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ASHFIELD DISTRICT COUNCIL

Health Impact Assessment for the draft Ashfield Local Plan (2020 – 2038) Regulation 18 Consultation.

July 2021

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1.0. Introduction

- 1.1. The Ashfield Local Plan will guide development in Ashfield District up to 2038. The strategic objectives and planning policies set out in the Local Plan will impact upon the long-term health and well-being of Ashfield's residents. This Health Impact Assessment (HIA) embeds public health and well-being considerations within the Local Plan's strategic objectives and planning policies, with the purpose of identifying any potential negative impacts and making recommendations to mitigate against them.
- 1.2. The World Health Organisation defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'¹. Determinants which can influence health encompass the physical, social and economic environments, all of which can be influenced by the Local Plan.
- 1.3. The approach to HIA reflects the Nottinghamshire Spatial Planning and Health Framework 2019- 2022, Nottinghamshire County Council (NCC) . The Framework brings together the Spatial Planning for Health and Wellbeing for Nottinghamshire 2016 and Planning and Health Engagement Protocol 2017 into a single guidance document. The purpose of the Framework is to present a holistic overview of health and planning across Nottinghamshire and provide robust planning and health responses so that health is fully embedded into the planning process. It includes in Appendix 2 "The Rapid Health Impact Assessment Matrix", which is utilised in this HIA.

Ashfield Local Plan (2020-2038)

- 1.4. The Ashfield Local Plan will perform the following functions:
 - Defines a spatial vision for Ashfield across the plan period (2020-2038);
 - Outlines strategic objectives to achieve the vision;
 - Outlines a spatial development strategy to meet the objectives;
 - Outlines strategic policies to guide and control the overall scale, type and location of new development and infrastructure investment;
 - Allocates sites for housing and employment development;
 - Contains policies which guide the determination of planning applications.
- 1.5. The draft Local Plan takes account of previous consultations undertaken before the Local Plan was withdrawn from Examination in September 2018. The current stage the Local Plan is at is a consultation under the provisions of Regulation 18 of the Town and Country (Local Planning)(England) Regulations 2012, as amended. As a draft plan it is open to amendments after considering the responses received during the consultation period. The HIA will be reviewed in relation to the responses received from the consultation on the draft Local Plan and the evidence base.

¹ World Health Organisation (1948), 'Preamble to the Constitution of the WHO'.

- 1.6. The following Strategic Objectives, Strategic Policies, and Other Policies are contained within the Local Plan:

Strategic Objectives

The Community

SO1	Facilitate Place Making
SO2	Promote Socially Cohesive, Healthy and Active Communities
SO3	Meeting Local Housing Needs and Aspirations
SO4	Timely and Viable Infrastructure
SO5	Strong and Vibrant Rural Communities

The Economy

SO6	Economic Opportunity for All
SO7	Sutton-in-Ashfield Town Centre
SO8	Hucknall Town Centre
SO9	Kirkby-in-Ashfield Town Centre
SO10	Local Shopping Areas

The Environment

SO11	To Meet the Global Challenge of Climate Change
SO12	Transport and Accessibility
SO13	Minimising our Impact on the Environment
SO14	Protecting and Enhancing the Quality of the Local Environment

Spatial Strategy and Strategic Policies

S1	Achieving Sustainable Development
S2	Meeting the Challenge of Climate Change
S3	Location of Development
S4	Green Belt
S5	High Quality Buildings and Places through Place Making and Design
S6	Meeting Future Needs New Settlement: Land at Whyburn Farm, Hucknall
S7	Meeting Future Needs New Settlement: Land at Cauldwell Road, Sutton in Ashfield
S8	Meeting Future Needs Strategic Employment Allocation Junction 27, M1 Motorway, Annesley
S9	Meeting Future Housing Provision
S10	Delivering Economic Opportunities
S11	Aligning Growth and Infrastructure
S12	Improving Transport Infrastructure
S13	Vibrant Town Centres
S14	Tackling Health Inequalities and Facilitating Healthier Lifestyles
S15	Protecting and Enhancing Our Green Infrastructure and the Natural Environment
S16	Conserving and Enhancing Our Historic Environment
S17	Safeguarding Mineral resources

Other Policies

Meeting the challenge of climate change and adapt to its effects

CC1	Zero and Low Carbon Developments and Decentralised, Renewable and Low Carbon Energy Generation
CC2	Water Resource Management
CC3	Flood Risk and Sustainable Urban Drainage Systems (SUDs)

Protecting and enhancing Ashfield's character through its natural environment and heritage

