and health checklist to be used when assessing planning applications, this is based upon the London Healthy Urban Development Unit 'Healthy Urban Planning checklist (June 2015).
- 1.2. Local planning policies play a vital role in ensuring the health and wellbeing of the population are taken into account in the planning process; there is substantial evidence supporting the fact that health and environment are inextricably linked and that poor environments contribute significantly to poor health and health inequalities.

Status of this Document

- 1.3. Whilst this document has no statutory status, it provides guidance on addressing the impact of a proposal or plan on the health and wellbeing of the population.

Background

- 1.4. Within Nottinghamshire and Derbyshire (excluding Nottingham City and Derby City which are Unitary Authority), a two-tier system of local government applies. County councils are responsible for the provision of certain services, such as education, libraries, highways and waste disposal. Other services, such as the provision of housing, environmental health, licensing, leisure centres and waste collection, fall to district and borough councils. In a planning context, the county's district and borough councils are the Local Planning Authority (LPA) for the vast majority of planning applications, and are ultimately responsible for granting planning consents and producing Local Plans.
- 1.5. Nottinghamshire and Derbyshire County Council have a statutory duty to prepare Minerals and Waste Local Plans and are responsible for determining planning applications for waste and mineral developments and County Council developments.
- 1.6. Nottinghamshire and Derbyshire County Councils are also responsible for Public Health, which is the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public, private, communities and individuals. It is population focused rather than caring for individual patients. It addresses small, medium and whole population issues related to geography, activity and health conditions. The Public Health Team are responsible for:
 - Research and epidemiology - providing and sharing data on population health
 - Health protection - working on threats from environmental hazards, infections or radiation
 - Health improvement - promoting good health and working with others in health and social care to provide effective good quality health care and improve health.

- 1.7. The document intends to make Nottinghamshire, Nottingham City and Erewash a place that improves the mental and physical wellbeing of residents, reduces health inequalities and promotes the use of Health Impact Assessments (HIAs), where appropriate.
- 1.8. The local Clinical Commissioning Group(s) and NHS England are responsible for the commissioning of healthcare services and facilities which are linked to the work of the Health and Wellbeing Boards and the local Director of Public Health. These bodies are consultees for Local Plans. These bodies, in consultation with local healthcare providers, will be able to assist a LPA regarding its strategic policy to deliver health facilities and its assessment of the quality and capacity of health infrastructure as well as its ability to meet forecast demand. They will be able to provide information on their current and future strategies to refurbish, expand, reduce or build new facilities to meet the health needs of the existing population as well as those arising as a result of new and future development.

What this document does not address

- 1.9. It is important to understand that this document does not address the issue of NHS service delivery, this lies outside the remit of both County and Local Planning Authorities. The document aims to raise awareness and provide sustainable solutions to guide people to make healthy lifestyle choices than can be facilitated through the use of sound spatial planning and joined up planning decisions.

2. Planning and Public Health Context

Fair Society, Healthy Lives - The Marmot Review

2.1. In November 2008, Professor Sir Michael Marmot was appointed by the Secretary of State (SoS) for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The strategy includes policies and interventions that address the social determinants for health inequalities and set out six policy interventions. A further review was undertaken into the links between spatial planning and health. This was presented to the National Institute of Clinical Excellence (NICE) and demonstrated that health and environmental inequalities are unavoidably linked in that poor environments contribute significantly to poor health and health inequalities. The Marmot Review identified that action was required in three areas:

- Improving living conditions
- Tackling the inequitable distribution of power, money and resources
- Measuring and understanding the problem of health and inequality and the impacts of actions on it.

2.2. The Marmot Review developed an objective to 'Create and develop healthy and sustainable places and communities' (Policy Objective E) which sought to develop common policies to reduce the scale and impact of climate change and health inequalities and improve community capital and reduce social isolation across the social gradient. The review recommended fully integrating the planning, transport, environmental and health systems to address the social determinants of health.

The Determinants of Health

2.3. The Marmot review focussed on the social determinants of health and presented robust evidence that:

- The conditions in which people are born, grow, live work and age are responsible for health inequalities
- Early childhood in particular impacts on health and disadvantage throughout life
- The cumulative effects of hazards and disadvantage throughout life produce a finely graded social patterning of disease and ill health
- Negative health outcomes are linked to the stress people experience and the levels of control people have over their lives and this stress and control is socially graded
- Mental wellbeing has a profound role in shaping physical health and contributing to life chances, as well as being important to individuals and as a societal measure.

2.4. The Health Map, a concept devised by Whitehead and Dahlgreen (1992) (Figure 1), brings together the strategic links to aid understanding. The Health Map provides a dynamic tool which provides the basis for discussions between spatial planners, health professionals, ecologists, urban designers and other service providers to ensure that awareness on what affects health and wellbeing is recognised within all these professions and that the best outcomes are achieved through the planning process.



The Determinants of Health (1992) Dahlgren and Whitehead

Figure 1: Whitehead & Dahlgren, What can we do about inequalities in health? Lancet, 1991, 338: 1059-1063.

Health and Wellbeing Strategies

- 2.5. The Health and Social Care Act 2012 changed the way health and social care in England was organised. The Act introduced Health and Wellbeing Boards (HWB), in order to bring together politicians, doctors, councils and a representative of the local people through Healthwatch.

Nottinghamshire Health and Wellbeing Strategy (NHWBS)

- 2.6. The Nottinghamshire HWB was set up in May 2011 and took on its full responsibilities in April 2013 it focus is on improving the health and wellbeing of the residents of Nottinghamshire. The NHWBS sets out 4 key ambitions:

- 2.7.
- A good start
 - Living well
 - Coping well
 - Working together

- 2.8. To achieve the delivery of the NHWBS during the strategy period 2014-2017, 20 priority areas, each with their own action plan for delivery, were identified and can be viewed here [2014-2017 Priority Areas](#)

Nottingham City Health and Wellbeing Strategy (NCHWB)

- 2.9. The ambition of Nottingham City's [Health and Wellbeing Strategy](#) 2016-2020 is to make Nottingham a place where we can all enjoy positive health and wellbeing and to tackle inequalities in health within the City. There are four outcomes within the strategy, each of which is underpinned by a number of priorities which include housing, the built environment, air pollution and access to green space:

- People in Nottingham adopt and maintain Healthy Lifestyles
- People in Nottingham will have positive Mental Wellbeing and those with Serious Mental Illness will have good physical health

- There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health
- Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Derbyshire Health and Wellbeing Strategy (DHWBS)

2.10. The Derbyshire HWB main focus is on improving the health and wellbeing of the residents of Derbyshire.

2.11. The Strategy covers the period 2012-2015 and sets out five main priorities:

- Improve health and wellbeing in early years – to give children the best start in life to help them achieve their full potential and benefit them throughout their lives
- Promote healthy lifestyles – to give individuals and communities the right support order for them to make the best choices for their health
- Improve emotional and mental health – as it is everyone's business and a fundamental building block for individual and community wellbeing
- Promote the independence of people living with long term conditions and their carers – helping people to manage their condition better can significantly improve quality of life and reduce the need for hospital or emergency care
- Improve health and wellbeing of older people – giving older people the right support in the right environment to help them enjoy quality, active, healthy and fulfilling lives

Joint Strategic Needs Assessments

2.12. The production of an annual Joint Strategic Needs Assessment (JSNA) has been a statutory duty placed on the Directors of Public Health, Children's Services and Adult Services since 2007. The Health and Social Care Act 2013 places an equal obligation on Local Authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA. The JSNA is produced by the HWB and provides a picture of the current and future health and wellbeing of the local population.

Nottinghamshire Joint Strategic Needs Assessment (2012)

2.13. The Nottinghamshire [JSNA](#) consists of three chapters – Adults and Vulnerable Adults, Children and Young People and Older People. Each chapter is made up of several sections supported by a summary outlining the key message from each.

2.14. The Nottinghamshire JSNA provides an opportunity for the spatial planning process to be strengthened through partnership working, community engagement, evidence sharing and coordination.

Nottingham City Joint Strategic Needs Assessment (NCJSN)

2.15. The Nottingham [NCJSNA](#) model is a systematic review of health, wellbeing and social care issues facing the population leading to agreed priorities and resource allocations that will improve health and wellbeing and reduce inequalities. Where relevant the JSNA highlights areas where planning processes may be used to support the health and wellbeing of the population, for example housing, obesity and air pollution.

Derbyshire Joint Strategic Needs Assessment (2014)

- 2.16. The Derbyshire ([JSNA](#)) reviews the position of Derbyshire County in regard to various Outcome Frameworks (see below) for health and social care, highlighting where performance is significantly poorer than England as a whole. Where possible, significant variation within the County is also highlighted. The report also collates information on what is being done to address the issues identified.

The Public Health Outcomes Framework

- 2.17. The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and indicators to help understanding of how well public health is being improved and protected. The [framework](#) concentrates on two high-level outcomes to be achieved across the public health system. These are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

- 2.18. These outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas in our society. A set of supporting indicators to cover the full spectrum of public health are grouped into four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Health Impact Assessment (HIA)

- 2.19. The World Health Organisation defines Health Impact Assessment (HIA) 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.'
- 2.20. HIA provides a practical and flexible framework by which the effects of proposals on health and inequality can be identified. Such effects are examined in terms of their differential impact, their relative importance and the interaction between impacts. In doing so, HIAs can make recommendations to inform decision making, particularly in terms of minimising negative impacts and maximising opportunity to promote health and wellbeing.
- 2.21. The use of HIA ensures that health impacts are explicitly considered in proposals and can help in the monitoring of such, to help future proposals and ultimately contribute to narrowing the gap between those experiencing the worst and best health.
- 2.22. Assessment of health impacts of a policy or plan can be integrated into a Strategic Environmental Assessment (SEA), Sustainability Appraisal (SA) or Environmental Impact Assessment (EIA), where these are required.

Sustainable Community Strategies

- 2.23. The following section refers to Sustainable Community Strategies that are prepared by Local Authorities. It should be noted that the Deregulation Act 2015, Section 100 amended the Planning and Compulsory Purchase Act 2004, Section 19, removing the requirement that in preparing a Local Plan the LPA must have regard to the Council's SCS or the SCS of any other authority. The Deregulation Act also removes Section 4 in the Local Government Act 2000, which requires local authorities in England to prepare Sustainable Community Strategies.

Nottinghamshire Sustainable Community Strategy (NSCS)

- 2.24. The Nottinghamshire Sustainable Community Strategy sets out six key priorities for the future of Nottinghamshire during the strategy period of 2010-2020:

- A greener Nottinghamshire
- A place where Nottinghamshire's children achieve their full potential
- A safer Nottinghamshire
- Health and well-being for all
- A more prosperous Nottinghamshire
- Making Nottinghamshire's communities stronger.

Derbyshire Sustainable Community Strategy (DSCS)

- 2.25. The Derbyshire Sustainable Community Strategy sets out seven key priorities for the future of Derbyshire during the strategy period of 2009-2014:

- Promote health and wellbeing and reduce health inequalities so that people in Derbyshire enjoy the benefits of following a healthier lifestyle and live longer, healthier lives
- Increase independent living and improve quality of life so that people in Derbyshire enjoy the benefits of living at home and those in care homes have the best support
- Promote choice and control so that people in Derbyshire have access to health and social care which is centred around their unique, personal needs and is within easy reach
- Improve inclusion and contribution so that people in Derbyshire have a say about the health and social care services they use and participate fully in community life
- Enhance dignity and safety so that people in Derbyshire are well looked after by the people who care for them.

Bassetlaw District Council Sustainable Community Strategy (2010-2020)

- 2.26. The Strategy sets out eight ambitions. The following have the most direct links to health and health services.

'Healthier Communities' the priorities for the ambition are:

- Reduce smoking prevalence within the population, reduce impact of second hand smoke
- To reduce prevalence of obesity within the population
- To reduce sexual health infection rates within the Bassetlaw population
- Address the adverse effects of alcohol on the population of Bassetlaw

- To improve emotional health and well-being and social inclusion
- To promote health, well-being and active life in older age in Bassetlaw
- To deliver on cross-cutting themes of importance to health in Bassetlaw

‘Accessible Communities’ Priorities:

- Monitor and influence the transport to health project in Bassetlaw
- Maintain and develop existing transport and accessibility services for Bassetlaw
- Identify and address gaps in service provision

‘Supporting children and young people’ Priorities:

- Improve and support emotional well-being of children and young people and promote positive mental health
- Reduce the number of teenage pregnancies and support young mothers
- Support parents and encourage positive relationships while enabling involvement in children/young people’s development
- Reduce the prevalence of childhood obesity and promote healthy living
- Increase the aspirations of young people and support increased attainment and positive contribution
- Ensure the safety of children and young people and reduce the risks to children and young people
- Support disabled children, young people and their families and those transitioning to adult care/those in respite care.

‘Sustainable Communities’ Priorities:

- Reduce, re-use, recycle
- Promotion/awareness raising of environmental issues
- Conserve and expand area of open green space
- Achieve cleaner and greener public spaces

Broxtowe Borough Council Sustainable Community Strategy (2010-2012)

2.27. The strategy sets out seven priorities areas. Most relevant to health include ‘Healthy Living’ for which the priorities are:

- Reduce health inequalities
- Reduce harm caused by alcohol and tobacco
- Halt the rising trend of obesity
- Improve mental health
- Promote independence of older people and vulnerable groups

‘Children and young people’ Priorities:

- Emotional health of children and young people
- Positive activities for young people
- Supporting the teenage pregnancy strategy
- Supporting the childhood obesity strategy
- Support for young people to achieve through education, employment or training
- Child poverty

Gedling Borough Council Sustainable Community Strategy (2009-2026)

2.28. The strategy includes five priorities for action:

- Safer and stronger communities living together in Gedling Borough
- A fairer, more involved Gedling Borough
- A well looked after environment that meets the present and future needs of Gedling Borough
- Healthy and active lifestyles in Gedling Borough
- Contributing to a vibrant and prosperous Greater Nottingham

Mansfield District Council Sustainable Community Strategy (2010-2020)

2.29. The strategy includes seven 'priority themes'. The priorities with most relevance to health concern Health and Wellbeing' Future. The priorities for this are:

- Obesity – reducing levels of obesity in both children and adults by increasing levels of physical activity and healthy eating
- Smoking – continuing to reduce levels of smoking
- Substance misuse – reducing the number of people harmed by alcohol consumption and the use of other drugs.
- Teenage pregnancy and sexual health – reducing teenage pregnancy levels and continuing to improve sexual health in young people
- Mental health – improving mental health and wellbeing and expanding services to prevent illness, provide better access to treatment and to remove the stigma often associated with it
- Access to services – ensuring people can access health care as easily as possible and developing ways of using the workplace and other non-medical settings to provide some services. The development of a range of clinical and community wellbeing services at the Ashfield Health Village will also be a priority.

