

# Health Impact Assessment

September 2024



# Contents

1.0	Introduction.....	2
2.0	What is a Health Impact Assessment?.....	3
3.0	Greater Nottingham Health check.....	4
4.0	Health Impact Assessment .....	5
5.0	Conclusion.....	6
	Appendix 1: Health and planning .....	8
	Appendix 2: Greater Nottingham Health Profile.....	10
	Appendix 3: Nottingham Rapid Health Impact Assessment Matrix- Greater Nottingham Strategic Plan Publication Draft 2024.....	18

## 1.0 Introduction

- 1.1 Broxtowe Borough Council, Gedling Borough Council, Nottingham City Council and Rushcliffe Borough Council are working together to prepare a new Strategic Plan for the Greater Nottingham Area. This will set out future development needs up to 2041. The Strategic Plan will guide the overall pattern and scale of development including broad locations for homes, workplaces, retail, leisure, green spaces and community facilities. It will also set out key strategic planning policies on issues such as health, climate, and the natural and historic environment.
- 1.2 The National Planning Policy Framework<sup>1</sup> (NPPF) states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which: promote social interaction, are safe & accessible, enable and support healthy lifestyles.
- 1.3 Part of the process to prepare the Strategic Plan is to consider the implications of the planning policies contained with the Plan upon matters relating to health. A Health Impact Assessment has been produced to ensure health impacts are explicitly considered in proposals. Health impacts of the Plan have also been considered through the Sustainability Appraisal process, Equality Impact Assessment and carbon impact assessment (for relevant authorities).
- 1.4 The factors that influence our health are multiple and complex. The Department of Health and Social Care have estimated that socio-economic and physical environments determine 60% of health outcomes<sup>2</sup>. Focusing on these determinants of health is essential for improving population health and wellbeing and reducing inequalities.
- 1.5 A Health Impact Assessment (HIA) has been undertaken to understand how the Greater Nottingham Strategic Plan Publication Draft 2024 could potentially impact on health. Whilst not exclusively a health document, the Strategic Plan has the potential to impact health by influencing the wider determinants of health, which have been recognised as having more influence on the issue than access to healthcare itself.
- 1.6 A HIA applies a health lens to policies and proposals, helping to identify any potential health impacts and how negative impacts can be minimised and potential positive benefits maximised. This then brings Health into all policies, which should assist in beginning to address health issues and inequalities which are created by the numerous and complex social determinants of health beyond access to healthcare.
- 1.7 In this HIA, a Rapid Health Impact Assessment Checklist tool, based upon the one developed by Nottinghamshire County Council Public Health and Planning

---

<sup>1</sup> National Planning Policy Framework, (December 2023), Department for Levelling Up, Housing & Communities

<sup>2</sup> Department of Health and Social Care, (2019), Advancing our health: prevention in the 2020s

Policy team<sup>3</sup> has been used to assess the Strategic Plan. Whilst the questions within that checklist may not be directly applicable to the Strategic Plan, how it indirectly impacts these determinants can still be considered.

- 1.8 A HIA at this stage will enable the Strategic Plan to be considered through a health lens, with the HIA being a tool to assist in identifying potential impacts and suggest recommendations to ensure it does not have any unintended negative health impacts and, where possible, maximises positive benefits.
- 1.9 This document will therefore firstly outline what health is, and the determinants of health, before outlining what a HIA is. For this HIA, the Nottinghamshire Rapid Health Impact Assessment Checklist Tool<sup>4</sup> has been used which identifies and analyses potential health impacts and so helps generate recommendations.
- 1.10 Before undertaking the HIA checklist, the current health profile of the Greater Nottingham Strategic Plan area, and the priorities for health will be discussed as this will inform the HIA in understanding if the Strategic Plan could help address any key local health concerns.
- 1.11 The report will conclude with suggested recommendations to the Strategic Plan that will, alongside the Sustainability Appraisal and Equality Impact Assessment, consider the potential impact of policies and shape the Strategic Plan document.

## **2.0 What is a Health Impact Assessment?**

- 2.1 A Health Impact Assessment's (HIA) main purpose is to identify and consider the potential health and equity impacts of a proposal or policies on a given population and the wider determinants of health and inequality<sup>5</sup>.
- 2.2 As defined by WHO, a HIA is:  
  
'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on health of a population, and the distribution of those effects within the population'.
- 2.3 The HIA is therefore a tool in which to understand the potential negative and positive impacts of a policy or proposal and creates an evidence-based approach which can recommend practical solutions to help promote healthy places. The HIA therefore brings health into planning and ensures it is considered in a structured and focused way.

---

<sup>3</sup> Nottinghamshire County Council. 2018. Spatial Planning Health and Wellbeing.

<sup>4</sup> Nottinghamshire County Council. 2018. Planning and Health Framework for the Health & Wellbeing of Nottinghamshire – Spatial Planning and Engagement Protocol 2018.

<sup>5</sup> National Health Service. 2002. Introducing health impact assessment (HIA): Informing the decision making process

- 2.4 HIAs though are not tools which replace the decision-making process. Rather they will help understand how the proposed guidance could potentially impact on health.
- 2.5 There is no set approach to completing a HIA, so, to allow for the process to be flexible and adaptable, the Department for Health recommends a five-stage process which includes:
- Stage One: Screening
  - Stage Two: Identify health impacts,
  - Stage Three: Prioritise health impacts
  - Stage Four: Analysis
  - Stage Five: Recommendations
- 2.6 A Rapid Health Impact Assessment Checklist created by Nottinghamshire County Council Public Health and Planning Policy team has been used to quickly identify and assess the impacts of the Strategic Plan on health and wellbeing, covering stages two to four in the HIA process identified by the Department for Health.
- 2.7 The Rapid HIA Checklist has been used within this HIA to help identify potential impacts and make potential recommendations to the Strategic Plan in preparation for the emerging document.

### **3.0 Greater Nottingham Health check**

#### **Health Profile of the Greater Nottingham Strategic Plan area**

- 3.1 A profile of demographic factors for the Greater Nottingham Strategic Plan area should be considered to understand the current health issues in the area so as to check that Strategic Plan would not exacerbate any current health issues.
- 3.2 A demographic assessment of the Greater Nottingham Strategic Plan area can be viewed at Appendix 2. The assessment identifies that:
- The overall summary is that health in the wider Nottingham area is mixed compared to England as a whole. Life expectancy and under 75 mortality rates are significantly worse in Nottingham City, significantly better in Rushcliffe and similar to the national average in Broxtowe and Gedling. The pattern is the same for many indicators
  - Nottingham fares worse than the national average on all but emergency self-harm admissions; underage alcohol admission episodes; and dementia diagnosis.
  - Rushcliffe fares better than the national average for most indicators with exceptions including diabetes diagnosis; admission episodes for alcohol related conditions; and smoking at delivery.
  - Broxtowe is similar to the national average for most indicators but has higher life expectancy for males and better cancer diagnosis at stage 1 and 2.

- Gedling is also similar to the national average for most indicators but fares better for underage alcohol admissions and Year 6 obesity, and worse for smoking status at delivery and admission for alcohol related conditions.
- Nottingham ranks 11th most deprived out of 317 districts in England, with 56 out of 182 Lower Super Output Areas in the top 10% most deprived.