EV1	Green Belt
EV2	Countryside
EV3	Re-use of Buildings in the Green Belt and Countryside
EV4	Green Infrastructure, Biodiversity, and Geodiversity
EV5	Protection of Green Spaces and Recreation Facilities
EV6	Trees, Woodland and Hedgerows
EV7	Provision and Protection of Allotments
EV8	Agricultural Land Quality
EV9	The Historic Environment
EV10	Protection and Enhancement of Landscape Character

Meeting local housing needs and aspirations

H1	Housing Allocations
H2	Provision for Gypsies, Travellers and Travelling Showpeople
H2A	Travelling Showpeople Site Allocations
H3	Affordable Housing
H4	Rural Exceptions Sites
H5	Public Open Space in New Residential Developments
H6	Housing Mix
H7	Housing Density
H8	Houses in Multiple Occupation, Flats and Bedsits

Building a strong economy which provides opportunities for local people.

EM1	Business and Economic Development
EM2	Employment Land Allocations
EM3	Retention of Employment Sites and Allocations
EM4	Rural Development
EM5	Education, Skills and Training

Placing vibrant town and local centres at the heart of the community

SH1	Retail, Leisure, Commercial and Town Centre Uses
SH2	Local Shopping Centres, Shopping Parades and Single Shops
SH3	Shopfronts

Achieving successful development through well designed places

SD1	Social Value
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SD2	Good Design Considerations for Development
SD3	Amenity
SD4	Recycling and Refuse Provision in New Development
SD5	Developer Contributions
SD6	Assessing Development Viability and Development Demand
SD7	Communications Infrastructure
SD8	Contaminated Land and Unstable Land
SD9	Environmental Protection
SD10	Transport Infrastructure
SD11	Parking
SD12	Advertisements
SD13	Provision and Protection of Health and Community Facilities

2.0. Linking the Local Plan to Health Impact Assessment

Health Determinants

- 2.1. The environment in which we live is a major determinant of human health and well-being. Town planning in Britain originated in a series of public health and housing reforms in the late-19th and early-20th century, focusing upon basic human living conditions. Today, the modern health and well-being agenda is much broader, with determinants considered to influence health and well-being encompassing the physical, social and economic environments². Determinants are outlined in Figure 1:

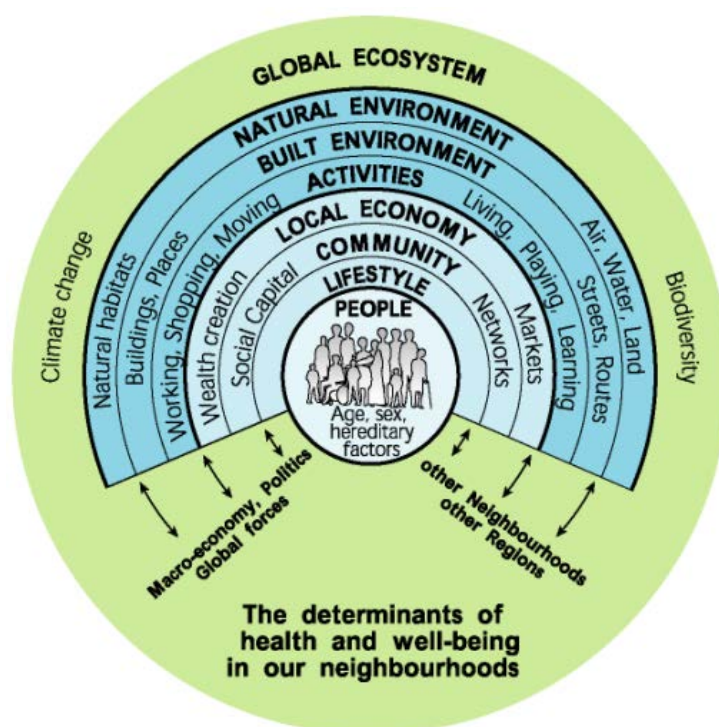


Figure 1: The Health Map Barton & Grant (2006) developed from a concept by Dahlgren and Whitehead (1991)

- 2.2. The Local Plan will have an influence on the determinants of health and well-being. The multi-discipline nature of these determinants presents the opportunity for collaboration between planning professionals and others with a public health focus.

² Barton, H. and Grant, M. (2006). 'A Health Map for the Local Human Habitat'.

National Planning Policy and Health

2.3. There is an established link between planning and health and well-being. The National Planning Policy Framework (NPPF) makes multiple references to supporting the health and well-being of communities. It regards achieving sustainable development as the overall purpose of the planning system. This encompasses economic, social and environmental dimensions, all of which have relevance to the health determinants outlined in Figure 1:

- “an economic objective – to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;
- a social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being; and
- an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy³”.