Newark and Sherwood District Council Sustainable Community Strategy (2006-2016)

2.30. The strategy aims to ensure residents have the best quality of life in the East Midlands. The strategy states it they need communities that are:

- Clean and Green
- Learning and earning
- Accessible
- Health
- Culturally Connected
- Safe and strong

Nottingham City Council Sustainable Community Strategy (2020)

2.31. The strategy sets out three cross-cutting aims:

- Green – being environmentally sustainable
- Aspiring – raising aspirations
- Fair – achieving fairness and equality of opportunity

It includes six strategic priorities, the most relevant of which to health are:

‘Transform Nottingham’s neighbourhoods’ - Every neighbourhood will have a distinctive identity and provide a great place to live, with:

- An appropriate mix of housing, meeting the needs of young people, families and older people of all incomes
- Good access to employment, public services, shops and leisure within the neighbourhood, the city centre and further afield
- Attractive, clean and safe environments, including high quality, well designed and sustainable buildings, public realm and green spaces
- Residents who are proud of their city, take responsibility for their communities and who respect and value their neighbours and where they live
- Greater balance will be achieved in the city’s housing market with an increased choice of quality housing meeting the needs of a diverse population and enabling the city to retain more of its aspiring residents.
- Public service delivery will be better integrated and appropriately devolved, ensuring more accessible and responsive services for all and giving residents more control over what happens in their neighbourhoods.

‘Family Nottingham –Ensure that all children and young people thrive and achieve’

- Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties
- More families will be strong and healthy, providing an enjoyable and safe place for children to grow up
- Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions
- All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning
- Child poverty will be significantly reduced

‘Healthy Nottingham – Improve health and wellbeing’

- People will be healthier, happier and live longer, and will feel able to achieve their potential and make a positive contribution to city life
- Health inequalities between areas and social groups will be significantly reduced

Rushcliffe Borough Council Sustainable Community Strategy (2012-2016)

2.32. The strategy sets out four priorities to prepare for the future, the most relevant of which to health are ‘Health issues’:

- Reduce the prevalence of obesity within Rushcliffe
- Raise awareness of substance misuse
- Reduce the number of people who smoke

National Planning Policy Framework (NPPF)

2.33. The National Planning Policy Framework (NPPF) sets out national planning guidance for local authorities and recognises that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Chapter 8 of the NPPF focusses on promoting healthy communities ensuring that local

communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. The NPPF places great emphasis on the importance of accessibility for all to high quality open space, safe communities, recreational facilities/services, rights of way and cultural facilities which can all make an important contribution to the health and wellbeing of communities.

County Council Development Plans

- 2.34. This section sets the context for planning policy and links to health and wellbeing across the area covered by the document. As well as providing the basis for decisions on planning applications, the following plans and strategies will help to shape the area into the future. It is clear that many of the documents incorporate the principle of health and wellbeing within their adopted plans and strategies, which will in turn make a positive contributions to achieving health and wellbeing across Nottinghamshire and Erewash.

Nottinghamshire and Nottingham Waste Local Plan (2002)

- 2.35. The Nottinghamshire County Council Waste Local Plan was adopted in 2002 and contains a number of polices that provide links to seeking to minimise the visual, noise, odour, litter and dust impact arising from waste facilities on the local area, this is turn can have a positive effect overall on the health and wellbeing of nearby residents. In addition, the Plan contains a policy that seeks to protect public rights of way ensuring people have access to benefits available from the use of recreational open space.

Nottinghamshire and Nottingham Waste Core Strategy (2013)

- 2.36. The Nottinghamshire and Nottingham Waste Core Strategy does not contain any specific polices on health and wellbeing, however Policy WCS13 covers the protection of quality of life and seeks to protect and enhance our environment seeks to protect the quality of life of those living or working near to waste management facilities from unacceptable impacts. It also states that opportunities should be taken where available to enhance the local environment through the provision of landscape, habitat or community facilities.

Nottinghamshire Minerals Local Plan (2005)

- 2.37. The Minerals Local Plan does not contain any specific policies on health and wellbeing. However, there are limited links contained within the plan in relation to protecting access to rights of way and protecting and improving amenity for the local community.

Nottinghamshire Submission Draft Minerals Local Plan (2016)

- 2.38. There are no policies specifically on health and wellbeing, however Policy DM1 most directly relates to health, covering the protection of amenity. The restoration of minerals sites provides opportunities for public access to open space and so policies in this regard also have links to health.

Derby and Derbyshire Waste Local Plan (2005)

- 2.39. The Plan does not contain any specific health and wellbeing policies, however Policies W6-8 relate to the impact of waste development on the environment and people's health, covering topics of pollution and related nuisances, landscape and other visual impact and the impacts of the transportation of waste.

- Derby and Derbyshire Minerals Local Plan (2002)***
- 2.40. The Plan does not contain any specific health and wellbeing policies, however Policy MP88 relates to ensuring that planning conditions be applied to planning permission for mineral working to cover measure to protect local amenity.

- Nottinghamshire Local Transport Plan (LTP)***
- 2.41. The Nottinghamshire LTP has a plan period of 2011-2026 and sets out three transport goals:

- Provide a reliable, resilient transport system which supports a thriving economy and growth whilst encouraging sustainable and healthy travel
- Improve access to key services, particularly enabling employment and training opportunities
- Minimise the impacts of transport on people's lives, maximise opportunities to improve the environment and help tackle carbon emissions

- Derbyshire Local Transport Plan (2011)***
- 2.42. The Derbyshire LTP has a plan period of 2011-2026 and sets out five key transport goals:

- Supporting a resilient local economy
- Tackling climate change
- Contributing to better safety, security and health
- Promoting equality of opportunity
- Improving quality of life and promoting a healthy natural environment.

Local Development Plans

- Ashfield District Council Local Plan (2002)***
- 2.43. There are no specific policies relating to health and wellbeing in the Plan, but a range of policies could be considered to have an impact on health such as HG6 which relates to the provision of open space in new residential development and TR2 which seeks to provide cycling routes.

- Ashfield District Council Draft Local Plan (2016)***
- 2.44. The emerging Preferred Options Ashfield Draft Local Plan includes the following vision:

'The District will increase the quality of life of its residents, businesses and visitors through planning development to help reduce crime, anti-social behaviour and the fear of crime, promoting well-being and improving health and reducing health inequalities....Public transport, walking and cycling links will be improve to connect residents more easily with local and regional destinations...New developments will be planned to provide the necessary infrastructure including roads, schools and health facilities.'

- 2.45. In addition Policy S2 'Overall strategy for growth, part 7 seeks the protection of existing health facilities, improved links to such facilities and where necessary the provision of new facilities to meet local needs. Part 10 and 11 relate to the delivery of a sustainable transport network and reducing demand for private car-based journeys. Part 14 states 'Development should be designed to promote healthier lifestyles and to encourage people to be active outside their homes and places of work.'

- 2.46. The Local Plan Preferred Approach identifies that a Health Impact Assessment of the Local Plan will be prepared for the Publication Local plan to help ensure the Plan acknowledges the potential health impacts resulting from its implementation and identified any mitigation which may be required. A specific policy on Provision and Protection of Health and Community Facilities (SD12) is included in the Plan. However, healthy lifestyles and improving health is a theme that runs through the policies in the merging Plan.

Bassetlaw District Council Core Strategy (2011)

- 2.47. The plan does not contain any specific policies on health and wellbeing, but a range of policies could be considered to have an impact on health and wellbeing, which include the provision of green infrastructure, open space and developer contributions towards healthcare as a result of new development.

Broxtowe Borough Council Local Plan (2004)

- 2.48. Although none of the policies of the plan specifically relate to health and wellbeing there are references to the need to secure open space, provide convenient and safe environments, enhance recreational facilities and provide for community facilities, all of which help to contribute to the improved health and wellbeing of its residents.

Erewash Borough Council Local Plan (amended 2014)

- 2.49. The plan does not contain any specific policies on health and wellbeing, however a range of policies will have an impact on health such as policy H9 which relates to the provision of health facilities through developer contributions. In addition the plan seeks to ensure new development is well designed, safe, provides for open space and priority if given to access to public transport, walking and cycling.

Erewash Borough Council Core Strategy (2014)

- 2.50. Strategic Objective viii relates to Health and Wellbeing. The policy seeks to create conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities. This would be supported where required by new development and through the integration of health and service provision, and by improving access to cultural, leisure and lifelong learning activities.
- 2.51. Policy 12 of the Strategy explicitly covers healthy lifestyles, but a range of other policies could also be considered to have an impact on health, including access to public transport and green spaces.

Gedling Borough Council Replacement Local Plan (2014)

- 2.52. The plan contains a number of policies, although none specifically relate to health and wellbeing there are references to the need to provide access to green space, protect existing green spaces such as allotments and ensure new development is well designed and does not adversely affect the wider environment.

Mansfield District Council Local Plan (1998)

- 2.53. Although none of the policies in the plan specifically relate to health and wellbeing there are references to the need ensure new development is well designed and integrates with the natural environment, that open space is provided and that community facilities are safe, well integrated with their surroundings and offer a clear local benefit.

- Mansfield District Council Draft Local Plan (2016)***
- 2.54. The draft plan contains number of relevant draft policies and objectives. Draft Objective 3 seeks to ensure that residents have good access to a range of facilities which provide high quality health benefits. In addition the plan contains Draft Policy S14 'Hot Food Takeaways' which seeks to limit the number of outlets within 400m of schools, addresses anti-social behaviour and assesses new outlet applications in terms of their potential impact on residential amenity.
- Newark and Sherwood District Council Core Strategy (2011)***
- 2.55. The strategy's vision refers to encouraging personal wellbeing and health, in addition the plan contains a number of policies that have direct links to ensuring the health and wellbeing of its residents, including the provision of open space, access to rural services, protection of ecological assets and greenspaces and ensuring new development is well integrated with its surroundings and does not negatively impact on the amenity of residents.
- Nottingham City Council Local Plan (2005)***
- 2.56. The plan contains a number of relevant policies, though none specifically on health and wellbeing. The Plan overall seeks to deliver sustainable communities that include access to open space, are well designed and do not negatively impact on the amenity of residents.
- Nottingham City Council Land and Planning Policies Local Plan Part 2 Draft Publication (2016)***
- 2.57. The draft part 2 plan contains a chapter on 'Local Services and Healthy Lifestyles', which seeks to limit the number of hot food takeaways, safeguard land for health facilities, provide for community facilities and deliver new and improved facilities. In addition the plan contains other policies with links to health and wellbeing, including good links to public transport and open spaces, providing cycle routes and ensuring new development is well designed to meet the needs of its residents.
- Rushcliffe Borough Council Local Plan Part 1: Core Strategy (2014)***
- 2.58. The plan contains Strategic Objective viii 'Health & Wellbeing' which seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities.
- 2.59. Other policies within the plan can be well related to achieving health and wellbeing across the Borough.
- The Greater Nottingham Aligned Core Strategy (ACS) Part 1 Local Plan (2014)***
- 2.60. The plan covers part of the Greater Nottingham Housing Market Area and includes Broxtowe Borough Council, Nottingham City Council and Gedling Borough Council, the plans period runs from 2011 to 2028 and covers a number of topics that make reference to the health and wellbeing of its residents. Strategic Objective viii states that:
- 'Health & Wellbeing seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities'

- 2.61. Further detailed information in relation to specific planning policies from the above documents is set out at Appendix 4.

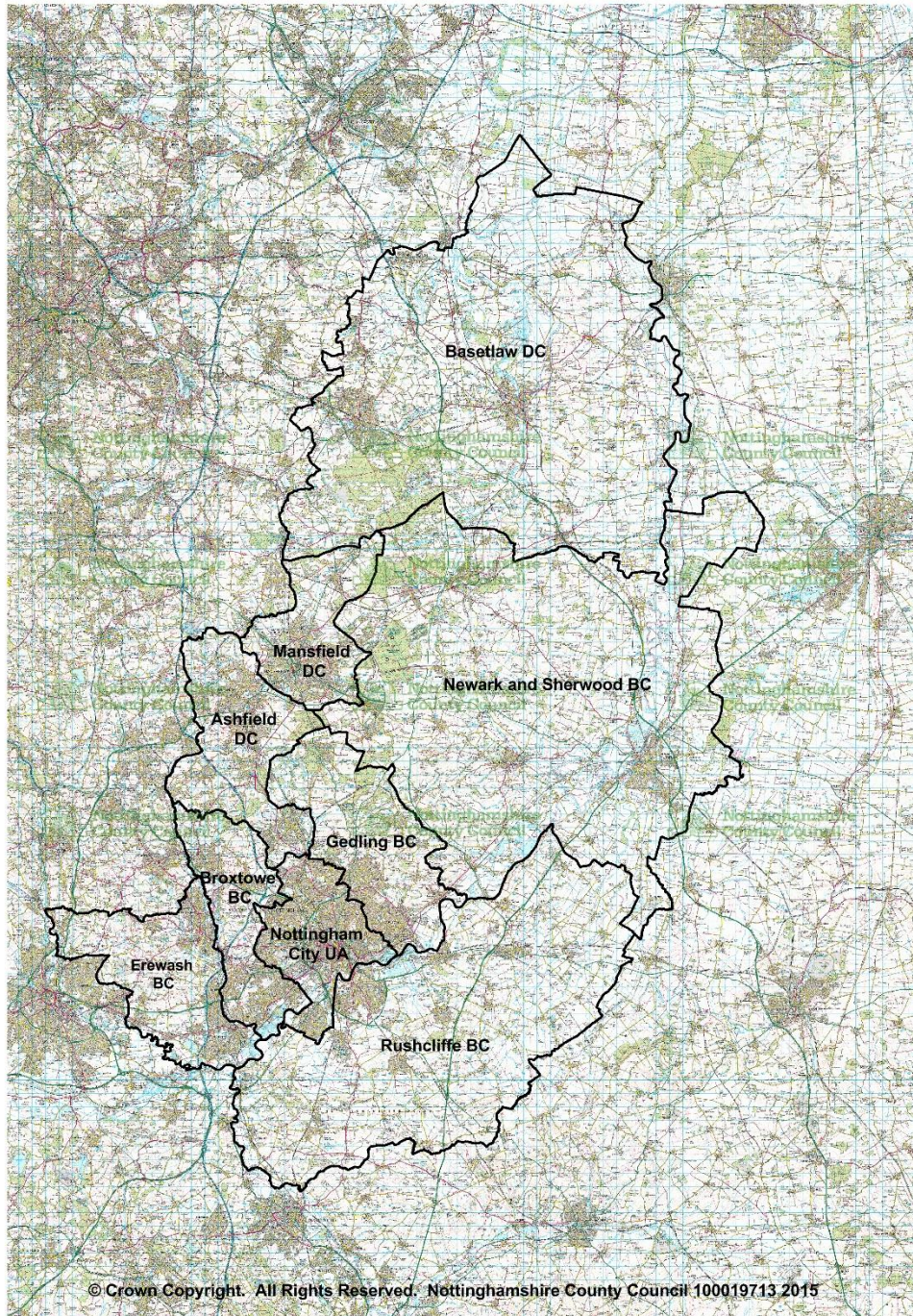
Supplementary Planning Documents, Neighbourhood Plans and Other relevant plans

- 2.62. There are a number of additional document produced by Council's in order to provide additional weight to planning decisions and strengthen policy, these include Neighbourhood Plans and Supplementary Planning Documents, which are set out in detail at Appendix 4.