## 4.0 Health Impact Assessment

4.1 5 Screening questions were applied to the Strategic Plan as recommended by the Department for Health<sup>6</sup>

**Table 1. Screening questions for the Strategic Plan**

Screening Question	Answer with brief explanation of health impact
Will the document have a direct impact on health, mental health and wellbeing?	<p>Yes. The Strategic Plan promotes improvements to the public realm and sense of place, creating an attractive, safe, inclusive and healthy environment.</p> <p>The Strategic Plan also promotes active travel, landscaping, and reduced energy consumption, contributing towards reduction of fuel bills and financial stress. It promotes lower carbon emissions and alternatives to cars, cleaner and better health outcomes.</p>
Will the document have an impact on social, economic and environmental living conditions that would indirectly affect health?	<p>Yes. The Strategic Plan seeks to enhance and create new facilities which should promote increasing social connections in communities.</p> <p>The promotion of housing within the Strategic Plan area and the recognised correlation between increased housing provision and a positive impact on health will have a positive effect on health.</p>
Will the Strategic Plan affect an individual's ability to improve their own health and wellbeing?	<p>Yes. The Strategic Plan's promotion of local services and healthy lifestyles is crucial for health and wellbeing of individuals as it facilitates easy access to essential amenities like healthcare, education, and recreational facilities within communities.</p>
Will there be a change in demand for or access to health and social care services?	<p>Yes. The Strategic Plan is likely to result in an increase in demand for or access to</p>

<sup>6</sup> Department of Health. 2010. Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment Process.

Screening Question	Answer with brief explanation of health impact
	health and social care services in the immediate vicinity.
Will the Strategic plan have an impact on global health?	No. The document will have local impact

4.2 After undertaking the screening, 4 of the questions answered as ‘yes’. This identified that the Strategic Plan could have potential health impacts and undertaking a HIA would be appropriate.

4.3 Identifying what these impacts could be is the next stage of the HIA process, also known as scoping<sup>7</sup>. These impacts can be identified through the Rapid Health Impact Assessment (RHI) Checklist, based on the RHI developed by Nottinghamshire County Council.

4.4 The checklist is a useful tool for assessing planning policies and guidance and can be used by both officers and developers to help understand the potential health impact of proposed developments. It focuses on the built environment and the social determinants that influence health that are identified earlier on in Appendix 1.

4.5 By answering the questions posed in the checklist, it can be considered how the guidance proposed could potentially impact these determinants and so health, either negatively or positively.

### Identified Health Impacts

4.6 The completed checklist is within appendix 3 and has identified that the Strategic Plan can have significant positive impacts broadly across the determinants of health and is unlikely to result in negative impacts:

## 5.0 Conclusion

6.1 This Health Impact Assessment has considered how the Strategic Plan potentially impacts health. Using the Rapid Health Impact Assessment Tool has allowed for the impacts to be identified.

6.2 In view of the anticipated positive health outcomes of the Strategic Plan, it is considered that health risks of the Greater Nottingham Strategic Plan will be minimised and the potential positive impacts maximised.

---

<sup>7</sup> NHS: Health Development Agency. Introducing health impact assessment (HIA): Informing the decision-making process.

6.3 By considering the relationship between the Strategic Plan and health, this should help the Greater Nottingham authorities further their overarching vision for health. Overall, the draft Strategic Plan seeks to provide significant improvements to health. It is recommended as the Strategic Plan is implemented there is continual assessment of the health impacts which may arise.



## Appendix 1: Health and planning

How planning and health are interlinked should firstly be considered. The World Health Organisation (WHO) defines health as:

‘A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

In accordance with the WHO definition, health is not then purely about ill health but about individuals’ physical and mental health and wellbeing before the need for healthcare and treatment.

Good health in individuals and society is important as it enables individuals, societies and the country’s economy to prosper and flourish as well bringing social benefits. Addressing health issues and inequalities is increasingly important, especially as inequality continues to grow.

Many believe that increasing access to healthcare is the main solution to health issues and inequality. Whilst this is important, it is increasingly recognised that only 10% of a population’s health and wellbeing is linked to healthcare, with there being wider determinants which influence people’s health.

The Health Foundation<sup>8</sup> identified 8 determinants of health that can be acted upon to help increase people’s opportunities to live a healthy life. These determinants are:

- Friends, family, and communities
- Money and resources
- Housing
- Education and skills
- Good work
- Our surroundings
- Transport and;
- The food we eat

Further information of how these determinants connect and affect health is outlined on the Health Foundation website.

The eight determinants of health identified are related to the built and natural environment, all of which can be shaped and influenced by planning decisions and

---

<sup>8</sup> The Health Foundation. 2017. What Makes Us Healthy? <https://www.health.org.uk/what-we-do/a-healthieruk-population/what-makes-us-healthy>

policies. Therefore, planning and health are inextricably linked and by focusing on the wider determinants of health and how planning proposals impact these, planning can help to create healthy, inclusive and safe places and so reduce health inequalities.

Even where policies are not directly health related, such as in the Strategic Plan, health should be considered, as considering health in all policies is a way to address the social determinants of health and it is by non-health sectors considering their potential impacts on these determinants that health inequalities can be reduced.

A HIA provides a practical way to consider how planning policies and applications impact on these wider determinants, placing a health lens on them and so incorporating health into all policies.

## **Appendix 2: Greater Nottingham Health Profile**

This profile has been produced to support the HIA of the Greater Nottingham Strategic Plan Publication Draft 2024. It aims to provide an overview of the statistical information referring to health indicators in the authorities using the most relevant data that is readily available.

The data has been collated from a range of sources, including the Office for National Statistics, Office for Health Improvement and Disparities and the Local Government's English Indices of Deprivation 2019.

### **Health Summary**

The Office for Health Improvement and Disparities produces a health profile for each local authority which is intended to provide a snapshot overview of health indicators. Their overall summary is that health in the wider Nottingham area is mixed compared to England as a whole. Life expectancy and under 75 mortality rates are significantly worse in Nottingham City, significantly better in Rushcliffe and similar to the national average in Broxtowe and Gedling. The pattern is the same for many indicators:

- Nottingham fares worse than the national average on all but emergency self-harm admissions; underage alcohol admission episodes; and dementia diagnosis.
- Rushcliffe fares better than the national average for most indicators with exceptions including diabetes diagnosis; admission episodes for alcohol related conditions; and smoking at delivery.
- Broxtowe is similar to the national average for most indicators but has higher life expectancy for males and better cancer diagnosis at stage 1 and 2.
- Gedling is also similar to the national average for most indicators but fares better for underage alcohol admissions and Year 6 obesity, and worse for smoking status at delivery and admission for alcohol related conditions.