2.4. Policies within the NPPF underpin the planning process, so have influenced the production of the Ashfield Local Plan. Throughout the policy guidance, the NPPF makes various references to issues which influence the determinants of health and well-being, including:

- Meeting housing need for different groups;
- Providing jobs;
- Transport policies which promote sustainable modes of transport;
- More inclusive communities through greater participation in the planning process;
- The achievement of places which enhance community contact, reduce crime and the fear of crime, and have high quality public areas as pedestrian routes;
- The delivery of social, recreational and cultural facilities which service community needs;
- The provision of sufficient choice in school places;
- Access to high-quality open spaces and opportunities for sport and recreation;
- Adopt proactive strategies to mitigate and adapt to climate change, including taking full account of flood risk;

³ National Planning Policy Framework 2021. paragraph 8.

- Conservation and enhancement of both natural and historic environments;
- Ensuring permitted operations do not have unacceptable adverse impacts upon human health – including from noise, dust, visual intrusion, traffic, tip- and quarry-slope stability, flood risk and the cumulative impacts of the development of multiple individual sites;
- Assessing the quality and capacity of various forms of community infrastructure;
- Cooperative working between planning and public health leads and health organisations to understand the health status and needs of the local population.

Planning and Public Health Context

2.5. The Public Health Outcome Framework concentrated on two high level outcomes to be achieved by the public health system:

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

These outcomes focus on not only how 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 of 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 improvements;
- Health protection;
- Health care public health and preventing premature mortality.

The Ashfield Local Plan and Health

2.7. Reflecting national policy, health and well-being considerations have been embedded within the Local Plan. The strategic objectives and planning policies within the Local Plan include allocations of housing and employment; provision of appropriate community and commercial facilities; protecting and enhancing the natural and built environments; and enabling an inclusive and healthy district. These provisions should contribute towards the removal of health and wellbeing inequalities within Ashfield. However, many health determinants are not within direct influence of decisions made by the planning system, or the expertise of planners.

2.8 As a result, Ashfield District Council has and will consult with various organisations to inform decisions made during the plan-making process. Consultees include the Coal Authority, Environment Agency, Historic England, Natural England, Network Rail, Highways England, Surrounding Local Authorities (Planning and Education), Surrounding Parish Councils, Nottinghamshire and Derbyshire Police and Crime Commissioners, Western Power Distribution, Relevant National Health

Service Groups, Severn Trent Water, National Grid, Homes and Community Agency, Civil Aviation Authority, Lowland Derbyshire and Nottinghamshire Local Nature Partnership and D2N2 Local Enterprise Partnership. Whilst some of these consultees are more relevant to health and well-being than others, the successful coordination of this broad scope of expertise has enabled the production of a well-considered Local Plan.

- 2.9. The Local Plan must be demonstrably deliverable to be considered a ‘sound’ plan. The Infrastructure Delivery Plan will co-ordinates the delivery of infrastructure, by understanding infrastructure provider’s strategies, business plans and funding timeframes, and ensuring that these take account of the Local Plan. This is continually reviewed and updated as necessary. As health and well-being is embedded within the Local Plan, and the Local Plan is assessed to ensure deliverability, it should have an overall positive impact upon health and well-being in the long-term.

Health Impact Assessment (HIA)

- 2.10. Producing a HIA for the Local Plan enables the Council to identify any potential negative health impacts. From this, a set of recommendations are made to highlight areas for further consideration; and ways in which to mitigate against any identified negative impact of the Local Plan.
- 2.11. The World Health Organisation (WHO) defines HIAs as:
“A practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal’s positive health effects and minimising its negative health effects⁴”.
- 2.12. The two-tier administrative system (county and district) is recognised as exacerbating the lack of priority given to collaborative working between health-influencing professions, which is detrimental to the health and well-being agenda⁵. As such, Nottinghamshire County Council has responsibility for coordinating local health policy with district planning policy. It has produced a ‘Rapid HIA Matrix’ with the purpose of assessing district-level planning decisions against the wider county health agenda (see section 5.3. for how this has been utilised). The criteria used is based upon the ‘Healthy Urban Planning Checklist’ developed by the London Healthy Development Unit, which aims to “ensure the health and wellbeing implications of local plans... are consistently taken into account⁶”.

⁴ WHO (2016). ‘Health Impact Assessment: About HIA’, <http://www.who.int/hia/about/en/>

⁵ LGiU (2015). ‘Planning, Health and Wellbeing’, p.13.