3. Nottinghamshire and Erewash in Context

- 3.1. The health of people in Nottinghamshire varies against the England average. Deprivation is lower than average, however about 16.9% (23,500) children live in poverty. Life expectancy for both men and women is similar to the England average. Appendix 1 sets out the full Health profile for Nottinghamshire and its District and Borough Councils in further detail. The individual health profiles are provided as the health profiles at the County level can mask inequalities.

Plan 1: Nottinghamshire and Erewash



- 3.2. Erewash Borough Council forms part of the Greater Nottingham Core Housing Market Area (GNCHMA), although Erewash lies within the County of Derbyshire, much work was been completed in conjunction with Nottingham City, Gedling Borough Council, Broxtowe Borough Council and the Hucknall part of Ashfield, who also form part of the GN HMA Nottinghamshire.
- 3.3. It is considered that by building upon this close relationship this document can help to create and strengthen links between health and wellbeing and planning across Derbyshire and Nottinghamshire. Demonstrating GNCHMA links are key, despite spanning organisational boundaries; recognising that Erewash BC Core Strategy Policies is important in creating an environment which leads people to live healthier lifestyles.

4. Guidance and Planning Decisions

- 4.1. The strategic links between spatial planning and health and wellbeing and how planning can facilitate improvements to health and wellbeing are well evidenced. This chapter aims to draw together the key themes between the two and to provide a non-exhaustive checklist which can be used when assessing planning applications to ensure that the overall impact of the proposal on health and wellbeing has been given due consideration.
- 4.2. Since 2013, County Councils have had the responsibility of joining up local health policy with other strategies such as planning, transport infrastructure and housing, by creating specific links between adopted documents. The document 'Planning, Health and Wellbeing' (LGiU 2015) acknowledged that the lack of priority given to collaborative working is slowing down to the detriment of an integrated health and planning agenda. This is exacerbated in two tier areas where public health is the responsibility of County Councils, whilst most planning functions are carried out by District and Borough authorities.
- 4.3. To reduce health inequalities, our healthy planning goals are:
- Avoiding adverse health impacts from development – health protection, air quality, water quality, noise, dereliction and land pollution, waste management, light pollution, community severance
 - Providing a healthy living environment – housing (quality, space standards, affordability, mixed tenure, type and density); good quality safe and stimulating public realm; accessible to all to parks and green open space; water features; play features; community facilities; recreational and sports facilities; employment opportunities; education and learning; walking and safe cycling routes; public transport network; food production and distribution
 - Promoting and facilitating healthy lifestyles – pattern of development (mixed use), movement/connectivity and urban design quality to promote active travel, physical activity and mental well-being; active travel (safe direct routes, secure parking and facilities for walking and cycling); physical activity (access to green space, play, recreation and sports facilities; healthy eating (access to affordable safe and nutritious food, space for local food growing); safe space for social interaction and play; buildings to be designed to maximise physical activity by encouraging walking and use of stairs and providing sufficient cycle storage
 - Providing access to health facilities and services – health centres, GP's, dentists, hospitals, pharmacists to meet current and future population needs
 - Responding to global environmental issues – climate change resource depletions, waste management, minimising carbon emissions by transport and development; sustainable design, construction methods and building material; suitable/renewable energy; flood risk; biodiversity and nature conservation; waste disposal and recycling.
- 4.4. The checklist set out in Appendix 5 is based upon the London Healthy Urban Development Unit 'Healthy Urban Planning Checklist' (June 2015) and aims to ensure that the health and wellbeing of residents is taken into account when decisions on planning applications, plans and strategies are made.

4.5. The Checklist can be used in the following ways:

- Local Plan Review
- Screening for potential health impacts as part of a HIA
- To accompanying a planning application, subject to local validation requirements
- By internal and external consultees when responding to planning consultations
- To assist in the development of neighbourhood plans
- By developers and the public submitting planning applications

Monitoring and Evaluation

4.6. It is important that the checklist is monitored and evaluated in order to reflect changes in planning and health policies, local circumstances and to ensure the checklist is fit for purpose and is achieving its intended purpose.

4.7. The County Council will be developing an Engagement Protocol in conjunction with this document which aims to provide a comprehensive pathway for planning and public health contacts to be fully engage in commenting on planning applications and relevant planning documents.

Appendix 1 – Health Profile for Nottinghamshire 2015



Nottinghamshire

County

This profile was produced on 2 June 2015

Health Profile 2015

Health in summary

The health of people in Nottinghamshire is varied compared with the England average. Deprivation is lower than average, however about 16.9% (23,500) children live in poverty. Life expectancy for both men and women is similar to the England average.

Living longer

Life expectancy is 8.7 years lower for men and 6.7 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas.

Child health

In Year 6, 17.5% (1,273) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 34.9*. This represents 57 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

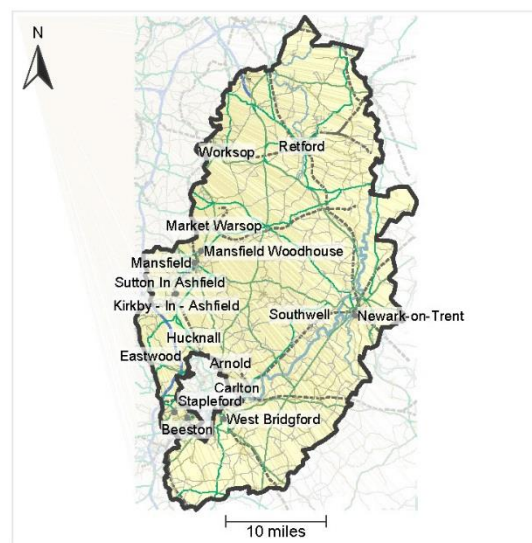
Adult health

In 2012, 24.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 675*, worse than the average for England. This represents 5,351 stays per year. The rate of self-harm hospital stays was 207.9*. This represents 1,632 stays per year. The rate of smoking related deaths was 279*, better than the average for England. This represents 1,282 deaths per year. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. The rate of drug misuse is worse than average. Rates of statutory homelessness, violent crime, long term unemployment and early deaths from cardiovascular diseases are better than average.

Local priorities

For more information, including locally agreed priorities for Nottinghamshire, see www.nottinghamshire.gov.uk or <http://www.nottinghamshireinsight.org.uk/>

* rate per 100,000 population



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Population: 796,000

Mid-2013 population estimate. Source: Office for National Statistics.

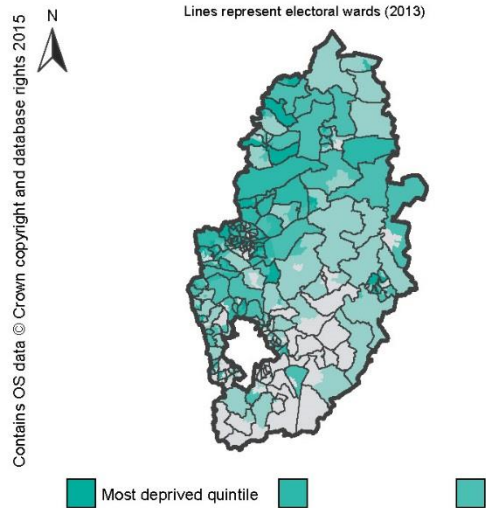
This profile gives a picture of people's health in Nottinghamshire. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

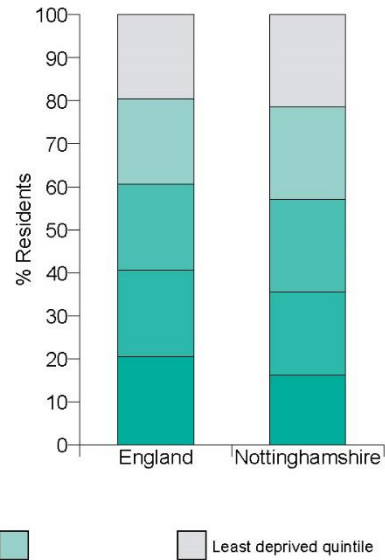
Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



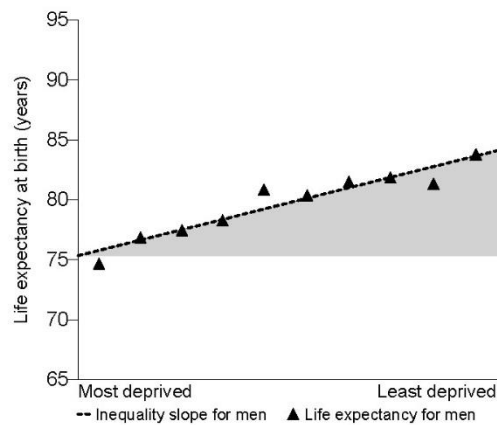
This chart shows the percentage of the population who live in areas at each level of deprivation.



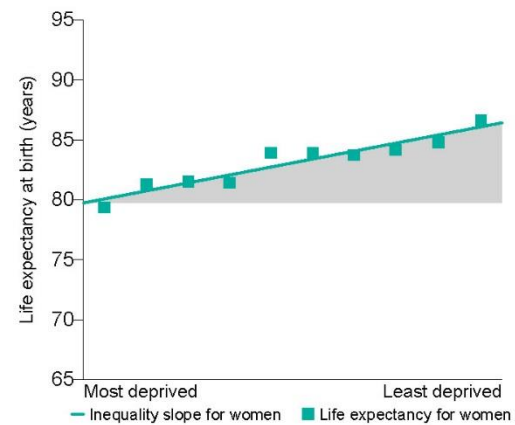
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 8.7 years

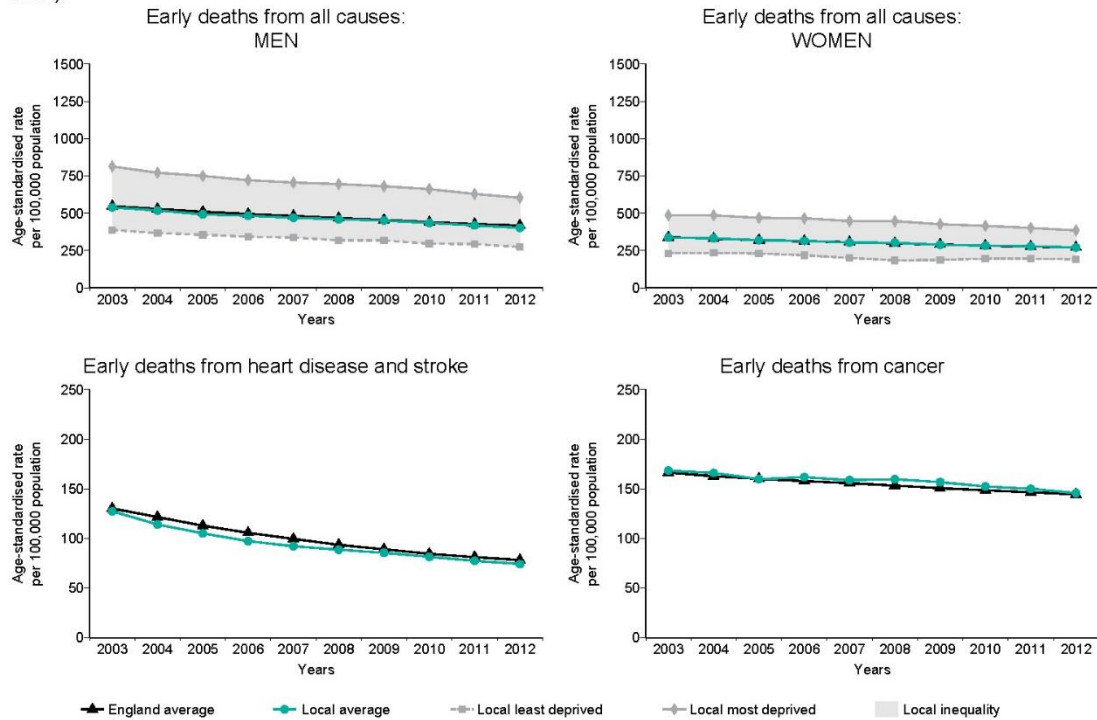


Life expectancy gap for women: 6.7 years



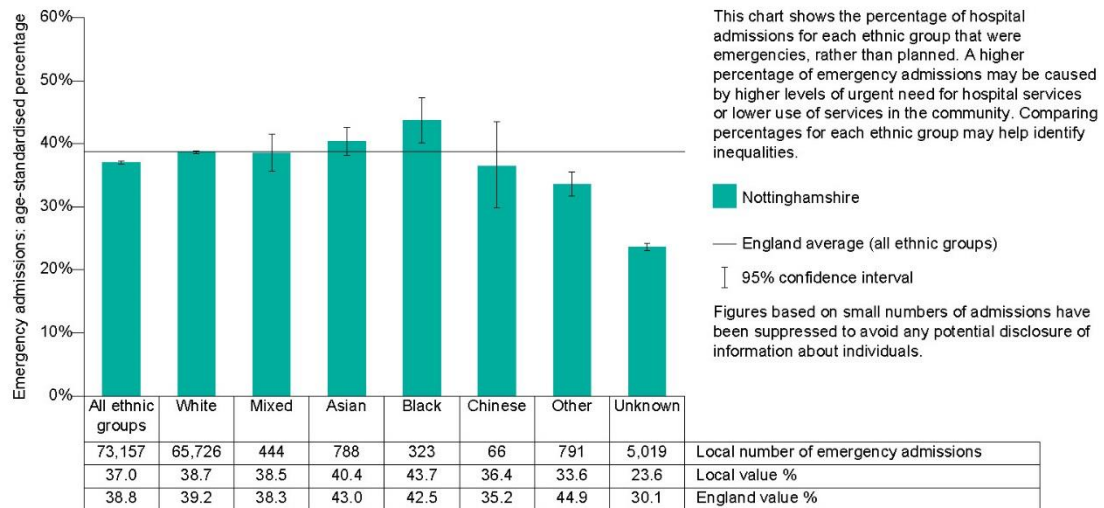
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