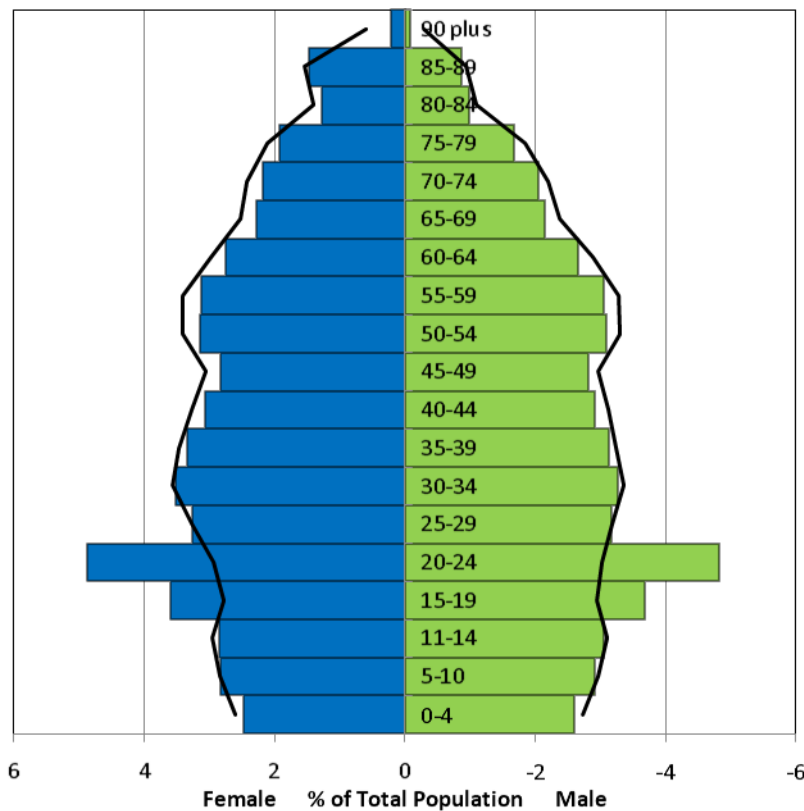
Appendix 3 shows the latest data for all the indicators assessed by the OHID.

### **Population**

Since the census in 2011, the population of the wider Nottingham area increased by 4.9%, from 670,900 in 2011 to 639,800 in 2021 (ONS 2021). However, the population growth was lower than the average seen across the East Midlands region (7.7%) and England (6.6%). By district, the highest growth was in Rushcliffe, at 7.2%, and the lowest in Broxtowe, at 1.3%. The population in Nottingham City is heavily skewed by the 15-24 age bands, due to the high number of students in the area. Nearly half of the City's population is under 30 compared to around a third in the other districts in the wider Nottingham area, and in England overall. Conversely, under 12% of the City's population is over 65, compared to around 20% of the other

districts and England. (ONS 2022 MYE). The graph below shows the percentage of Nottingham area residents by age group and sex, compared to England.

**Chart 1: Population of Nottingham, Broxtowe, Gedling and Rushcliffe by age band and sex (line denotes England average)**



Source: ONS Mid Year Estimates 2022

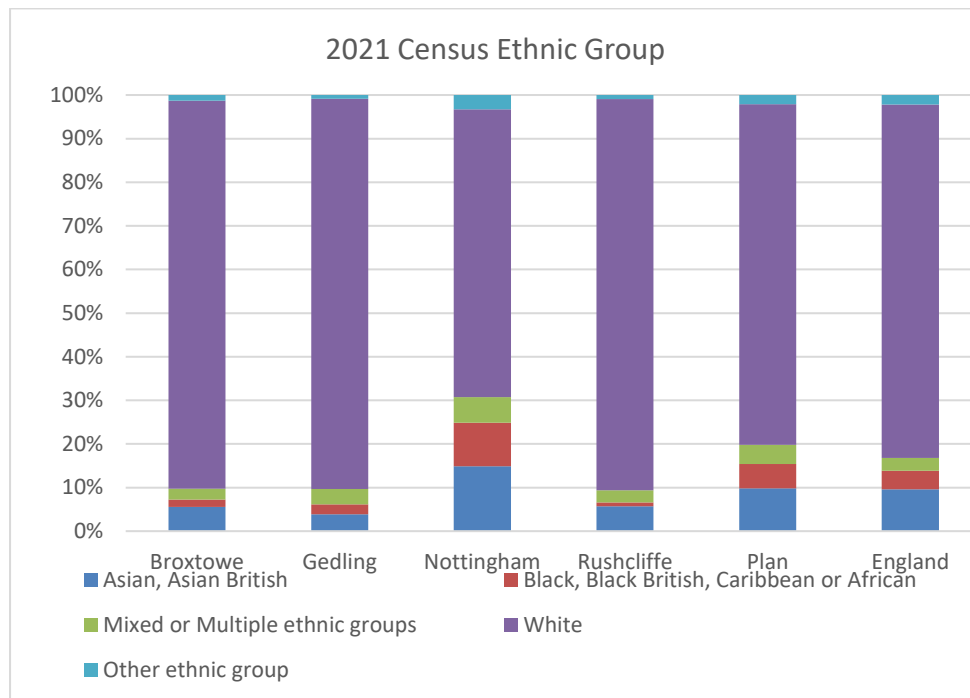
### Life expectancy

The Office for Health Improvement and Disparities data from 2022 shows varied life expectancy for men and women across the wider Nottingham area. The life expectancy of an adult male in Nottingham is 75.8 years, lower than the England value of 78.6. This is nearly 6 years lower than in the less deprived area of Rushcliffe. For females the range is from 80.5 in Nottingham to 85.0 in Rushcliffe, and 82.4 in England.

### Ethnicity

The largest ethnic group in the area is White British (71.9%), ranging from 57.3% in Nottingham City to 86.1% in Rushcliffe. This percentage has fallen by from 78.3% in 2011 (65.4% in Nottingham and 90.3% in Rushcliffe) while other ethnic group percentages have increased. The graph below shows the broad ethnic groups which make up the wider Nottingham area districts.

## **Chart 2: Broad Ethnic Groups in Nottingham, Broxtowe, Gedling and Rushcliffe**



Source: ONS 2021 Census

### **Deprivation**

The Indices of Deprivation 2019, produced by the Ministry of Housing, Communities and Local Government (now the Department for Levelling Up, Housing Communities), measure relative levels of deprivation in 32,844 small areas or neighbourhoods, called Lower Super Output Areas, in England. The Indices allow areas in England to be compared and show how areas have changed over time relative to other areas. They do not show whether areas have become more or less deprived in real terms.

56 of the 182 City Lower Super Output Areas (LSOAs) fall amongst the 10% most deprived in the country. 104 fall in the 20% most deprived. This compares to 61 and 110 LSOAs in the previous indices from 2015. Overall, Nottingham ranks 11th most deprived out of the 317 districts in England using the Average Score measure (the average of the LSOAs in the area). This compares with a ranking of 8th in 2015.