⁶ HUDU (2015). ‘Healthy Urban Planning Checklist’.

3.0. Linking the Health Impact Assessment to the Sustainability Appraisal

- 3.1 This HIA forms part of the evidence base for the Sustainability Appraisal (SA). The production of the SA, which meets the requirements on Strategic Environmental Assessment, is an integral component of the plan-making process. This is a requirement of the NPPF⁷.
- 3.2 The SA has been undertaken at each stage of the production of the Ashfield Local Plan, including the assessment of housing and employment options; the assessment of site allocations; and the assessment of policies. The SA considers and assesses the main alternatives faced during the process of developing the Local Plan against a set of sustainability criteria.
- 3.3 The methodology for the SA is set out in the Sustainability Framework. This framework was established in the Ashfield Local Plan Sustainability Appraisal Scoping Report 2020.
- 3.4 This HIA provides greater scope and depth specifically in relation to health and wellbeing determinants. Whilst the SA has an approach to consider general sustainability factors, the purpose of the HIA is to complement the SA and ensure that specific attention is given by Ashfield to consider all health and wellbeing determinants which are relevant to the Local Plan.

4.0. Health Profile of Ashfield District

Statistical Indicators

- 4.1. Appendix 1 is the 'Ashfield District Health Profile 2019' produced by Public Health England⁸. The report concludes that the health of people living in Ashfield district is generally worse than the England average. Life expectancy is 13.2 years lower for men and 10.6 years lower for women in the most deprived areas of Ashfield than in the least deprived areas.
- 4.2. Early deaths within Ashfield District as a whole have been consistently above the England average in both men and woman. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are worse than the England average.
- 4.3. Appendix 1 also provides indicators of child health and well-being. In Year 6, 23.1% (316) of children are classified as obese, worse than the average for England. Levels of GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.

⁷ National Planning Policy Framework 2021, paragraph 32.

⁸ Public Health England. 'Ashfield District: Health Profile 2019'. <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E07000170.html?area-name=Ashfield>

- 4.4. The 2019 Indices of Multiple Deprivation conclude that Ashfield is the 68thth (out of 317) most deprived district in England⁹. In the Nottinghamshire context, this makes Ashfield the 3rd most deprived authority in the county, behind Nottingham City¹⁰ and Mansfield.

Priorities for Planning

- 4.5. The Nottinghamshire County Council Health and Wellbeing Board outlines a strategy developed through collaboration with a wide stakeholder network¹¹. It outlines four key ambitions: To give everyone a good start in life; To have healthy and sustainable places; To enable healthier decision making and To work together to improve health and care services.
- 4.6. It is widely accepted that certain individual lifestyle changes, dependent upon disease, can be effective preventive measures in reducing early deaths. Proactive planning measures have the opportunity to be at the forefront of providing adequate facilities and provisions to enable and encourage lifestyle changes. The health profile of Ashfield District provides a solid basis to prioritise health and well-being considerations in the Local Plan.

5.0. Health Impact Assessment Process and Methodology

- 5.1. The Health Impact Assessment (HIA) has been undertaken using the following process:

Screening → Scoping → Appraisal → Reporting → Evaluation

5.2. Step 1: **Screening**

The purpose of the screening process is to establish the health relevance of the topic, and to determine whether or not a HIA is required. As discussed above, the role of planning in enabling communities to lead healthier lifestyles has become increasingly recognised. From a health impact perspective, it is therefore beneficial for planning policies and planning decisions to be mindful of the relevant public health agenda.

The objectives and policies contained within the Ashfield Local Plan will guide the development of Ashfield District for the plan period 2020-2038. It is therefore considered appropriate to assess the potential health impacts of the Strategic

⁹ Nottingham Insight (2019). 'Indices of Deprivation 2019'. <https://www.nottinghamshireinsight.org.uk/themes/deprivation-and-poverty/indices-of-deprivation-2019/>

¹⁰ Nottingham Insight (2019). 'Indices of Deprivation 2019'. <https://www.nottinghaminsight.org.uk/themes/deprivation-and-poverty/indices-of-deprivation-2019/>

¹¹ Nottinghamshire County Council & Nottinghamshire Health & Wellbeing Board Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018 – 2022. <https://www.nottinghamshire.gov.uk/media/129223/the-joint-health-and-wellbeing-strategy-2018-2022.pdf>

Objectives, Strategic Policies, and other Policies contained in the Local Plan through a HIA. These policies are outlined in Section 1 of this document. This will increase the positive contribution towards public health and wellbeing made by the Local Plan.