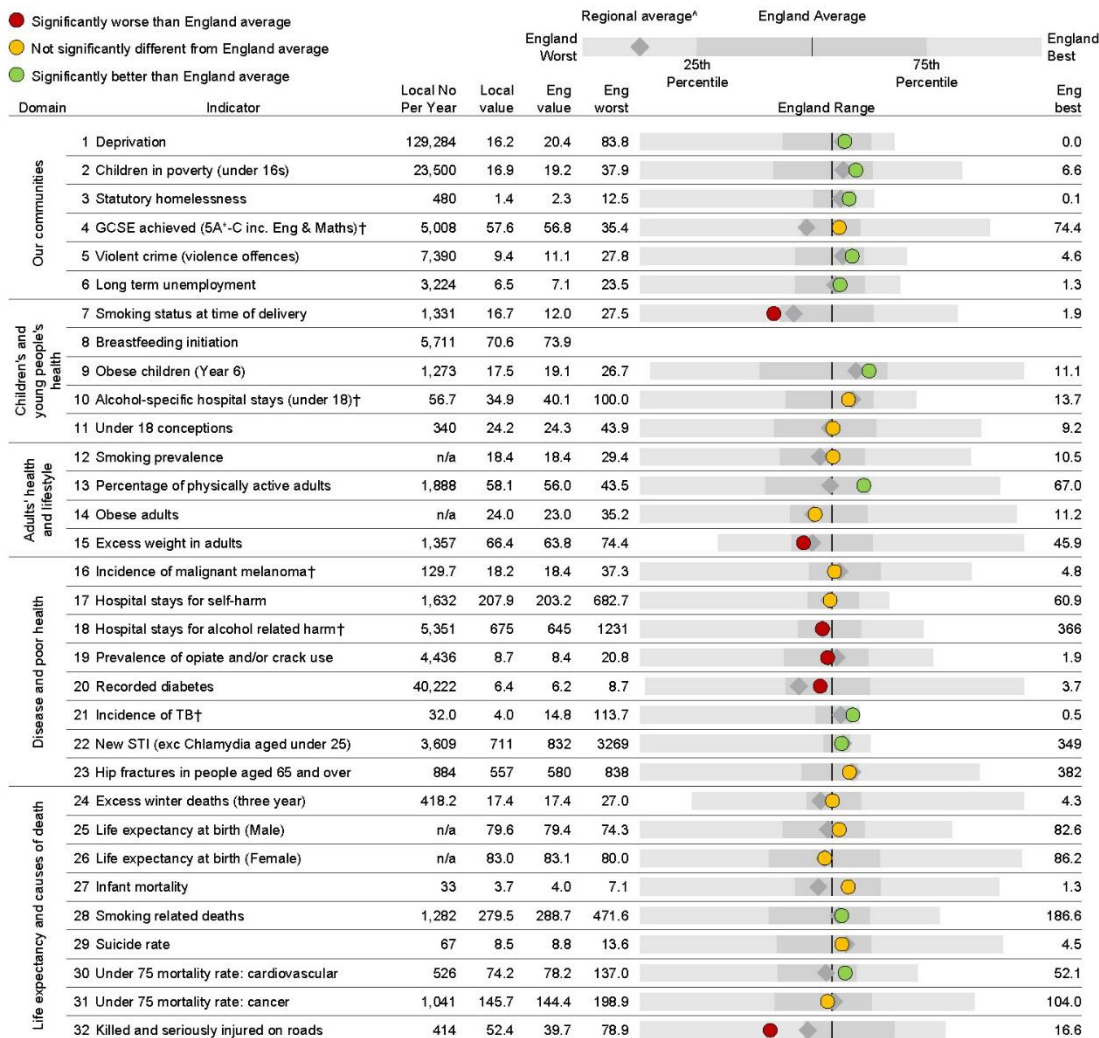
Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



Health summary for Nottinghamshire

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 **2** % children (under 16) in families receiving means-tested benefits & low income, 2012 **3** Crude rate per 1,000 households, 2013/14 **4** % key stage 4, 2013/14 **5** Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 **6** Crude rate per 1,000 population aged 16-64, 2014 **7** % of women who smoke at time of delivery, 2013/14 **8** % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 **9** % school children in Year 6 (age 10-11), 2013/14 **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) **11** Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 **12** % adults aged 18 and over who smoke, 2013 **13** % adults achieving at least 150 mins physical activity per week, 2013 **14** % adults classified as obese, Active People Survey 2012 **15** % adults classified as overweight or obese, Active People Survey 2012 **16** Directly age standardised rate per 100,000 population, aged under 75, 2010-12 **17** Directly age sex standardised rate per 100,000 population, 2013/14 **18** The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 **19** Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 **20** % people on GP registers with a recorded diagnosis of diabetes 2013/14 **21** Crude rate per 100,000 population, 2011-13, local number per year figure is the average count **22** All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 **23** Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 **24** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 **25**, **26** At birth, 2011-13 **27** Rate per 1,000 live births, 2011-13 **28** Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 **29** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 **30** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **31** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **32** Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^a "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/health-profiles> Please send any enquiries to healthprofiles@phe.gov.uk

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Appendix 2 – Health Profiles for Nottingham City and Erewash



Public Health
England

Protecting and improving the nation's health

Nottingham

Unitary Authority



This profile was produced on 2 June 2015

Health Profile 2015

Health in summary

The health of people in Nottingham is generally worse than the England average. Deprivation is higher than average and about 33.7% (18,600) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer

Life expectancy is 8.0 years lower for men and 8.0 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.

Child health

In Year 6, 23.3% (624) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 34.9*. This represents 22 stays per year. Levels of teenage pregnancy, GCSE attainment and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 21.7% of adults are classified as obese. The rate of alcohol related harm hospital stays was 954*, worse than the average for England. This represents 2,457 stays per year. The rate of self-harm hospital stays was 291.7*, worse than the average for England. This represents 965 stays per year. The rate of smoking related deaths was 354*, worse than the average for England. This represents 420 deaths per year. Estimated levels of adult smoking are worse than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of hip fractures is better than average.

Local priorities

For more information, including locally agreed priorities for Nottingham, see www.nottinghamcity.gov.uk or <http://www.nottinghamshireinsight.org.uk/>

* rate per 100,000 population



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Population: 311,000

Mid-2013 population estimate. Source: Office for National Statistics.

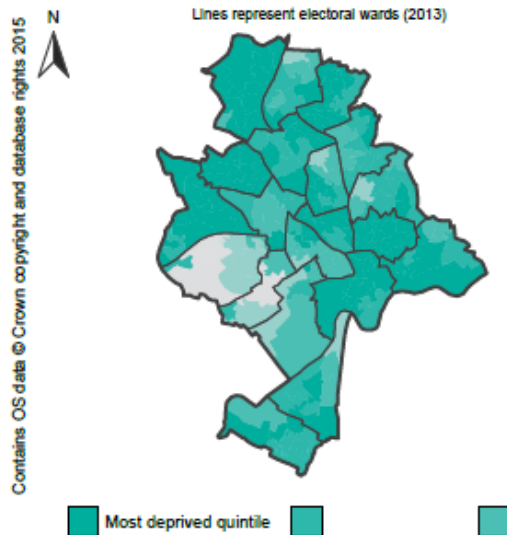
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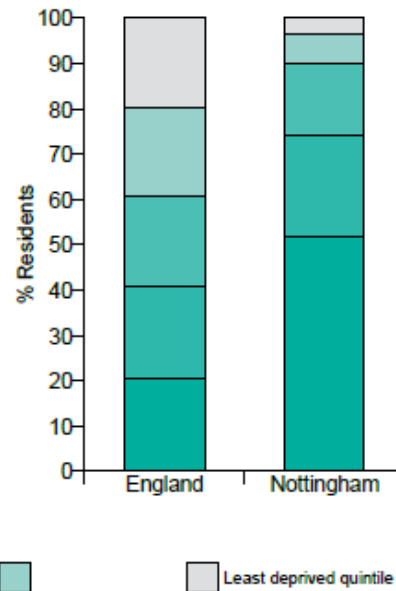
Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

Deprivation: a national view

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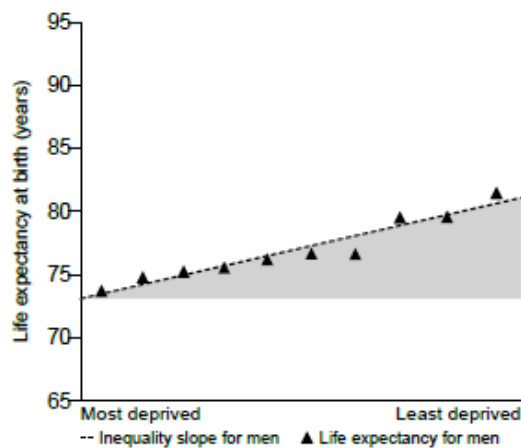
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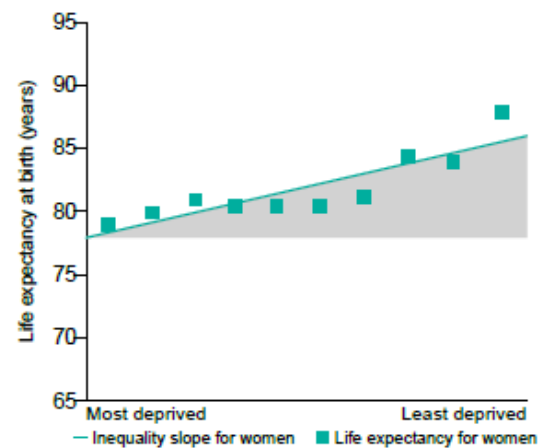
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Life expectancy gap for men: 8.0 years