Indicator	Period	Nottingham		Regions (statistical) England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
<b>Life expectancy and causes of death</b>									
Life expectancy at birth (Male, 3 year range) <a href="#">New data</a>	2020 - 22	—	-	75.8	78.6	78.9	73.4		83.7
Life expectancy at birth (Male, 1 year range) <a href="#">New data</a>	2022	—	-	76.8	78.9	79.3	73.8		83.8
Life expectancy at birth (Female, 3 year range) <a href="#">New data</a>	2020 - 22	—	-	80.5	82.4	82.8	79.0		86.3
Life expectancy at birth (Female, 1 year range) <a href="#">New data</a>	2022	—	-	81.4	82.7	83.2	79.2		87.0
Under 75 mortality rate from all causes	2022	→	939	449.4	351.7	342.3	580.4		196.5
Under 75 mortality rate from all circulatory diseases <a href="#">New data</a>	2022	→	225	110.7	79.5	77.8	133.1		37.6
Under 75 mortality rate from cancer	2022	→	309	154.3	125.5	122.4	174.1		78.8
Suicide rate (Persons, 10+ yrs)	2020 - 22	→	73	8.9	10.4	10.3	18.3		4.2
<b>Injuries and ill health</b>									
Killed and seriously injured (KSI) casualties on England's roads	2022	→	159	146.6	92.1*	94.5*	-	Insufficient number of values for a spine chart	-
Emergency Hospital Admissions for Intentional Self-Harm <a href="#">New data</a>	2022/23	↓	390	107.8	146.2	126.3	382.6		40.9
Hip fractures in people aged 65 and over	2022/23	→	205	530	577	558	849		105
Percentage of cancers diagnosed at stages 1 and 2	2021	→	443	53.6%	52.9%	54.4%	43.5%		61.7%
Estimated diabetes diagnosis rate	2018	—	-	75.2%	84.6%	78.0%	54.3%		98.7%
Estimated dementia diagnosis rate (aged 65 and older)	2023	→	2,150	79.5	65.2	63.0	44.1		83.9
<b>Behavioural risk factors</b>									
Admission episodes for alcohol-specific conditions - Under 18s <a href="#">New data</a>	2020/21 - 22/23	—	25	12.5	19.8	26.0	75.5		3.8
Admission episodes for alcohol-related conditions (Narrow) <a href="#">New data</a>	2022/23	→	1,696	684	531	475	856		247
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	—	-	21.2%	14.0%	12.7%	25.1%		2.9%
Percentage of physically active adults <a href="#">New data</a>	2022/23	—	-	68.6%	66.5%	67.1%	51.4%		80.5%
Overweight (including obesity) prevalence in adults (18+ yrs) <a href="#">New data</a>	2022/23	—	-	63.9%	66.1%	64.0%	77.7%		45.8%
<b>Child health</b>									
Under 18s conception rate / 1,000 <a href="#">New data</a>	2021	↓	95	19.1	13.2	13.1	31.5		1.1
Smoking status at time of delivery	2022/23	↓	385	13.4%	11.4%	8.8%	19.4%		3.4%
Baby's first feed breastmilk (previous method)	2018/19	—	2,185	58.7%	64.7%	67.4%	-	Insufficient number of values for a spine chart	-
Infant mortality rate <a href="#">New data</a>	2020 - 22	—	57	5.5	4.3	3.9	8.3		1.1
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	↑	1,095	29.0%	22.6%	22.7%	31.7%		8.2%
<b>Inequalities</b>									
Deprivation score (IMD 2019)	2019	—	-	34.9	20.4	21.7	45.0		5.5
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2022	—	-	27.8%	23.8%	22.5%	59.1%		5.1%
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	8.4	9.2	9.7	17.0		0.7
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	7.6	7.6	7.9	13.9		-1.8
<b>Wider determinants of health</b>									
Children in relative low income families (under 16s) <a href="#">New data</a>	2022/23	↑	24,032	40.0%	24.6%	19.8%	43.2%		5.2%
Children in absolute low income families (under 16s) <a href="#">New data</a>	2022/23	↑	20,795	34.6%	21.1%	15.6%	35.8%		4.2%
Average Attainment 8 score <a href="#">New data</a>	2022/23	—	-	42.7	45.0	46.2	36.1		58.4
Percentage of people in employment	2022/23	→	146,900	66.2%	75.1%	75.7%	62.3%		90.2%
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	—	-	*	10.8	12.4	32.7		2.6
Violent crime - hospital admissions for violence (including sexual violence) <a href="#">New data</a>	2020/21 - 22/23	—	570	52.5	27.6	34.3	122.3		6.7
<b>Health protection</b>									
Winter mortality index	Aug 2021 - Jul 2022	—	50	6.6%	6.5%	8.1%	30.1%		-11.5%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	2,186	684	339*	496	3,155		142
TB incidence (three year average) <a href="#">New data</a>	2020 - 22	—	132	13.5	7.2	7.6	41.3		0.7

● Better 95% ● Similar ● Worse 95% ○ Not applicable    Quintiles: Best ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: — Could not be calculated    → No significant change    ↑ Increasing & getting worse    ↑ Increasing & getting better    ↓ Decreasing & getting worse    ↓ Decreasing & getting better

Indicator	Period	Broxtowe		Regions (statistical) England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
<b>Life expectancy and causes of death</b>									
Life expectancy at birth (Male, 3 year range) <a href="#">New data</a>	2020 - 22	—	-	80.0	78.6	78.9	73.4		83.7
Life expectancy at birth (Male, 1 year range) <a href="#">New data</a>	2022	—	-	80.8	78.9	79.3	73.8		83.8
Life expectancy at birth (Female, 3 year range) <a href="#">New data</a>	2020 - 22	—	-	82.8	82.4	82.8	79.0		86.3
Life expectancy at birth (Female, 1 year range) <a href="#">New data</a>	2022	—	-	82.8	82.7	83.2	79.2		87.0
Under 75 mortality rate from all causes	2022	→	311	296.9	351.7	342.3	580.4		196.5
Under 75 mortality rate from all circulatory diseases <a href="#">New data</a>	2022	→	85	79.6	79.5	77.8	133.1		37.6
Under 75 mortality rate from cancer	2022	→	112	106.6	125.5	122.4	174.1		78.8
Suicide rate (Persons, 10+ yrs)	2020 - 22	—	34	11.2	10.4	10.3	18.3		4.2
<b>Injuries and ill health</b>									
Killed and seriously injured (KSI) casualties on England's roads	2022	—	-	-	92.1*	94.5*	-	Insufficient number of values for a spine chart	-
Emergency Hospital Admissions for Intentional Self-Harm <a href="#">New data</a>	2022/23	↓	120	113.4	146.2	126.3	382.6		40.9
Hip fractures in people aged 65 and over	2022/23	→	155	620	577	558	849		105
Percentage of cancers diagnosed at stages 1 and 2	2021	→	279	61.3%	52.9%	54.4%	43.5%		61.7%
Estimated diabetes diagnosis rate	2018	—	-	84.2%	84.6%	78.0%	54.3%		98.7%
Estimated dementia diagnosis rate (aged 65 and older)	2023	→	1,024	68.1	65.2	63.0	44.1		83.9
<b>Behavioural risk factors</b>									
Admission episodes for alcohol-specific conditions - Under 18s <a href="#">New data</a>	2020/21 - 22/23	—	15	24.2	19.8	26.0	75.5		3.8
Admission episodes for alcohol-related conditions (Narrow) <a href="#">New data</a>	2022/23	→	675	598	531	475	856		247
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	—	-	12.4%	14.0%	12.7%	25.1%		2.9%
Percentage of physically active adults <a href="#">New data</a>	2022/23	—	-	71.0%	66.5%	67.1%	51.4%		80.5%
Overweight (including obesity) prevalence in adults (18+ yrs) <a href="#">New data</a>	2022/23	—	-	63.8%	66.1%	64.0%	77.7%		45.8%
<b>Child health</b>									
Under 18s conception rate / 1,000 <a href="#">New data</a>	2021	→	17	10.6	13.2	13.1	31.5		1.1
Smoking status at time of delivery	2022/23	→	110	13.3%	11.4%	8.8%	19.4%		3.4%
Baby's first feed breastmilk (previous method)	2018/19	—	-	-	64.7%	67.4%	-	Insufficient number of values for a spine chart	-
Infant mortality rate <a href="#">New data</a>	2020 - 22	—	11	3.8*	4.3	3.9	8.3		1.1
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	→	260	21.3%	22.6%	22.7%	31.7%		8.2%
<b>Inequalities</b>									
Deprivation score (IMD 2019)	2019	—	-	14.2	20.4	21.7	45.0		5.5
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2022	—	-	21.3%	23.8%	22.5%	59.1%		5.1%
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	8.3	9.2	9.7	17.0		0.7
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	5.9	7.6	7.9	13.9		-1.8
<b>Wider determinants of health</b>									
Children in relative low income families (under 16s) <a href="#">New data</a>	2022/23	↑	3,644	19.6%	24.6%	19.8%	43.2%		5.2%
Children in absolute low income families (under 16s) <a href="#">New data</a>	2022/23	↑	3,067	16.5%	21.1%	15.6%	35.8%		4.2%
Average Attainment 8 score <a href="#">New data</a>	2022/23	—	-	48.5	45.0	46.2	36.1		58.4
Percentage of people in employment	2022/23	→	47,500	67.8%	75.1%	75.7%	62.3%		90.2%
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	—	361	7.2	10.8	12.4	32.7		2.6
Violent crime - hospital admissions for violence (including sexual violence) <a href="#">New data</a>	2020/21 - 22/23	—	95	29.6	27.6	34.3	122.3		6.7
<b>Health protection</b>									
Winter mortality index	Aug 2021 - Jul 2022	—	60	16.8%	6.5%	8.1%	30.1%		-11.5%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	300	271	339*	496	3,155		142
TB incidence (three year average) <a href="#">New data</a>	2020 - 22	—	7	2.1	7.2	7.6	41.3		0.7