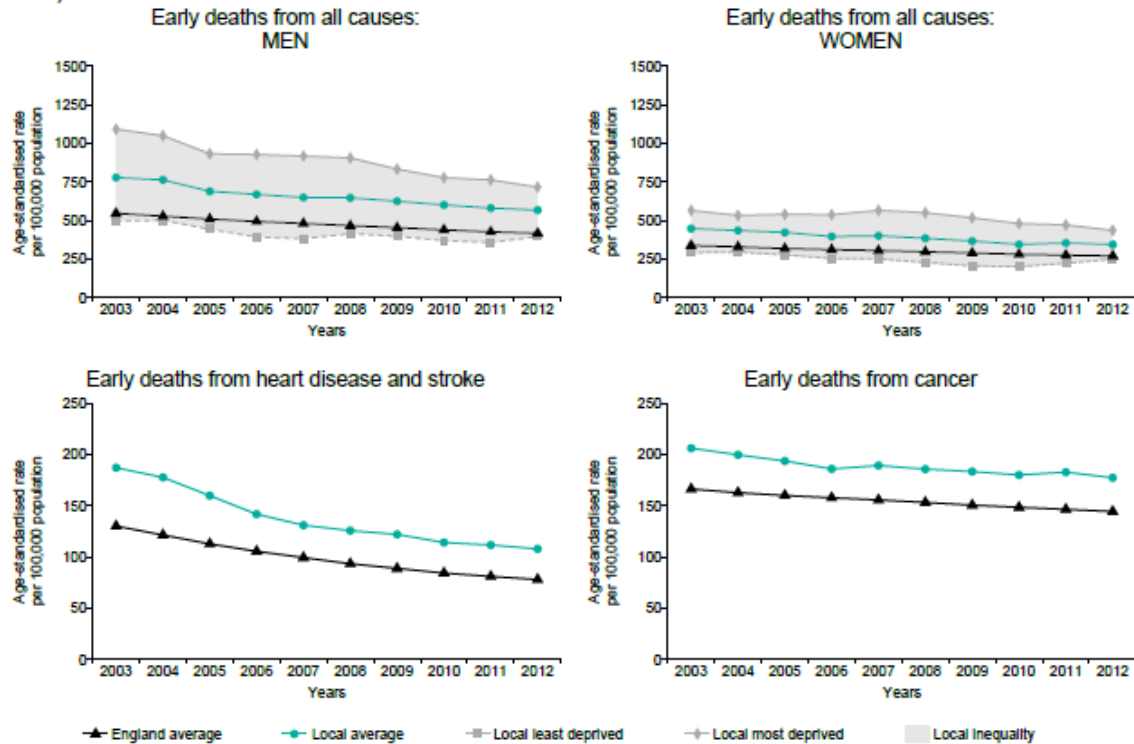


Life expectancy gap for women: 8.0 years



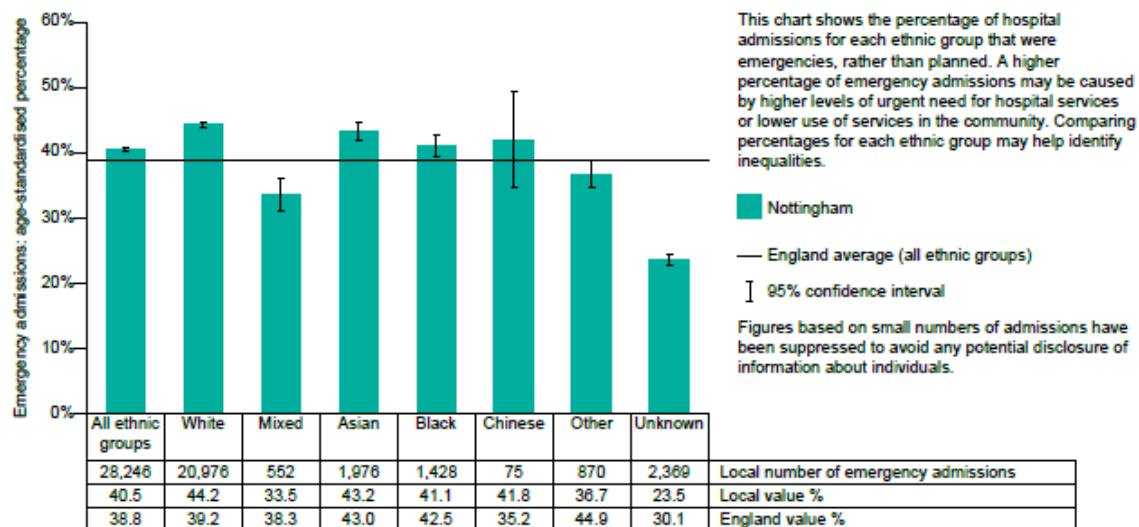
Health inequalities: changes over time

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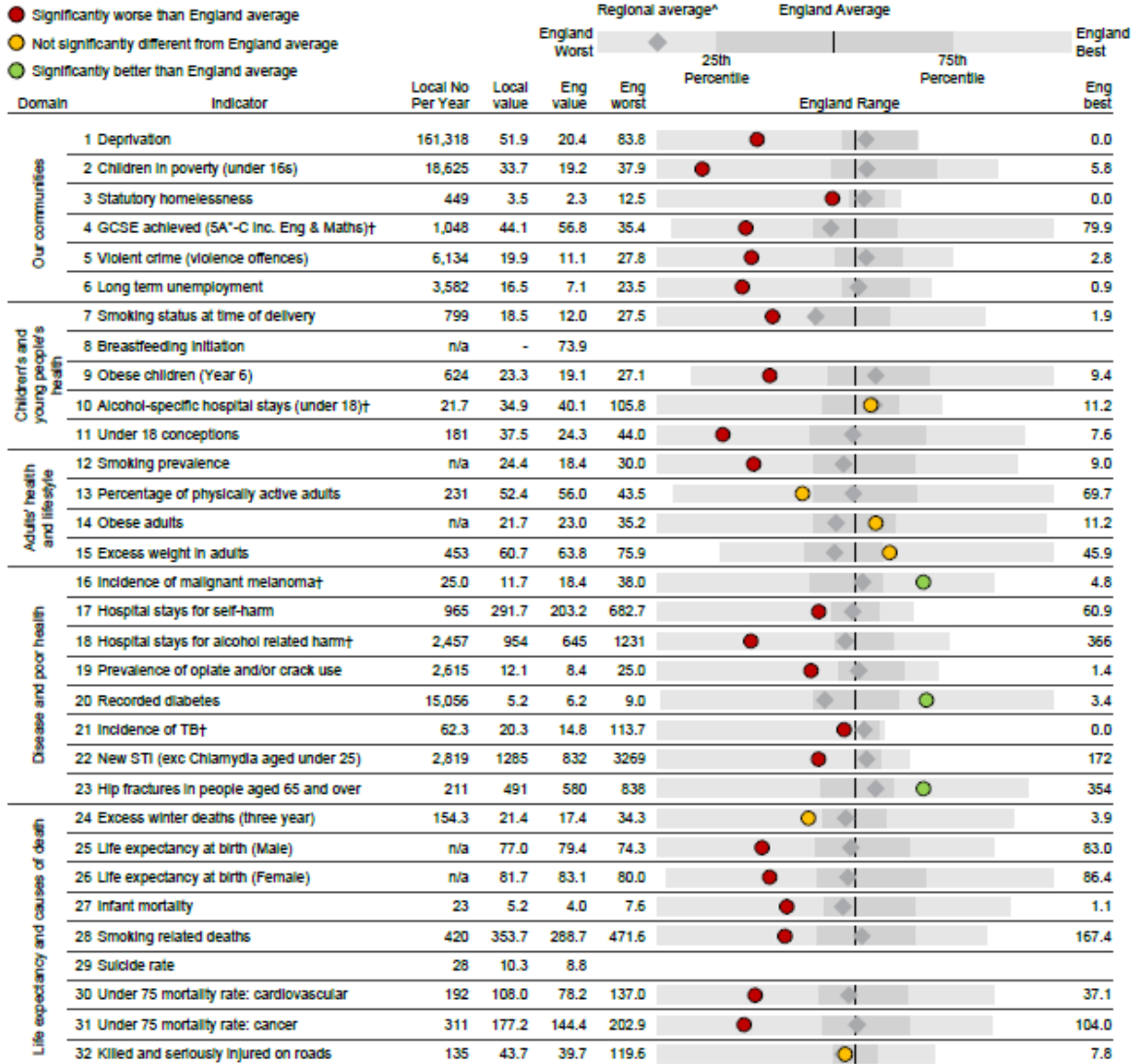
Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



Health summary for Nottingham

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Indicator notes

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Erewash Borough Health Profile 2015

Appendix 3 – District and Borough Health Profiles

[Ashfield District Health Profile 2015](#)

[Bassetlaw District Health Profile 2015](#)

[Broxtowe Borough Health Profile 2015](#)

[Gedling Borough Health Profile 2015](#)

[Mansfield District Health Profile 2015](#)

[Newark & Sherwood District Health Profile 2015](#)

[Rushcliffe Borough Health Profile 2015](#)

Appendix 4 - Summary of Local Plan and supporting documents and other plans/strategy elements relevant to health and wellbeing in Nottinghamshire and Erewash January 2016

Planning Authority	Type of document	Commentary	Elements relevant to health
Ashfield	Adopted Local Plan	<p>Out of date (adopted 2002), but only existing policy in place following withdrawal of replacement Local Plan Submission in 2014. Majority of policies 'saved' past 2007.</p> <p>No policies explicitly on health, but a range of policies could be considered to have an impact on health – examples listed opposite, others may have less direct links.</p>	<p>HG3 Housing Density sets differing density levels depending on walking distance to district centres/transport stations.</p> <p>HG5 New Residential Development sets criteria for new residential to meet. Includes reference to amenity, overlooking, privacy and security, adequate private garden space, safe and convenient access that is integrated with existing provision, parking standards and appearance, scale and siting.</p> <p>HG6 Public Open Spaces in New Residential Development sets out required levels of provision of open space, differing by size of the site/proposal. Allows for provision off site/obligations if needs cannot be met onsite.</p> <p>HG8 Residential Care Facilities, Houses in Multiple Occupation, Bedsits, Flats and Hostels sets criteria for such developments. Includes reference to amenity, for residential care homes adequate outlook from bedrooms and communal areas, privacy, safe and convenient access for all, parking standards and appearance, scale and siting.</p> <p>TR2 Cycling provision in New Developments requires all proposals to which cyclists would reasonably expect to have access to provide safe and convenient cycle access, links with existing or proposed cycle routes where appropriate and cycle parking facilities.</p> <p>TR3 Pedestrians and People with Limited Mobility requires all proposals to which the public would reasonably expect to enjoy access to provide safe and convenient access by all pedestrians and people with limited mobility.</p> <p>RC1-2, 4 Identify new areas of formal/informal open space and list existing spaces to be protected from development (other than associated recreational uses)</p>

		<p>RC3 Formal Open Space restricts development that would result in the loss of such area, applying a range of criteria to ensure continued use/provision of equivalent space or facilities. Includes reference to the use of conditions and obligations to secure provision.</p> <p>RC5 Allotments seeks to protect used allotments from being lost.</p> <p>RC6 Safeguards an area of land for provision of indoor leisure facilities</p> <p>RC8 Recreational Routes protects footpaths, cycleways, bridleways, disused railway lines and other corridors of land with potential for recreational routes from development. Allows for acceptable alternative routes to be provided.</p> <p>RC9 Community Services protects sites required for educational, social, health, community and religious facilities from other development unless adequate replacement provision is made or there is no longer a need for the facility.</p>
Emerging Local Plan	Withdrawn prior to examination in 2014. Included a HIA.	n/a
Evidence base documents Supporting documents	Evidence was prepared for the emerging Local Plan. Following its withdrawal some documents are being updated.	The Nottinghamshire Joint Strategic Needs Assessment and Health and Wellbeing Strategy are listed under 'Health'. See details below, under Nottinghamshire.
Statement of Community Involvement	Revised Draft for Consultation, August 2015 replaced version from 2013.	<p>'Primary Care Trust established under section 18 of the National Health Act 2006 or continued in existence by virtue of that section' is listed in Appendix 2 as both a Statutory Consultee and Duty to Cooperate Body (Page 25). A note states 'Where bodies listed cease to exist, successor bodies will be consulted.'</p> <p>Paragraph 4.4 states that 'The Council has identified the specific consultation bodies that must be included at various stages of the involvement process and these are set out in Appendix 2.'</p> <p>'NHS Nottinghamshire County (Primary Care Trust)' and 'Nottinghamshire Healthcare NHS Trust' are listed in Appendix 3 as Other Consultees – General Consultation Bodies. A note states 'Where bodies listed cease to exist, successor bodies will be consulted.'</p>

			Paragraph 4.3 states that 'The Council has identified bodies that will be consulted as the Council consider appropriate, as set out in Appendix 3. This may take the form of regular notification or general discussions in relation to issues, as may be appropriate.'
	Sustainable Community Strategy	Joint Strategy with Mansfield District Council	Includes seven 'priority themes'. 'Health and Wellbeing' Future priorities: <ol style="list-style-type: none"> 1. Obesity – reducing levels of obesity in both children and adults by increasing levels of physical activity and healthy eating 2. Smoking – continuing to reduce levels of smoking – still the biggest cause of premature death. Targeting reductions in smoking during pregnancy. 3. Substance misuse – reducing the number of people harmed by alcohol consumption and the use of other drugs. This priority is also a feature of community safety, children and young people and stronger communities 4. Teenage pregnancy and sexual health – reducing teenage pregnancy levels and continuing to improve sexual health in young people 5. Mental health – improving mental health and wellbeing and expanding services to prevent illness, provide better access to treatment and to remove the stigma often associated with it 6. Access to services – ensuring people can access health care as easily as possible and developing ways of using the workplace and other non-medical settings to provide some services. The development of a range of clinical and community wellbeing services at the Ashfield Health Village will also be a priority. The document notes that 'These priorities cut across most other themes in this document.'
	Neighbourhood Plans	Area designated - Selston Neighbourhood Plan Area was designated in December 2013 - Teversall, Stanton Hill & Skegby Neighbourhood Plan Area was designated in February 2015	n/a
Bassetlaw	Adopted Core Strategy (2011)	Site Allocations Document element withdrawn December 2014. No Core Strategy policies explicitly on health, but a range of	CS2 – 9 set out the strategy for different settlements in the District. The policies include reference to the need for all new development to make strong connections with the existing town and surrounding communities, as well as providing the facilities necessary to support a new community (including open space and play facilities, community facilities, local retail facilities and transport improvements). DM4: Design and character set assessment criteria for different types of development. It includes reference to creating functional and physical links with existing settlement and surrounding areas,

		<p>policies could be considered to have an impact on health – examples listed opposite, others may have less direct links.</p>	<p>providing improved range of houses, services, facilities, open space and economic development opportunities, support stimulating and safe streets and public spaces, provide useable and functional open space, accessibility for all through and in to the development, prioritise pedestrian movements, amenity, privacy, highway safety and climate change/carbon reduction (including natural light and ventilation).</p> <p>DM5: Housing mix and density includes support for housing for the elderly, including supported and specialist accommodation. Densities are set in relation to, amongst other factors, accessibility and public transport.</p> <p>DM9: Green infrastructure, biodiversity and geodiversity, landscape, open space and sports facilities seeks to protect and enhance these elements. It allows for alternative provision if necessary. In relation to open space and sports facilities it also requires contributions for making improvements and on-going maintenance to meet local deficiencies in provision (where no on-site provision is made).</p> <p>DM11: Developer contributions and infrastructure provision lists that obligations may include <i>'Healthcare (e.g. additional GP places, new facilities)'</i></p> <p>DM13: Sustainable transport promotes the minimisation of private car travel and the provision of linkages to and new footways, cycle paths and bridleways to access local facilities.</p>
	Emerging Local Plan	<p>Currently at the very early stages of preparing a new Local Plan. Latest consultation was a 'call for sites' in 2015. Development of a new evidence base and various stages of consultation to take place until 2018, with submission due April 2018.</p>	n/a
	Evidence base documents Supporting documents	<p>Supplementary Planning Documents:</p> <ul style="list-style-type: none"> - Affordable Housing - Residential Design ('Successful Places') - Residential Parking Standards 	<p>'Successful Places SPD' (2013) prepared jointly with Chesterfield Borough Council, Bolsover District Council and North East Derbyshire District Council. Recognises/promotes:</p> <ul style="list-style-type: none"> - The impact that design of places and of buildings themselves can have an impact on health. - Active journeys (part of sustainable transport) can have health benefits - Proposals that integrate blue and green infrastructure have health benefits - Poor design can generate ongoing costs in terms of the provision of health care

	- Shopfronts and Signage Evidence base for Core Strategy is out of date now and in the process of being replaced (as set out above). Currently nothing relating to health.	
Statement of Community Involvement	Revised August 2009	Bassetlaw Primary Care Trust listed in paragraph 4.6 as a 'consultation body' for consultation on development plan documents.
Sustainable Community Strategy	2010-2020	<p>The Strategy sets out eight ambitions. The following have the most direct links to health and health services.</p> <p>'Healthier Communities' The priorities for the ambition are:</p> <ul style="list-style-type: none"> • Reduce smoking prevalence within the population, reduce impact of second hand smoke • To reduce prevalence of obesity within the population • To reduce sexual health infection rates within the Bassetlaw population • Address the adverse effects of alcohol on the population of Bassetlaw • To improve emotional health and well-being and social inclusion • To promote health, well-being and active life in older age in Bassetlaw • To deliver on cross-cutting themes of importance to health in Bassetlaw <p>'Accessible Communities' Priorities:</p> <ul style="list-style-type: none"> • Monitor and influence the transport to health project in Bassetlaw • Maintain and develop existing transport and accessibility services for Bassetlaw • Identify and address gaps in service provision <p>'Supporting children and young people' Priorities:</p> <ul style="list-style-type: none"> • Improve and support emotional well-being of children and young people and promote positive mental health • Reduce the number of teenage pregnancies and support young mothers • Support parents and encourage positive relationships while enabling involvement in children/young people's development • Reduce the prevalence of childhood obesity and promote healthy living • Increase the aspirations of young people and support increased attainment and positive contribution

			<ul style="list-style-type: none"> • Ensure the safety of children and young people and reduce the risks to children and young people • Support disabled children, young people and their families and those transitioning to adult care/those in respite care. <p>‘Sustainable Communities’ Priorities:</p> <ul style="list-style-type: none"> • Reduce, re-use, recycle • Promotion/awareness raising of environmental issues • Conserve and expand area of open green space • Achieve cleaner and greener public spaces
	<p>Neighbourhood Plans</p>	<p>Adopted</p> <ul style="list-style-type: none"> - Harworth & Bircotes December 2015 - Elkesley November 2015 <p>Referendum</p> <ul style="list-style-type: none"> - Sturton Ward 11th February 2016 <p>Consultation stages</p> <ul style="list-style-type: none"> - Clarborough Welham Draft 2015 - Cuckney Draft July 2015 - Shireoaks Draft January/February 2016 - Tuxford Draft February 2016 <p>Area designated</p> <ul style="list-style-type: none"> - Carlton-in-Lindrick June 2015 - East Markham March 2014 - Everton November 2015 - Hayton October 2013 	<p>Harworth & Bircotes Neighbourhood Plan includes discussion of the higher levels of health deprivation in the area compared to the national average. It talks of the links between good health from incidental exercise and being able to access green space. The provision of green space is covered in various parts of the plan. One of the objectives of the plan is to develop a new footpath and cycle network linking the new and old housing developments to services and facilities in the town. Another seeks to safeguard and provide new communities facilities, open spaces and public transport. These objectives are reflected throughout the policies of the plan.</p> <p>A key driver of the Elkesley Neighbourhood Plan is ensuring the maintenance and where possible improvement of community facilities which are considered to be under threat because of the aging population. The objectives of the plan are therefore to promote enough make community facilities viable, to provide a mix of housing, to provide local employment and to protect and enhance open space and non-vehicular routes.</p>