Indicator	Period	Gedling			Regions (statistical)		England		England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range			
<b>Life expectancy and causes of death</b>											
Life expectancy at birth (Male, 3 year range) <span>New data</span>	2020 - 22	—	-	79.1	78.6	78.9	73.4			83.7	
Life expectancy at birth (Male, 1 year range) <span>New data</span>	2022	—	-	79.4	78.9	79.3	73.8			83.8	
Life expectancy at birth (Female, 3 year range) <span>New data</span>	2020 - 22	—	-	83.3	82.4	82.8	79.0			86.3	
Life expectancy at birth (Female, 1 year range) <span>New data</span>	2022	—	-	83.9	82.7	83.2	79.2			87.0	
Under 75 mortality rate from all causes	2022	→	359	316.8	351.7	342.3	580.4			196.5	
Under 75 mortality rate from all circulatory diseases <span>New data</span>	2022	→	87	75.8	79.5	77.8	133.1			37.6	
Under 75 mortality rate from cancer	2022	→	155	136.3	125.5	122.4	174.1			78.8	
Suicide rate (Persons, 10+ yrs)	2020 - 22	—	22	7.0	10.4	10.3	18.3			4.2	
<b>Injuries and ill health</b>											
Killed and seriously injured (KSI) casualties on England's roads	2022	—	-	-	92.1*	94.5*	-	Insufficient number of values for a spine chart		-	
Emergency Hospital Admissions for Intentional Self-Harm <span>New data</span>	2022/23	↓	125	112.4	146.2	126.3	382.6			40.9	
Hip fractures in people aged 65 and over	2022/23	→	125	479	577	558	849			105	
Percentage of cancers diagnosed at stages 1 and 2	2021	→	273	55.2%	52.9%	54.4%	43.5%			61.7%	
Estimated diabetes diagnosis rate	2018	—	-	78.4%	84.6%	78.0%	54.3%			98.7%	
Estimated dementia diagnosis rate (aged 65 and older)	2023	→	940	61.7	65.2	63.0	44.1			83.9	
<b>Behavioural risk factors</b>											
Admission episodes for alcohol-specific conditions - Under 18s <span>New data</span>	2020/21 - 22/23	—	10	14.3	19.8	26.0	75.5			3.8	
Admission episodes for alcohol-related conditions (Narrow) <span>New data</span>	2022/23	→	660	536	531	475	856			247	
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	—	-	11.7%	14.0%	12.7%	25.1%			2.9%	
Percentage of physically active adults <span>New data</span>	2022/23	—	-	69.2%	66.5%	67.1%	51.4%			80.5%	
Overweight (including obesity) prevalence in adults (18+ yrs) <span>New data</span>	2022/23	—	-	67.3%	66.1%	64.0%	77.7%			45.8%	
<b>Child health</b>											
Under 18s conception rate / 1,000 <span>New data</span>	2021	→	25	13.5	13.2	13.1	31.5			1.1	
Smoking status at time of delivery	2022/23	→	123	13.4%	11.4%	8.8%	19.4%			3.4%	
Baby's first feed breastmilk (previous method)	2018/19	—	-	-	64.7%	67.4%	-	Insufficient number of values for a spine chart		-	
Infant mortality rate <span>New data</span>	2020 - 22	—	20	6.1	4.3	3.9	8.3			1.1	
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	→	250	19.5%	22.6%	22.7%	31.7%			8.2%	
<b>Inequalities</b>											
Deprivation score (IMD 2019)	2019	—	-	14.9	20.4	21.7	45.0			5.5	
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2022	—	-	18.5%	23.8%	22.5%	59.1%			5.1%	
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	9.1	9.2	9.7	17.0			0.7	
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	6.8	7.6	7.9	13.9			-1.8	
<b>Wider determinants of health</b>											
Children in relative low income families (under 16s) <span>New data</span>	2022/23	↑	4,101	19.7%	24.6%	19.8%	43.2%			5.2%	
Children in absolute low income families (under 16s) <span>New data</span>	2022/23	↑	3,414	16.4%	21.1%	15.6%	35.8%			4.2%	
Average Attainment 8 score <span>New data</span>	2022/23	—	-	47.5	45.0	46.2	36.1			58.4	
Percentage of people in employment	2022/23	→	52,900	74.7%	75.1%	75.7%	62.3%			90.2%	
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	—	331	6.2	10.8	12.4	32.7			2.6	
Violent crime - hospital admissions for violence (including sexual violence) <span>New data</span>	2020/21 - 22/23	—	110	33.8	27.6	34.3	122.3			6.7	
<b>Health protection</b>											
Winter mortality index	Aug 2021 - Jul 2022	—	20	6.1%	6.5%	8.1%	30.1%			-11.5%	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	376	321	339*	496	3,155			142	
TB incidence (three year average) <span>New data</span>	2020 - 22	—	6	1.7	7.2	7.6	41.3			0.7	

Indicator	Period	Rushcliffe			Regions (statistical)			England			Range	Best
		Recent Trend	Count	Value	Value	Value	Worst					
<b>Life expectancy and causes of death</b>												
Life expectancy at birth (Male, 3 year range) <span>New data</span>	2020 - 22	—	-	81.6	78.6	78.9	73.4				83.7	
Life expectancy at birth (Male, 1 year range) <span>New data</span>	2022	—	-	81.7	78.9	79.3	73.8				83.8	
Life expectancy at birth (Female, 3 year range) <span>New data</span>	2020 - 22	—	-	85.0	82.4	82.8	79.0				86.3	
Life expectancy at birth (Female, 1 year range) <span>New data</span>	2022	—	-	86.0	82.7	83.2	79.2				87.0	
Under 75 mortality rate from all causes	2022	→	270	237.6	351.7	342.3	580.4				196.5	
Under 75 mortality rate from all circulatory diseases <span>New data</span>	2022	→	53	46.7	79.5	77.8	133.1				37.6	
Under 75 mortality rate from cancer	2022	→	121	105.5	125.5	122.4	174.1				78.8	
Suicide rate (Persons, 10+ yrs)	2020 - 22	—	23	7.3	10.4	10.3	18.3				4.2	
<b>Injuries and ill health</b>												
Killed and seriously injured (KSI) casualties on England's roads	2022	—	-	-	92.1*	94.5*	-	Insufficient number of values for a spine chart			-	
Emergency Hospital Admissions for Intentional Self-Harm <span>New data</span>	2022/23	↓	95	78.1	146.2	126.3	382.6				40.9	
Hip fractures in people aged 65 and over	2022/23	→	160	558	577	558	849				105	
Percentage of cancers diagnosed at stages 1 and 2	2021	→	242	56.5%	52.9%	54.4%	43.5%				61.7%	
Estimated diabetes diagnosis rate	2018	—	-	72.8%	84.6%	78.0%	54.3%				98.7%	
Estimated dementia diagnosis rate (aged 65 and older)	2023	→	1,237	66.1	65.2	63.0	44.1				83.9	
<b>Behavioural risk factors</b>												
Admission episodes for alcohol-specific conditions - Under 18s <span>New data</span>	2020/21 - 22/23	—	15	20.6	19.8	26.0	75.5				3.8	
Admission episodes for alcohol-related conditions (Narrow) <span>New data</span>	2022/23	↑	643	515	531	475	856				247	
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	—	-	4.0%	14.0%	12.7%	25.1%				2.9%	
Percentage of physically active adults <span>New data</span>	2022/23	—	-	73.2%	66.5%	67.1%	51.4%				80.5%	
Overweight (including obesity) prevalence in adults (18+ yrs) <span>New data</span>	2022/23	—	-	63.2%	66.1%	64.0%	77.7%				45.8%	
<b>Child health</b>												
Under 18s conception rate / 1,000 <span>New data</span>	2021	→	11	5.7	13.2	13.1	31.5				1.1	
Smoking status at time of delivery	2022/23	↑	117	13.4%	11.4%	8.8%	19.4%				3.4%	
Baby's first feed breastmilk (previous method)	2018/19	—	-	-	64.7%	67.4%	-	Insufficient number of values for a spine chart			-	
Infant mortality rate <span>New data</span>	2020 - 22	—	12	3.9*	4.3	3.9	8.3				1.1	
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	↑	220	15.7%	22.6%	22.7%	31.7%				8.2%	
<b>Inequalities</b>												
Deprivation score (IMD 2019)	2019	—	-	7.2	20.4	21.7	45.0				5.5	
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2022	—	-	*	23.8%	22.5%	59.1%				5.1%	
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	6.3	9.2	9.7	17.0				0.7	
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	3.3	7.6	7.9	13.9				-1.8	
<b>Wider determinants of health</b>												
Children in relative low income families (under 16s) <span>New data</span>	2022/23	↑	2,171	9.8%	24.6%	19.8%	43.2%				5.2%	
Children in absolute low income families (under 16s) <span>New data</span>	2022/23	↑	1,853	8.4%	21.1%	15.6%	35.8%				4.2%	
Average Attainment 8 score <span>New data</span>	2022/23	—	-	55.8	45.0	46.2	36.1				58.4	
Percentage of people in employment	2022/23	→	59,100	82.4%	75.1%	75.7%	62.3%				90.2%	
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	—	276	5.4	10.8	12.4	32.7				2.6	
Violent crime - hospital admissions for violence (including sexual violence) <span>New data</span>	2020/21 - 22/23	—	60	17.0	27.6	34.3	122.3				6.7	
<b>Health protection</b>												
Winter mortality index	Aug 2021 - Jul 2022	—	40	11.7%	6.5%	8.1%	30.1%				-11.5%	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2022	↓	245	205	339*	496	3,155				142	
TB incidence (three year average) <span>New data</span>	2020 - 22	—	11	3.1	7.2	7.6	41.3				0.7	

### Appendix 3: Nottingham Rapid Health Impact Assessment Matrix- Greater Nottingham Strategic Plan Publication Draft 2024

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
<b>1. Housing quality and design</b>				
1. Does the Strategic Plan 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan addresses the housing needs of the wider community, including older and disabled people, through its comprehensive approach to housing provision and mix. Policy 8 specifically sets out that residential developments should consider the needs of the elderly and disabled, evidenced by the Greater Nottingham and Ashfield Housing Needs Assessment. This includes providing bungalows and suitable flatted accommodation, as well as defining proportions of accessible and adaptable homes and wheelchair-adaptable homes in current and future Local Plans. The policy's emphasis on creating sustainable, inclusive, and mixed communities requires a commitment to high standards of accessibility and adaptability in housing design.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
2. Does the Strategic Plan promote development that will reduce energy requirements and living costs and ensure that homes are warm and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan seeks to promote development that reduces energy requirements and living costs and ensures homes are warm in winter and cool in summer. It advocates for carbon-neutral development, emphasising sustainable construction and design principles to mitigate and adapt to climate change. Proposals must	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

dry in winter and cool in summer		incorporate measures to reduce energy consumption through efficient use of resources, optimal building orientation, and landscaping. Policy requires water efficiency, encourages sustainable lifestyles, and prioritises energy hierarchy measures to minimise energy demand. It supports the integration of renewable and low-carbon energy systems and requires developments to address climate change adaptation and flood risk management. Overall, the plan promotes comprehensive sustainable practices to enhance energy efficiency and living conditions.		
<b>2. Access to healthcare services and other social infrastructure</b>				
3. Does the guidance seek to retain, replace or provide health and social care related infrastructure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan includes policies to retain, replace, and provide health and social care related infrastructure within a structured network of centres. Policy 7 emphasises the promotion of a hierarchical network of centres, from the City Centre down to local centres, to ensure balanced development and accessibility to services. It stipulates that development should align with the role and function of each centre, enhancing vitality and viability, particularly in underperforming areas. Policy 12 supports the establishment, extension, or improvement of community facilities where there is a local need, especially in conjunction with new residential developments. It sets out that community facilities be easily accessible and, where possible, co-located with other services to create integrated and connected neighbourhoods. Additionally, it restricts the change of use from community facilities unless there is clear evidence that they are no longer needed or suitable	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		alternatives are provided, ensuring continued access to essential services.		
4. Does the guidance address the proposed growth / assess the impact on healthcare services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The Strategic Plan addresses proposed growth and assesses its impact on healthcare services primarily through Policies 2 and 12. Policy 2 outlines a spatial strategy aimed at achieving sustainable development, which includes creating communities with local services and facilities that enhance residents' quality of life. This promotes an infrastructure that supports healthcare and social services within newly developed areas. The policy ensures that new developments are well-connected to community services, which would include healthcare facilities, thereby promoting accessibility. Policy 3 outlines a significant housing target, indicating substantial residential growth, which necessitates corresponding community infrastructure to support this increase, including healthcare services. Policy 12 specifically focuses on the provision and improvement of community facilities, which encompasses healthcare services. It mandates that new, extended, or improved community facilities should support major residential developments, ensuring healthcare services are accessible and adequate for growing populations. This comprehensive approach integrates healthcare needs within the broader framework of urban development and planning. Policy 18 requires that new development must be supported by the required infrastructure and the Infrastructure Development Plan produced in support of the Strategic Plan has assessed the impact of growth on health services.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
<b>3. Access to open space and nature</b>				