		<ul style="list-style-type: none"> - Hodsock November 2015 - Misson March 2015 - Mattersey November 2015 - Rhodesia July 2015 - Sutton June 2015 - Treswell November 2015 - Ranskill application to designate submitted January 2016 	
Broxtowe	Adopted Local Plan	Broxtowe 2004 Local Plan (Saved Policies)	<p>Policy K4 relates to town and seeks to ensure, amongst other criteria, for new development to enable accessibility particularly by public transport, foot and bicycle.</p> <p>Policy E1 'Good Design' – seeks to ensure new development is of high standards, well designed, is safe and secure, minimises waste and provide open space.</p> <p>Policy T9 'Pedestrian Routes and Facilities' seeks to ensure the needs of pedestrians in new developments are met in terms of linkages to the wider environment.</p> <p>Policy T12 'Facilities for People with limited mobility' – seeks to ensure new development is well designed, convenient and safe.</p> <p>Policy RC1 'Leisure Facilities' – proposals should be located in relation to the community it serves link to public transport and make provision for walking and safe parking.</p> <p>Policy RC2 'Community & Education Facilities' - proposals should be located in relation to the community it serves and link to public transport and make provision for walking and safe parking.</p>
	Adopted Core Strategy	Greater Nottingham: Broxtowe BC, Gedling BC and Nottingham City Aligned Core Strategy (ACS) Part 1 Local Plan (Sept 2014) (2011-2028)	<p>Strategic Objective viii – Health & Wellbeing seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities.</p> <p>Policy 8: Housing Size, Mix and Choice – provides a general approach to housing to ensure new development provides for a good mix of size and tenures and are located within sustainable, inclusive and mixed communities and giving emphasis to the needs of the aging population and affordable dwellings.</p> <p>Policy 10: Design and Enhancing Local Identity – seeks to ensure new development makes a positive contribution to the public realm and sense of place, creates an attractive, safe, inclusive and</p>

		<p>healthy environment, meets population needs and is adaptable for future residents and has regard to local context.</p> <p>Policy 12: Local Services and Healthy Lifestyles – seeks to provide, where there is evidence to do so, new community facilities within existing centres, in accessible locations and, where possible alongside existing community facilities.</p> <p>Policy 13: Culture, Tourism and Sport – seeks to support existing facilities.</p> <p>Policy 14: Managing Travel Demand – relates to the provision of sustainable transport, particularly providing for public transport, walking and cycling, having regard to the needs of people with mobility difficulties.</p> <p>Policy 16: Green Infrastructure, Parks and Open Space – seeks to enhance/protect existing facilities, provide links to enhance recreational opportunities and provide wellbeing opportunities for all.</p>
Emerging Local Plan	Site Allocations and Development Management Policies Plans	n/a
Evidence base documents Supporting documents		n/a
Statement of Community Involvement	2009 Revision	‘Broxtowe and District Primary Care Trust’ is listed as a Specific Consultation Body (as Health Authority) in the List of Consultation Bodies in Appendix 3. Specific consultation bodies are mentioned throughout the document in relation to consultation on plan production. In terms of consultation on planning applications the document refers to statutory consultees and refers the reader to Appendix 3. Appendix 3 contains no reference to statutory consultees. It is assumed therefore that statutory and specific mean one in the same in this instance and that the PCT are listed as a consultation body for planning applications as a result.
Sustainable Community Strategy	2010-2012	<p>Sets out seven areas with priorities. Most relevant to health include:</p> <p>‘Healthy Living’ for which the priorities are:</p> <ul style="list-style-type: none"> - Reduce health inequalities - Reduce harm caused by alcohol and tobacco - Halt the rising trend of obesity - Improve mental health - Promote independence of older people and vulnerable groups

			<p>'Children and young people' Priorities:</p> <ul style="list-style-type: none"> - Emotional health of children and young people - Positive activities for young people - Supporting the teenage pregnancy strategy - Supporting the childhood obesity strategy - Support for young people to achieve through education, employment or training - Child poverty
	Neighbourhood Plans	<p>Area designated</p> <ul style="list-style-type: none"> - Awsworth November 2015 - Brinsley November 2015 - Eastwood August 2015 - Greasley August 2015 - Kimberley October 2015 - Nuthall August 2015 - Stapleford November 2015 	n/a
Gedling	Adopted Local Plan	Gedling BC Replacement Local Plan (July 2005)	<p>Policy ENV1' Development Criteria' – seeks to ensure new development is well designed, does not adversely affect amenity, is safe, provides convenient access for pedestrians, meets the needs of disabled people and young children and is comprehensive.</p> <p>Policy H7 Residential Development on Unidentified Sites within the Urban Area and the Defined Village Envelopes' – seeks to ensure new development is well designed and provides for open space.</p> <p>Policy H16 'Design of Residential Development' – new development should be well designed, provide access to roads, footpaths and open scale safely, be energy efficient and not adversely affect the wider environment.</p> <p>Policy C1 'Community Services General principles' – seeks to ensure new development is located within local/district centres and is easily accessible to local residents.</p> <p>Policy R1 'Protection of Open Space' – seeks to ensure OS is protected where not required.</p> <p>Policy R3 'Provision of Open Space with New Residential Development' – seeks to provide adequate OS in new development to meet the needs of the proposal through S106.</p>

		Policy R5 'Allotments' – seeks to protect such assets where possible.
Adopted Core Strategy	Greater Nottingham: Broxtowe BC, Gedling BC and Nottingham City Aligned Core Strategy (ACS) Part 1 Local Plan (Sept 2014) (2011-2028)	<p>Strategic Objective viii – Health & Wellbeing seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities.</p> <p>Policy 8: Housing Size, Mix and Choice – provides a general approach to housing to ensure new development provides for a good mix of size and tenures and are located within sustainable, inclusive and mixed communities and giving emphasis to the needs of the aging population and affordable dwellings.</p> <p>Policy 10: Design and Enhancing Local Identity – seeks to ensure new development makes a positive contribution to the public realm and sense of place, creates an attractive, safe, inclusive and healthy environment, meets population needs and is adaptable for future residents and has regard to local context.</p> <p>Policy 12: Local Services and Healthy Lifestyles – seeks to provide, where there is evidence to do so, new community facilities within existing centres, in accessible locations and, where possible alongside existing community facilities.</p> <p>Policy 13: Culture, Tourism and Sport – seeks to support existing facilities.</p> <p>Policy 14: Managing Travel Demand – relates to the provision of sustainable transport, particularly providing for public transport, walking and cycling, having regard to the needs of people with mobility difficulties.</p> <p>Policy 16: Green Infrastructure, Parks and Open Space – seeks to enhance/protect existing facilities, provide links to enhance recreational opportunities and provide wellbeing opportunities for all.</p>
Emerging Local Plan		
Evidence base documents Supporting documents		
Statement of Community Involvement	Statement of Consultation 2013	States that statutory consultees, as defined in Schedule 5 of the Town and Country Planning (Development Management Procedure) (England) Order 2010 will be consulted on planning applications. This order was replaced by the 2015 order of the same name and the bodies are now

		(Draft; final version not on website)	<p>listed in Schedule 4. The Health and Safety Executive is listed as a consultee in certain circumstances.</p> <p>States that statutory consultees, as defined in the Town and Country Planning (Local Development) (England) Regulations 2012 will be consulted on development plan production. This defines the specific consultation bodies, which includes the PCT.</p>
	Sustainable Community Strategy	2009-2026	<p>Includes five priorities to 'inspire action':</p> <ul style="list-style-type: none"> - Safer and stronger communities living together in Gedling Borough - A fairer, more involved Gedling Borough - A well looked after environment that meets the present and future needs of Gedling Borough - Healthy and active lifestyles in Gedling Borough - Contributing to a vibrant and prosperous Greater Nottingham
	Neighbourhood Plans	Area designated - Calverton January 2013	n/a
Mansfield	Adopted Local Plan	Mansfield DC Local Plan 1998	<p>Policy BE1 'New Development' – seeks to ensure that new development is well designed and integrates with the natural environment.</p> <p>Policy H2 'Locations for Housing Development' – new development should be well designed, fit well within their surroundings, provides easy access to public transport and is safe and convenient.</p> <p>LT2 'Public Open Space' – seeks to prevent the loss of POS.</p> <p>LT3 'Amenity Open Space' – seeks to prevent the loss of AOS.</p> <p>LT6 'Allotment Gardens' – seeks to prevent loss of such assets.</p> <p>LT10 - seeks to prevent the loss of POS and sports pitches where necessary.</p> <p>ECH1 'Community Facilities' – seeks to permit such development provided is easily accessible, has regard for safety, is well integrated with its surroundings and is within an urban boundary.</p>
	Emerging Local Plan	Draft MDC Local Plan (2016) – consultation January – February 2016	<p>Draft Objective 3 – seeks to ensure residents have good access to a range of facilities which provide high quality health benefits.</p> <p>Draft Objective 5 – seeks to ensure MDS is safe, clean, green and of a high quality in order to deliver improvements to health and economic wellbeing.</p>

			<p>Draft Policy S1 'Sustainable Development' – proposals will be supported where, amongst other criteria, they make a positive contribution to the health and wellbeing of the community and environment.</p> <p>Draft Policy S9 'Development in the Countryside' – new community and leisure facilities should provide a clear local community benefit.</p> <p>Draft Policy S14 'Hot food takeaways'</p> <p>Planning permission will be granted for hot food takeaways (use class A5) provided that:</p> <ol style="list-style-type: none"> a. they are not within 400m* of an access point to any school or college b. they would not harm residential amenity in terms of: noise, vibration, odour, traffic disturbance, litter or hours of operation c. they address any concerns in relation to crime and anti-social behaviour d. if in the primary shopping frontage (as defined by Policy MCA5), it can be demonstrated that the proposal will have a positive impact upon both the town centre's daytime and evening economies. <p>*400m radius around the proposal - based on an approximate ten minute walking time.</p> <p>Draft Policy MAC3 'Accessing the Town Centre' – pedestrian and cyclist access should be improved, GI networks should be opened up, where appropriate.</p> <p>Draft Policy MCA5 'Primary Shopping Areas' – The primary shopping area, as defined on the policies map, is made up of primary and secondary frontages as detailed in Part A and Part B of this policy.</p> <ol style="list-style-type: none"> a. Primary frontages <p>Planning permission will be granted for Class A uses at ground floor level within primary frontages. To ensure the vitality and viability of the primary frontages and wider town centre, development proposals within primary frontages should:</p> <ol style="list-style-type: none"> i. not result in more than 25 per cent of ground floor units in any defined primary frontage of the centre being in non-A1 use ii. not result in the loss of prominent units from A1 use, unless clear advantages can be demonstrated iii. maintain an active frontage(s) to the unit, such as a display of visual interest, or views into the unit iv. not create a continuous frontage of three or more units in non-A1 uses v. not include drinking establishments or hot-food takeaways (Classes A4 or A5), unless it can be demonstrated that proposals will have a positive impact upon both the town centre's daytime and evening economies.
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			<p>b. Secondary frontages</p> <p>Planning permission will be granted for Class A uses at ground floor level within secondary frontages. To ensure the vitality and viability of the town centre, development proposals within secondary frontages should:</p> <ul style="list-style-type: none"> i. not result in more than 50 per cent of ground floor units in any defined secondary frontage of the centre being in non-A1 use ii. not result in the loss of prominent units from A1 use, unless clear advantages can be demonstrated iii. maintain an active frontage(s) to the unit, such as a display of visual interest, or views into the unit iv. not create a continuous frontage of four or more units in non-A1 uses. <p>Development proposals within secondary frontages for other town centre uses that positively contribute to the broadening of the town centre's daytime and evening economies, particularly uses which are family orientated, will be supported as valuable additions to the vitality and viability of the town centre.</p> <p>Draft Policy ST1 'Protecting and Improving our Sustainable Transport Network'- seeks to enhance the existing network including new pedestrian and cycle networks.</p> <p>Draft Policy NE2 'Green Infrastructure' – development will be permitted where they provide GI benefits, these include health and wellbeing, transport and accessibility, social cohesion and climate change adaptation.</p> <p>Draft Policy NE3 'Protection of community open space' – seeks to prevent the loss of such assets, unless it can be demonstrated that they are no longer required.</p> <p>Draft Policy NE4 'Allotments' – seeks to prevent the loss of such assets, unless it can be demonstrated that they are no longer required.</p> <p>Draft Policy NE9 'Air Quality' – seeks to prevent development that would have negative health impacts.</p> <p>Draft Policy ID1 – Infrastructure Delivery' – seeks to ensure new development provides for adequate and appropriate infrastructure as a result of development which meets the need of the community.</p>
	<p>Evidence base documents Supporting documents</p>	<p>A number of documents have been produced, to support the emerging Local Plan. However,</p>	<p>n/a</p>

		none are specific to health, although the topics covered will have an influence on health in the district.	
	Statement of Community Involvement	2015	<p>The Health and Safety Executive is listed as a statutory and non-statutory consultee for planning applications (dependent on the nature of the application).</p> <p>Section 17 of the document details the stages of Plan production and the relevant regulations relating to each stage (from the Town and Country Planning (Local Planning) (England) Regulations 2012. Within this there is reference to the specific bodies, which includes the PCT.</p>
	Sustainable Community Strategy	Joint Strategy with Mansfield District Council	<p>Includes seven 'priority themes'.</p> <p>'Health and Wellbeing' Future priorities:</p> <ol style="list-style-type: none"> 1. Obesity – reducing levels of obesity in both children and adults by increasing levels of physical activity and healthy eating 2. Smoking – continuing to reduce levels of smoking – still the biggest cause of premature death. Targeting reductions in smoking during pregnancy. 3. Substance misuse – reducing the number of people harmed by alcohol consumption and the use of other drugs. This priority is also a feature of community safety, children and young people and stronger communities 4. Teenage pregnancy and sexual health – reducing teenage pregnancy levels and continuing to improve sexual health in young people 5. Mental health – improving mental health and wellbeing and expanding services to prevent illness, provide better access to treatment and to remove the stigma often associated with it 6. Access to services – ensuring people can access health care as easily as possible and developing ways of using the workplace and other non-medical settings to provide some services. The development of a range of clinical and community wellbeing services at the Ashfield Health Village will also be a priority. <p>The document notes that 'These priorities cut across most other themes in this document.'</p>
	Neighbourhood Plans	Area designated - Warsop December 2013	n/a
Newark and Sherwood	Adopted Core Strategy	Newark and Sherwood LDF Core Strategy DPD (March 2011) to 2026	<p>Vision states that, "...encouraging personal wellbeing and health"</p> <p>Spatial Policy 7 – seeks to encourage and support development which promotes improved and integrated network, with the emphasis on non-car modes. This includes providing safe and convenient access for all and the provision of high quality, safe cycle, footpath and bridleways.</p>