<p>5. Does the Strategic Plan explore/allow for opportunities for shared community use and colocation of services?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The Strategic Plan seeks to promote opportunities for shared community use and colocation of services through Policy 12. It emphasises the support for new, extended, or improved community facilities that meet local needs, which encourages the consolidation of services within shared spaces. By promoting the location of these facilities within City Centre, town centres, or other appropriate centres accessible by sustainable transport modes, the policy facilitates their integration and co-location with other community services. This approach not only enhances efficiency but also fosters interconnected and compact neighbourhoods where healthcare and other essential services can be readily accessed alongside other community amenities. The policy's restriction on changing the use of community facilities without suitable alternative provision further ensures the continuity and availability of shared services, contributing to a sustainable and cohesive community infrastructure.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A</p>
<p>6. Does the guidance seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The Strategic Plan seeks to retain and enhance existing open and natural spaces while providing new ones to support healthy living and physical activity, as outlined in Policy 16. This policy adopts a strategic, landscape-scale approach to Blue and Green Infrastructure, aiming to establish a connected network that enhances the environment and promotes well-being. It prioritises the protection, enhancement, and connectivity of these spaces, ensuring that new developments contribute to a network that supports active lifestyles through facilities such as sports and recreational areas, and active travel infrastructure. The policy also emphasises multifunctionality,</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A</p>

		encouraging spaces that deliver biodiversity gains, educational resources, and climate resilience. Additionally, it requires that adverse impacts on Blue and Green Infrastructure be mitigated, ensuring that new developments maintain or enhance the existing network's integrity. This comprehensive approach not only addresses the need for additional green spaces but also integrates them into a broader framework that supports community health and environmental sustainability.		
7. Does the Strategic Plan promote links between open and natural spaces and areas of residence, employment and commerce?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan seeks to promote links between open and natural spaces and areas of residence, employment, and commerce through Policy 16. It advocates for a strategic approach to Blue and Green Infrastructure that not only enhances connectivity within urban and fringe areas but also extends these networks into wider countryside settings. By prioritising the protection, enhancement, and connectivity of these spaces, the policy encourages their integration with residential and employment areas. This integration is supported by provisions that require the inclusion of active travel infrastructure and recreational facilities within new developments, fostering healthy and active lifestyles. Furthermore, the policy emphasises the multi-functionality of these spaces, which includes educational resources, biodiversity enhancement, climate adaptation measures, and preservation of historic and landscape character. By ensuring that new developments are designed to maximise these benefits while minimising adverse impacts, the policy aims to create cohesive and sustainable communities where access to open and natural	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		spaces is integral to residents' daily lives and well-being.		
8. Does the Strategic Plan seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	By advocating for a strategic approach to Blue and Green Infrastructure, the policy aims to establish a connected network that spans urban, fringe, and countryside areas within Greater Nottingham. This includes identifying deficiencies in current provision and prioritising enhancements that promote accessibility and usability for diverse communities. The policy emphasises the incorporation of various types and sizes of blue and green spaces, along with amenities like green routes and recreational facilities, which encourage healthy lifestyles and active travel. The Plan highlights the delivery of educational resources and biodiversity benefits, contributing to ecosystem services and climate resilience. By protecting landscape character and addressing adverse impacts through mitigation measures, the Plan underscores the commitment to creating inclusive and safe environments where residents can access and enjoy natural spaces regardless of their background or ability, ensuring their holistic well-being and quality of life.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
9. Does the Strategic Plan 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 checked="" type="checkbox"/> Partial <input type="checkbox"/> No	Policy 13 states further provision of culture, tourism and sporting facilities will be supported with details set out in subsequent Local Plans as appropriate. Policy 16 seeks to conserve and enhance the network of BGI. Where new BGI is proposed the policy seeks to encourage healthy and active lifestyles through the provision of active travel infrastructure, sports and recreational facilities. The policy emphasises the importance of multi-functional BGI resources which may include play facilities for example in parks.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A