		<p>Allocations and Development Management DPD (July 2013)</p>	<p>Spatial Policy 8 – seeks to protect and promote leisure and community facilities.</p> <p>Core Policy 11 - seeks to promote rural accessibility to services, facilities and employment.</p> <p>Core Policy 12 – seeks to ensure access to Green Infrastructure.</p> <p>There are a number of site specific policies which seek to ensure that new development provides sustainable access, public open space, access to services and facilities, education and retail.</p> <p>DM5 relates to design and seeks to ensure new development is safe and inclusive in terms of access, provide sufficient amenity space, relates to local distinctiveness and character, incorporates or provide access to trees, woodland and Green Infrastructure, does not exacerbate crime, and protects and enhances ecology.</p>
	Emerging Local Plan	<p>Local Plan Review is taking place 2015 -216, incorporating a Gypsy and Travellers Development Plan Documents. A consultation on an Issues Paper was completed October – November 2015.</p>	n/a
	Evidence base documents Supporting documents	<p>The Local Plan Review is supported by an Integrated Impact Assessment, which includes a Health Impact Assessment.</p> <p>Other supporting documents have been produced, but none are specifically on health, although the topics that they cover will have impact on health.</p>	<p>The Integrated Impact Assessment Scoping Report discusses the processes that will contribute to the assessment. It identifies all relevant plans, programmes and policies, establishes baseline information, defines the sustainability, equality and health issues of the area and objectives in these regards, creates the framework for the assessment and sets out how to progress to the full assessment.</p>

	Statement of Community Involvement	Draft SCI review 2015 (final version not yet available)	NHS England and local NHS are listed as a specific consultees in Appendix 4, in relation to local plan production. There is no reference to specific consultation bodies for planning applications.
	Sustainable Community Strategy		
	Neighbourhood Plans	<p>Consultation stages</p> <ul style="list-style-type: none"> - Southwell Draft January 2016 <p>Area designated</p> <ul style="list-style-type: none"> - Farnsfield June 2014 - Kings Clipstone June 2014 - Thurgaton March 2015 - Kneesall, Kersall and Ompton March 2015 - Epperstone April 2015 - Fernwood May 2015 	n/a
Rushcliffe	Adopted Local Plan	Rushcliffe Borough Council Local Plan Part 1: Core Strategy (Dec 2014)	<p>Strategic Objective viii – Health & Wellbeing seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities.</p> <p>Policy 8: Housing Size, Mix and Choice - provides a general approach to housing to ensure new development provides for a good mix of size and tenures and are located within sustainable, inclusive and mixed communities and giving emphasis to the needs of the aging population and affordable dwellings.</p> <p>Policy 10: Design and Enhancing Local Identity - seeks to ensure new development makes a positive contribution to the public realm and sense of place, creates an attractive, safe, inclusive and healthy environment, meets population needs and is adaptable for future residents and has regard to local context.</p> <p>Policy 12: Local Services and Healthy Lifestyles – seeks to provide, where there is evidence to do so, new community facilities within existing centres, in accessible locations and, where possible alongside existing community facilities.</p> <p>Policy 13: Culture, Tourism and Sport – seeks to support existing facilities.</p>

			<p>Policy 14: Managing Travel Demand – relates to the provision of sustainable transport, particularly providing for public transport, walking and cycling, having regard to the needs of people with mobility difficulties.</p> <p>Policy 16: Green Infrastructure, Parks and Open Space – seeks to enhance/protect existing facilities, provide links to enhance recreational opportunities and provide wellbeing opportunities for all.</p> <p>Policies 20-25 relate to strategic development allocations and set out a number of requirements for future development on such sites, these include access to health facilities and education, sustainable transport, open space, good design, access to a mix of housing types, employment, local service centres and other environmental improvements.</p>
	Emerging Local Plan	<p>The Land and Planning Policies (LAPP) development plan document will be the second part of the Rushcliffe Local Plan.</p> <p>The first stage of consultation for the LAPP is expected to take place during winter 2015/16, with the aim that a final draft will be published around 12 months later. The draft LAPP will then undergo public examination prior to adoption, with adoption expected during 2017.</p>	n/a
	Evidence base documents Supporting documents		<p>SPD 'Development Requirements' (2003) sets out details of the contributions that maybe required as part of any new development and seeks to ensure that the full impact of development on local amenities, infrastructure and services it known.</p> <p>SPD 'Residential Design Guide' (2009) The documents provides guidance on good design principles to achieve the highest quality of development, which respect local distinctiveness.</p>

	Statement of Community Involvement	2007	<p>The Strategic Health Authority and the Department of Health (through relevant Regional Public Health Groups) are listed as a statutory consultee for plan making in Appendix C. It is noted that successor bodies will be consulted when reorganisations occur. Rushcliffe Primary Care Trust is listed in Appendix D as a non-statutory consultee.</p> <p>In terms of planning applications, no bodies are listed, but a reference is made to the statutory consultees in line with legislation. This will include the Health and Safety Executive.</p>
	Sustainable Community Strategy	2012-2016	<p>Sets out priorities to prepare for the future, the most relevant of which to health are:</p> <p>'Health issues:</p> <ul style="list-style-type: none"> - Reduce the prevalence of obesity within Rushcliffe - Raise awareness of substance misuse - Reduce the number of people who smoke
	Neighbourhood Plans	<p>Adopted</p> <ul style="list-style-type: none"> - East Leake November 2015 <p>Consultation stages</p> <ul style="list-style-type: none"> - Keyworth Draft January 2015 - Radcliffe on Trent Draft November 2015 	<p>East Leake Neighbourhood Plan seeks that services, including health facilities, be increased in line with the level of development in the area. It identifies that the current Health Centre is not sufficient and is at the end of its useable life. The desire for a new health centre is reflected in policy in the plan, including through the seeking of developer contributions. It also includes policies on topics related to health, such as open space and non-vehicular routes.</p>
Nottingham City	Adopted Local Plan	<p>The Nottingham Local Plan 2005 (saved policies, not replaced by the ACS)</p>	<p>ST1 Sustainable Communities seeks the development of sustainable communities, including through the provision of enhanced public spaces/open spaces network and community facility.</p> <p>H2 Density ensures that appropriate housing density is used in new development to, amongst other things, safeguarding living conditions and ensure accessibility.</p> <p>H7 Inappropriate Uses in Residential Areas prevents unacceptable impacts of living conditions of residents.</p> <p>R1 Development of Open Space seeks to prevent the loss of open space network to other development.</p> <p>R2 Open space in New Development concerns the seeking of developer contributions to deliver open space where a need is created by the development.</p> <p>R3 Access to Open Space ensures the quality and accessibility of open spaces provided in new development.</p>

			<p>R5 Playing Fields and Sports Grounds protects existing facilities of this type subject to a number of criteria.</p> <p>R6 Allotments seeks the protecting of existing facilities of this type subject to a number of criteria.</p> <p>R9 Leisure Development in Major Parks and District Parks supports development of this nature subject to a number of criteria.</p> <p>Policies CE1-3 and 6-8 Community Facilities supports the development and protection of community facilities subject to a number of criteria.</p> <p>BE6 Creation of New Pedestrian Routes in the City Centre encourages the use of conditions or obligations to ensure thoroughfares for pedestrians in developments, refurbishments or change of use in the city centre.</p> <p>BE7 Creation and improvement of Public Open Spaces in the City Centre protects existing and proposed open spaces and their connections.</p> <p>NE9 Pollution seeks to prevent developments that would generate pollutants that would cause a significant detriment to the users of the development or adjoining land or the environment.</p> <p>T2 Planning Obligations and Conditions concerns the seeking of conditions or obligations to reduce car use and secure alternative transport methods and improved facilities.</p> <p>T3 Car, Cycle and Servicing Parking sets out criteria for considering on-site parking provision. This includes consideration of accessibility to public transport.</p> <p>T11 Cycling prevents development which would prejudice the implementation of the proposed cycle routes or continuity of existing cycle routes.</p> <p>T12 Public Rights of Way protects existing rights of way.</p>
	<p>Adopted Core Strategy</p>	<p>Greater Nottingham: Broxtowe BC, Gedling BC and Nottingham City Aligned Core Strategy (ACS) Local Plan Part 1 (Sept 2014) (2011-2028)</p>	<p>Strategic Objective viii – Health & Wellbeing seeks to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, working with healthcare partners to deliver new and improved health and social care facilities, integrate health and service provision and improving access to cultural, sport leisure and lifelong learning activities.</p> <p>Policy 5: Nottingham City Centre seeks to maintain a prosperous, compact and accessible retail centre, that is safe and inclusive for all, sustainable for pedestrians and other modes of transport and provide suitable living conditions.</p>

			<p>Policy 8: Housing Size, Mix and Choice – provides a general approach to housing to ensure new development provides for a good mix of size and tenures and are located within sustainable, inclusive and mixed communities and giving emphasis to the needs of the aging population and affordable dwellings.</p> <p>Policy 10: Design and Enhancing Local Identity – seeks to ensure new development makes a positive contribution to the public realm and sense of place, creates an attractive, safe, inclusive and healthy environment, meets population needs and is adaptable for future residents and has regard to local context.</p> <p>Policy 12: Local Services and Healthy Lifestyles – seeks to provide, where there is evidence to do so, new community facilities within existing centres, in accessible locations and, where possible alongside existing community facilities.</p> <p>Policy 13: Culture, Tourism and Sport – seeks to support existing facilities.</p> <p>Policy 14: Managing Travel Demand – relates to the provision of sustainable transport, particularly providing for public transport, walking and cycling, having regard to the needs of people with mobility difficulties.</p> <p>Policy 16: Green Infrastructure, Parks and Open Space – seeks to enhance/protect existing facilities, provide links to enhance recreational opportunities and provide wellbeing opportunities for all.</p>
	<p>Emerging Local Plan</p>	<p>Land and Planning Policies Document Local Plan Part 2. Draft Publication Version consultation January – March 2016.</p>	<p>Contains a section on Local Services and Healthy Lifestyles:</p> <p>LS1: Food and Drink Uses and Licensed Entertainment Venues Outside the City Centre sets out a number of criteria for new food and drink premises, including a restriction on A5 (hot foot takeaway uses) from within 400m of a school.</p> <p>LS3: Safeguarding Land for Health Facilities identifies two areas of land for provision of health facilities.</p> <p>LS5: Community Facilities seeks the provision of existing facilities and the delivery on new and improved community facilities.</p> <p>Design and Enhancing Local Identity DE1: Building Design and Use sets out a range of criteria for all development, which includes a number of considerations which could impact on health (such as amenity, accessibility and adaptability).</p>

		<p>Managing Travel Demand TR2: The Transport Network seeks to prevent development that would prejudice the existing and proposed transport network (including public transport and cycleways)</p> <p>TR3: Cycling protects cycle routes</p> <p>Green Infrastructure, Parks and Open Spaces EN1: Development of Open Spaces resists development in the Open Space Network unless certain criteria are met.</p> <p>EN2: Open Space in New Development seeks the delivery of new or enhanced open space (through contributions or Community Infrastructure Levy).</p> <p>EN3: Playing fields and Sports Grounds protects existing facilities of this nature from new development.</p> <p>EN4: Allotments protects existing facilities of this nature from new development and seeks the encouragement of food growing opportunities in new developments.</p> <p>IN4: Developer Contributions includes provisions for the seeking of developer contributions to support, amongst other things, the delivery of open space and the securing of community facilities.</p>
Evidence base documents Supporting documents	A number of documents have been produced to support the emerging Land and Planning Policies document. None directly cover health, although the topics covered will impact on health.	n/a
Statement of Community Involvement	2007	<p>Chapter 3: Community involvement in the planning system – paragraph 3.8.1 gives details of the City Development Department and the quarterly meetings that are held with representatives from the PCT, Queens Medical Centre, Nottinghamshire Health Care Trust and others.</p> <p>Appendix 2: Organisations involved, lists Strategic Health Authority as a ‘Specific Consultee’ (to be consulted in local plans in line with the 2004 regulations and Department for Health as a ‘Government Department’ who will be consulted ‘where appropriate’. Under ‘General Consultees’ who will be consulted is the local planning authority consider it appropriate, the following are listed as examples: Health care providers, health support groups, Nottingham City Primary Care Trust and self-help groups.</p>

	<p>Sustainable Community Strategy</p>	<p>City of Nottingham Sustainable Community Strategy 2020 'Family, Neighbourhood, City: Raising Aspirations'</p>	<p>The document sets out three cross-cutting aims: Green – being environmentally sustainable Aspiring – raising aspirations Fair – achieving fairness and equality of opportunity It includes six strategic priorities, the most relevant of which to health are: 'Transform Nottingham's neighbourhoods'</p> <ul style="list-style-type: none"> - Every neighbourhood will have a distinctive identity and provide a great place to live, with: <ul style="list-style-type: none"> o An appropriate mix of housing, meeting the needs of young people, families and older people of all incomes o Good access to employment, public services, shops and leisure within the neighbourhood, the city centre and further afield o Attractive, clean and safe environments, including high quality, well designed and sustainable buildings, public realm and green spaces o Residents who are proud of their city, take responsibility for their communities and who respect and value their neighbours and where they live - Greater balance will be achieved in the city's housing market with an increased choice of quality housing meeting the needs of a diverse population and enabling the city to retain more of its aspiring residents. - Public service delivery will be better integrated and appropriately devolved, ensuring more accessible and responsive services for all and giving residents more control over what happens in their neighbourhoods. <p>'Family Nottingham –Ensure that all children and young people thrive and achieve'</p> <ul style="list-style-type: none"> - Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties - More families will be strong and healthy, providing an enjoyable and safe place for children to grow up - Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions - All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning - Child poverty will be significantly reduced <p>'Healthy Nottingham – Improve health and wellbeing'</p> <ul style="list-style-type: none"> - People will be healthier, happier and live longer, and will feel able to achieve their potential and make a positive contribution to city life - Health inequalities between areas and social groups will be significantly reduced
	<p>Neighbourhood Plans</p>	<p>Area designated - Sneinton February 2015</p>	<p>n/a</p>

Erewash (Derbyshire)	Adopted Local Plan	<p>Erewash Borough Local Plan Saved policies (Amended 2014)</p> <p>A range of policies will have an impact on health, those with the most direct links are listed opposite.</p>	<p>H7 – Special Needs Housing provides for a proportion of housing developments to be designed to special needs standards (including being well served by shops, community facilities and public transport).</p> <p>H9 – Section 106 Planning Obligations – Housing Sites sets out how contributions will be sought to ensure that facilities (including specific reference to health care) can be provided to meet the demand arising from new residential development.</p> <p>H12 – Quality and Design includes a number of criteria for housing development, some elements of which will impact on health.</p> <p>T5 – Disused transport routes sets out criteria regarding development in such locations, one of which is the need to protect and maintain a continuous route for walking, cycling or horse riding.</p> <p>T6 – Cycling seeks to provide cycling facility (through planning obligations) where possible.</p> <p>R1 – Recreational Trails promotes the development of trails for walking, riding or cycling along disused railway lines or canals.</p> <p>R2 – Rights of Way protects the existing right of way network and promotes its improvements where possible.</p> <p>R3 – Cyclepaths/Cycle Parking promotes developments of this nature where possible.</p> <p>R5 – Public Open Space, Sports Facilities and Allotments protects these existing land uses from development using a range of criteria.</p> <p>R10 – Recreation/Tourism promotes development of such facilities, subject to a number of criteria</p>
	Adopted Core Strategy	<p>Erewash Core Strategy March 2014</p> <p>Policy 12 explicitly covers healthy lifestyles, but a range of other policies could also be considered to have an impact on health – examples listed</p>	<p>One of 12 Strategic Objectives is:</p> <p>viii. Health and well being: to create the conditions for a healthier population by addressing environmental factors underpinning health and wellbeing, and working with healthcare partners to deliver new and improved health and social care facilities especially where required by new development and through the integration of health and service provision, and by improving access to cultural, leisure and lifelong learning activities.</p> <p>Policy 8: Housing Size, Mix and Choice seeks to deliver housing that creates mixed and balanced communities. It draws attention to the needs of the elderly population and accessibility issues for all (including walking, cycling and public transport).</p>

	opposite, others may have less direct links.	<p>Policy 10: Design and Enhancing Local Identity includes various criteria that influence health. Most directly, it states that all development should be designed to create an attractive, safe, inclusion and healthy environment.</p> <p>Policy 12: Local Services and Healthy Lifestyles supports new, extended or improved communities facilities and provides for the seeking of contributions where new development is of such a scale that means on site provision is not practical. It sets criteria for the location of community facilities (be central, accessible by sustainable transport modes and where possible be alongside or shared with other community facilities). The policy also encourages inter-agency working to ensure service integration and efficient use of resources.</p> <p>Policy 13: Culture, Sport and Tourism supports the provision and protection of facilities of this nature subject to certain criteria and where they are to be lost to new development, it seeks provision of suitable alternative provision.</p> <p>Policy 14: Managing Travel Demand seeks to reduce reliance on the private car and to deliver development that is readily accessible by walking, cycling and public transport.</p> <p>Policy 16: Green Infrastructure, Parks and Open Space seeks the protection and enhancement of green infrastructure and promotes that they be inclusive and multifunctional assets to address, amongst other criteria, access to leisure facilities, physical activity and well-being opportunities for local residents such as formal sports provision, educational resources and opportunities for sustainable leisure and tourism.</p> <p>Policy 18: Infrastructure sets out how the Borough Council will work in partnership with infrastructure providers, grant funders and the development industry in ensuring the necessary infrastructure is in place to support new development. It provides for the seeking of contributions from developments that give rise to the need for new infrastructure.</p> <p>Policy 19: Developer Contributions further builds on the need for development to provide contributions for the delivery and maintenance of infrastructure and facilities necessary as a result of the development. This policy also covers the Community Infrastructure Levy.</p>
	Emerging Local Plan	n/a
	Evidence base documents Supporting documents	<p>Adopted Supplementary Planning Documents:</p> <ul style="list-style-type: none"> - Design Guide - Development, Flood Risk and Aquifer Protection <p>SPD Design Guide (2006) is associated with the 2005 Local Plan. It recognises the role of the planning system in delivering good urban design that delivers safe and secure communities where people want to live, work and relax. Such communities can achieve higher quality of life, greater economic vitality and more efficient use of resources.</p>

		<ul style="list-style-type: none"> - Extending your Home - Biodiversity - Landscape - Parking Standards - Shopfront - Hazardous Substances and Installations - Developer Contributions - Ilkeston Gateway <p>Evidence for Core Strategy covers range of topics that could affect health, but nothing on health specifically.</p>	
	Statement of Community Involvement	2012 update	Appendix 2 lists the consultation bodies for local plan production. It includes reference to the 'Duty to Cooperate Bodies', which under up-to-date guidance includes the local NHS Commissioning Board. No other health bodies are listed in the Appendix.
	Sustainable Community Strategy	2014-2024	<p>Sets out four priorities, one of which is 'Health and Wellbeing', with the aim to help people to live healthy and active lifestyles from an early age, make healthy choices and reduce health inequalities. To achieve this:</p> <ul style="list-style-type: none"> - Support people to live healthy and active lifestyles - Reduce health inequalities targeting priority locations - Support ageing well and independent living of the most vulnerable <p>Support increased participation and raise the aspirations of our communities</p>
	Neighbourhood Plans	None	n/a
Nottinghamshire (County wide documents)	Adopted Waste Local Plan	<p>Adopted Nottinghamshire and Nottingham Waste Local Plan (Saved policies) 2002</p> <p>No policies specifically on health, however the policies with the most direct links are listed opposite. Given the</p>	<p>Policies W3.3, 3.4, 3.7, 3.8, 3.9 and 3.10 seek to minimise the visual, noise, odour, litter and dust impact of waste facilities on the local area.</p> <p>Policy W3.26 protects public rights of way.</p>

		nature of the plan there are less links to health than a Local Plan.	
	Adopted Waste Core Strategy	<p>Adopted Nottinghamshire and Nottingham Waste Local Plan Part 1: Waste Core Strategy (Dec 2013)</p> <p>No policies are specifically on health, however, WCS13 covers the protection of quality of life. Other policies are strategic in nature or are specific to waste management, with limited links to health.</p>	WCS13 Protecting and enhancing our environment seeks to protect the quality of life of those living or working near to waste management facilities from unacceptable impacts. It also states that opportunities should be taken where available to enhance the local environment through the provision of landscape, habitat or community facilities.
	Emerging Waste Local Plan	Emerging Nottinghamshire and Nottingham Waste Local Plan Part 2: Sites and Policies. Consultation on site selection methodology completed 2015, Preferred Approach due 2016.	
	Adopted Minerals Local Plan	<p>Adopted Minerals Local Plan (2005)</p> <p>No policies specifically on health, the most direct links are listed opposite. Limited links to health given the nature of the plan.</p>	<p>Policies M3.3, 3.4, 3.5, 3.6 and 3.7 seek to minimise the visual, noise, odour, and dust impact of mineral workings on the local area.</p> <p>Policy M3.26 protects public rights of way or seeks temporary alternatives where necessary.</p> <p>Policy M4.10 After-use – Details Required and Objectives sets out that after-use of mineral workings should be designed to maximise opportunities to enhance the environment, biodiversity and amenity of the local community.</p>
	Emerging Minerals Local Plan	Emerging Minerals Local Plan. Submission Draft consultation document (Feb-March 2016)	Policy DM1: Protecting Local Amenity protects local amenity from unacceptable impacts from minerals development in relation to, for example, air emissions, dust, noise and visual intrusion.

		<p>No policies specifically on health, however DM1 most directly relates to health, covering the protection of amenity. The restoration of minerals sites provides opportunities for public access to open space and so policies in this regard also have links to health.</p>	<p>DM7: Public Access protects existing rights of way from minerals development (seeking temporary diversions if necessary) and promotes the improvement to rights of way and provision of additional access as part of restoration schemes.</p> <p>DM12: Restoration, After-use and Aftercare promotes after-use of mineral workings to provide benefits to the local and wider community through such things as contributing to green infrastructure, improved public access and tourism.</p>
	<p>Nottinghamshire Health and Wellbeing Strategy (HWS)</p>	<p>2014-2017</p>	<p>The Strategy sets out the priorities for the Health & Wellbeing Board for Nottinghamshire to improve the health and wellbeing of its residents. The document sets out 4 key ambitions:</p> <ul style="list-style-type: none"> - A Good Start - Living Well - Coping Well - Working Together <p>To achieve the delivery of the HWS 20 priority areas, each with their own action plan for delivery, have been identified:</p> <ul style="list-style-type: none"> - Closing the gap in education attainment - Deliver integrated services for children and young people with complex needs or disabilities - Improve children and young people's health outcome through integrated commissioning of services - Provide children and young people with the early support that they need - Work together to keep children and young people safe - Improve the services to reduce drug and alcohol misuse - Increase the number of eligible people who have a Health check - Reduce sexually transmitted disease and unplanned pregnancies - Reduce the number of people who are overweight and obese - Reduce the number of people who smoke - Ensuring we have sufficient and suitable housing, particularly for vulnerable people - Improve the quality of life for carers by providing appropriate support for carers and the cared for - Improving services to support victims of domestic abuse - Provide coordinated services for people with mental ill health - Providing services which work together to support individuals with dementia and their carers - Support people with long term conditions

			<ul style="list-style-type: none"> - Supporting older people to be independent, safe and well - Supporting people with learning disabilities and Autistic Spectrum Conditions - Improving access to primary care doctors and nurses - Improving workplace health and wellbeing
	Nottinghamshire Joint Strategic Needs Assessment	Various dates, 2012 - 2015	The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the local population. The form of the JSNA is currently being changed, with a move towards a shorter, topic-based interactive document. It is in a transitional phase and so comprising of both old and new styles of presenting the information. The transfer to the topic-based summaries is being made as they are completed.
	Nottinghamshire Sustainable Community Strategy	2010 – 2020	Includes six priorities for the future: <ul style="list-style-type: none"> - A greener Nottinghamshire - A place where Nottinghamshire’s children achieve their full potential - A safer Nottinghamshire - Health and well-being for all - A more prosperous Nottinghamshire - Making Nottinghamshire’s communities stronger
	Nottinghamshire Local Transport Plan	2011 – 2026 The Local Transport Plan Strategy The Implementation Plan	The plan sets out three transport goals: <ul style="list-style-type: none"> - Provide a reliable, resilient transport system which supports a thriving economy and growth whilst encouraging sustainable and healthy travel - Improve access to key services, particularly enabling employment and training opportunities - Minimise the impacts of transport on people’s lives, maximise opportunities to improve the environment and help tackle carbon emissions
Derbyshire (County wide documents)	Derbyshire Health and Wellbeing Strategy	2012-2015	The Strategy sets out five main priorities: <ul style="list-style-type: none"> - Improve health and wellbeing in early years – to give children the best start in life to help them achieve their full potential and benefit them throughout their lives - Promote healthy lifestyles – to give individuals and communities the right support order for them to make the best choices for their health - Improve emotional and mental health – as it is everyone’s business and a fundamental building block for individual and community wellbeing - Promote the independence of people living with long term conditions and their carers – helping people to manage their condition better can significantly improve quality of life and reduce the need for hospital or emergency care - Improve health and wellbeing of older people – giving older people the right support in the right environment to help them enjoy quality, active, healthy and fulfilling lives

	Derbyshire Joint Strategic Needs Assessment	'The State of Derbyshire' 2014	<p>The Assessment reviews the position of Derbyshire County in regard to various Outcome Frameworks (see below) for health and social care, highlighting where performance is significantly poorer than England as a whole. Where possible, significant variation within the county is also highlighted. The report also collates information on what is being done to address the issues identified.</p> <p>The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and indicators to help understanding of how well public health is being improved and protected.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> - Derbyshire performed significantly better than England in 42 indicators - Derbyshire's performance in 57 indicators was similar to England - Derbyshire performed significantly worse than England in 18 indicators
	Derbyshire Sustainable Community Strategy	2009-2014	<p>Sets out seven areas of priority, one of which is 'Health and wellbeing' for which the specific priorities are:</p> <ul style="list-style-type: none"> - Promote health and wellbeing and reduce health inequalities so that people in Derbyshire enjoy the benefits of following a healthier lifestyle and live longer, healthier lives. - Increase independent living and improve quality of life so that people in Derbyshire enjoy the benefits of living at home and those in care homes have the best support. - Promote choice and control so that people in Derbyshire have access to health and social care which is centred around their unique, personal needs and is within easy reach. - Improve inclusion and contribution so that people in Derbyshire have a say about the health and social care services they use and participate fully in community life. - Enhance dignity and safety so that people in Derbyshire are well looked after by the people who care for them.
	Derbyshire Local Transport Plan	2011-2026 The Local Transport Plan Investment Protocol	<p>The plan sets out five transport goals:</p> <ul style="list-style-type: none"> - Supporting a resilient local economy - Tackling climate change - Contributing to better safety, security and health - Promoting equality of opportunity - Improving quality of life and promoting a healthy natural environment.

Appendix 5 – Checklist for Planning and Health

Nottinghamshire Rapid Health Impact Assessment Matrix

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
1. Housing quality and design				
1. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example does it meet all Lifetime Homes Standards, Building for Life etc?]	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
2. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
2. Access to healthcare services and other social infrastructure				
3. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
4. Does the proposal address the proposed growth/ assess the impact on healthcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
			<input type="checkbox"/> Uncertain	
5. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
3. Access to open space and nature				
6. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
7. Does the proposal promote links between open and natural spaces and areas of residence, employment and commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
8. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
9. Does the proposal seek to provide a range of play spaces for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
4. Air quality, noise and neighbourhood amenity				
10. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
11. Does the proposal seek to minimise air pollution caused by traffic and employment/commercial facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
12. Does the proposal seek to minimise noise pollution caused by traffic and employment/commercial facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
5. Accessibility and active transport				
13. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
14. Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes) connecting to local and strategic cycle networks?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
15. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
16. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
6. Crime reduction and community safety				
17. Does the proposal create environments & buildings that make people feel safe, secure and free from crime?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
7. Access to healthy food				
18. Does the proposal support the retention and creation of food growing areas, allotments and community gardens in order to support a healthy diet and physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
19. Does the proposal seek to restrict the development of hot food takeaways (A5) in specific areas?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
8. Access to work and training				

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
20. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
9. Social cohesion and lifetime neighbourhoods				
21. Does the proposal connect with existing communities where the layout and movement avoids physical barriers and severance and encourages social interaction? [For example does it address the components of Lifetime Neighbourhoods?]	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
10. Minimising the use of resources				
22. Does the proposal seek to incorporate sustainable design and construction techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
11. Climate change				
23. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
24. Does the proposal maintain or enhance biodiversity	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
12. Health inequalities				
25. Does the proposal consider health inequalities and encourage engagement by underserved communities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	
Any other comments				
Name of assessor and organisation				
Date of assessment				