<b>4. Air quality, noise and neighbourhood amenity</b>				
10. Does the Strategic Plan seek to minimise construction impacts such as dust, noise, vibration and odours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan policies indirectly contribute to reducing environmental impacts through sustainable practices, and set a context for more detailed plans within individual Districts.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
11. Does the Strategic Plan seek to minimise air pollution caused by traffic and employment/commercial facilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Policy 1 seeks to address air quality improvement through promoting sustainable design and construction, integrating blue and green infrastructure, and encouraging active travel (walking, cycling) and public transport. These measures can help reduce reliance on motor vehicles and associated emissions. Additionally, the policy supports carbon reduction and the development of decentralised renewable energy schemes, which contribute to lower overall emissions. Policy 10 also promotes active travel and the reduction of motor vehicle dominance, which could mitigate traffic-related air pollution.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
<b>5. Accessibility and active transport</b>				
12. Does Strategic Plan prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan prioritises and encourages walking through various policies. Policy 10 explicitly reflects the need to reduce motor vehicle dominance and supports active travel by creating walking, cycling, and public transport networks. It promotes good walking connections to local services and facilities. Additionally, Policy 14 prioritises the selection of sites for new developments that are accessible by walking, cycling, and public transport, and includes measures to enhance walking and cycling infrastructure early in the development process. This hierarchical approach ensures that active travel modes are encouraged, aligning with the	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		broader objective of creating sustainable and accessible communities.		
13. Does the Strategic Plan prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes) connecting to local and strategic cycle networks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Strategic Plan prioritises and encourages cycling through multiple policies, notably Policy 10, Policy 14, and Policy 15. Policy 10 includes measures to reduce the dominance of motor vehicles and supports active travel by creating networks for walking, cycling, and public transport. It also promotes good walking and cycling connections to existing services. Policy 14 emphasises reducing the need to travel by private car and improving accessibility by walking, cycling, and public transport, with a hierarchical approach that prioritises measures to encourage active travel. Additionally, Policy 15 specifies that new development must ensure non-car journeys are encouraged, mentioning the East-West Cycle Corridor and the South West Orbital Cycling Route as key active travel infrastructure projects. These policies collectively indicate a clear intention to support cycling through infrastructural development and integration into broader transport strategies.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
14. Does the Strategic Plan promote opportunities for active travel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Policy 1 emphasises sustainable design, encouraging measures that enable sustainable lifestyles, such as promoting active travel through design and layout to ensure accessibility to everyday services by foot, bicycle, or public transport. Policy 10 further supports active travel by promoting development that reduces the dominance of motor vehicles and creates networks for walking, cycling, and public transport. Policy 14 prioritises reducing travel by private car and	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		enhancing accessibility through sustainable transport networks, with a focus on encouraging active travel for appropriate journeys. Policy 16 promotes the enhancement of blue and green infrastructure, incorporating active travel infrastructure to encourage healthy and active lifestyles.		
15. Does the Strategic Plan promote accessible buildings and places to enable access to people with mobility problems or a disability?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	Policy 10 outlines the need for all new developments to create an inclusive and healthy environment, thereby including accessibility considerations. It emphasises the creation of high-quality public spaces and reducing the dominance of motor vehicles to support active travel, making environments safer and more navigable for people with mobility issues. The policy also highlights the importance of permeability and legibility to ensure clear and easy movement through new development areas, which benefits those with mobility challenges. Additionally, developments are expected to perform highly against best practice guidance, which includes accessibility standards.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
<b>6. Crime reduction and community safety</b>				
16. Does the Strategic Plan create environments & buildings that make people feel safe, secure and free from crime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	The Plan seeks to create environments and buildings that make people feel safe, secure, and free from crime. Policy 10 includes provisions to support safe and resilient communities, emphasising the importance of design elements that reduce opportunities for crime and the fear of crime, disorder, and anti-social behaviour. Additionally, it promotes the incorporation of features that ensure safer living environments, taking into account natural disasters and security threats. The focus on high-quality public spaces, permeability, and clear movement also contributes	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		to a sense of security and safety, enhancing the overall well-being of the community.		
<b>7. Access to healthy food</b>				
17. Does the Strategic Plan 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 checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy 16 Blue and Green Infrastructure emphasises the importance of multi-functional Blue and Green Infrastructure resources which may include allotments for example.</p> <p>Networks and blue and green open space assets at a neighbourhood scale may be identified through green infrastructure strategies and included within subsequent Development Plan Documents. These may include locally important assets, that are valued by a local community, and may include allotments and community gardens.</p> <p>Employment Policy 5 and supporting text supports diversification of rural enterprises including agriculture and can assist in sustaining farming</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
18. Does the Strategic Plan seek to restrict the development of hot food takeaways in specific areas?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	This is too detailed a matter for the Strategic Plan. However, it can be addressed in subsequent Local Plans.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
<b>8. Access to work and training</b>				
19. Does the Strategic Plan seek to provide new employment opportunities and encourage local employment and training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy 5 focuses on strengthening and diversifying the local economy by providing new employment spaces across various sectors, particularly emphasising a high-value, knowledge-based economy. It outlines specific provisions for office, industrial, and warehousing spaces and promotes strategic sites for economic development.</p> <p>Furthermore, the policy supports the expansion of universities and higher education establishments, recognising their role in fostering economic</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		development. It also includes measures to manage existing employment sites, ensuring they cater to a range of employment needs and support local jobs. Importantly, the policy highlights collaboration with partners and the use of planning obligations to create employment and training opportunities for local residents, facilitating their access to new jobs.		
<b>9.Social cohesion and lifetime neighbourhoods</b>				
20. Does the Strategic Plan connect with existing communities where the layout and movement avoid physical barriers and severance and encourages social interaction? [For example, does it address the components of Lifetime Neighbourhoods?]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The plan sets out a settlement hierarchy which places priority on locations for growth within and the adjoining the main built-up area of Nottingham followed by locations adjoining Hucknall and lastly at Key Settlements.</p> <p>Extensions to settlements are required to be in accessible locations. Policy 10 includes design principles which include being well connected to existing services off-site. Within the site permeability and legibility to provide for clear and easy movement is required.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
<b>10. Minimising the use of resources</b>				
21. Does the Strategic Plan seek to incorporate sustainable design and construction techniques?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy 1 sets out the strong commitment to carbon-neutral development, requiring all proposals to mitigate and adapt to climate change, aligning with national targets for net-zero emissions by 2050. It emphasises sustainable design principles such as efficient use of resources, waste minimisation, and water efficiency to national standards. Additionally, it promotes sustainable lifestyles through design that facilitates active travel and accessibility to amenities via foot, bicycle, or public transport. Policy 10 complements this by requiring all new developments to make positive contributions to the public realm, enhance local identity, and support</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		resilient communities. It sets criteria for energy-efficient building orientation, materials, and landscaping, while also addressing long-term climate adaptation and integrating with green infrastructure networks. Both policies prioritise sustainability across design, construction, and energy use, aiming to minimise environmental impact and enhance overall community well-being.		
<b>11. Climate Change</b>				
22. Does the Strategic Plan 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 checked="" type="checkbox"/> Partial <input type="checkbox"/> No	The Plan seeks to incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures through ventilation, shading, and landscaping. Policy 1 outlines a commitment to carbon-neutral development and requires all proposals to mitigate and adapt to climate change, aiming for net-zero emissions by 2050. It promotes sustainable construction and design practices, including efficient use of resources, waste minimisation, and water efficiency. It emphasises the use of building orientation, height, massing, and landscaping to reduce energy consumption and enhance occupant comfort across different seasons. Policy 10 complements this by advocating for developments that create healthy environments and support safe communities through inclusive design and integration with green infrastructure. Both policies encourage the integration of renewable and low-carbon energy systems into new developments, promoting resilience to climate impacts and enhancing overall environmental sustainability. Together, they ensure that future buildings and public spaces in the area are designed to be energy-efficient, adaptable to	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

		climate change, and conducive to sustainable lifestyles.		
23. Does the Strategic Plan maintain or enhance biodiversity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy 1 emphasises sustainable construction and design practices aimed at mitigating climate change impacts and reducing carbon emissions, which indirectly supports biodiversity conservation by preserving natural habitats and reducing environmental degradation. It encourages the efficient use of resources, waste minimisation, and the incorporation of sustainable lifestyles that promote active travel, thereby reducing ecological footprints. Additionally, Policy 10 highlights the importance of integrating blue and green infrastructure into new developments, which includes biodiversity opportunities that enhance existing networks. It promotes the creation of high-quality public spaces and ensures that developments are designed to respect and enhance local landscape characteristics, thereby contributing positively to biodiversity conservation efforts. Together, these policies advocate for sustainable development practices that aim to safeguard and enhance the natural environment, including biodiversity, across the Greater Nottingham area.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A
24. Does the Strategic Plan consider health inequalities and encourage engagement by underserved communities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>The plan recognises that the reduction of the average size of households has led to the under occupation of properties, especially within more affluent suburbs of Nottingham, and within rural areas. Consequently, the approach taken of improving the quality of housing conditions and design can have substantial impacts on reducing health inequalities.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A

Name of assessor and organisation:

Nottingham City Council - Planning Policy Team.

Date: August 2024