5.3. Step 2: **Scoping (Methodology)**

The purpose of the scoping process is to determine how the HIA appraisal stage should be undertaken. It considers the potential to collaborate with subject specialists, and outlines the method utilised to ensure maximum consideration of health and wellbeing issues.

Ashfield District Council has utilised the expertise of the Public Health Department of Nottinghamshire County Council (NCC) and integrated this within the methodology of the HIA. In particular, NCC has undertaken research to link spatial planning with health and wellbeing considerations and has developed the 'Nottinghamshire Rapid HIA Matrix' to enable appropriate and efficient HIAs to be produced for reviewing Local Plans in the county¹². The Rapid HIA Matrix includes 26 assessment criteria (across 12 themes) relating to the following issues:

- Housing quality and design
- Access to healthcare services and other social infrastructure
- Access to open space and nature
- Air quality, noise and neighbourhood amenity
- Accessibility and active transport
- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and lifetime neighbourhoods
- Minimising the use of resources
- Climate change
- Health inequalities

5.4. Step 3: **Appraisal (Assessment)**

The purpose of the appraisal process is to identify the potential impacts upon health and wellbeing determinants of the Local Plan. The criteria for assessment and the methodological approach for conducting the appraisal is determined at the scoping stage of the HIA.

Appendix 2 is the completed Rapid HIA Matrix. Evidence which supports a positive contribution towards each of the 26 criteria is provided by highlighting the individual objectives and policies which are relevant. The evidence used for the appraisal is gathered from the Local Plan document and if necessary the background evidence

¹² Nottinghamshire County Council (2016), 'Spatial Planning for the Health & Wellbeing of Nottinghamshire', p.60

to the Local Plan reflecting that the Local Plan is an evidence-based document. Subsequently, the overall impact of the Local Plan upon each of the criteria was determined.

5.5. Step 4: **Reporting (Recommendations)**

The purpose of the reporting process is to provide a coherent synthesis of the findings of the HIA. It presents the main potential health impacts of the Local Plan and makes recommendations which could minimise any negative health and wellbeing impacts that are highlighted. The report is based on the 12 policy themes plus a section for general recommendations.

The reporting and recommendations of the HIA are contained within Section 6.

5.6. Step 5: **Evaluation and Monitoring**

The purpose of the evaluation and monitoring process is to assess the outcome of the HIA and ensure that the highlighted potential negative impacts upon health and wellbeing, and the recommendations made, continue to be considered in the future. A follow-up evaluation of this HIA in relation to its process, input of expertise, and general appropriateness in assessing a Local Plan could be undertaken to guide the development of future HIAs – both for Ashfield District Council and other Authorities. However, this will be subject to the resources available at a later stage.

Annual monitoring of health and wellbeing considerations will take place within the Annual Monitoring Report (AMR). This report is a requirement of the Planning and Compulsory Purchase Act (2004), providing a profile of the social, environmental and economic issues in Ashfield District which drive spatial change over time. This reporting will highlight relevant changes occurring within the district and assist in the formulation of future plan-making and the associated HIAs.

6.0. Findings and Recommendations

6.1. The completed Rapid Health Impact Assessment (HIA) Matrix in Appendix 2 includes 12 general assessment themes. This section draws findings from the assessment of each criteria and identifies appropriate recommendations.

6.2. Housing quality and design

The appraisal stage concluded that the overall impact upon all criteria relating to housing quality and design was **positive**.

This considered whether the plan (1) addresses the wider housing requirements including for older and disabled people; and (2) promotes the reduction of energy requirements and living costs across seasons. The following aspects are highlighted as positive contributions towards these considerations:

Objectives: Housing which provides suitable tenures and affordability; promotes social inclusion through its distribution; meets immediate and lifetime needs (including those with mobility problems); is sustainably located to reduce travel costs and increase active modes of travel; and is environmentally sustainable.

Policies: The allocated housing provision includes residential care home bed spaces; gypsy/traveller pitches; internal living standards with 10% easily accessible units in developments over 10 dwellings; thresholds for affordable housing depending upon location. Housing developments must also mitigate against climate change and be adaptable to the evolving effects of it.

The following recommendations are made to improve housing quality and design impacts upon health and wellbeing:

- Affordable housing should meet standards to maintain warm and healthy living conditions, and adequate internal living standards.
- Gypsy/traveller accommodation should have access to primary care facilities.
- Consider 'A Research and Evaluation Framework for Age-Friendly Cities' to ensure housing for the elderly supports healthy living¹³.

6.3. Access to healthcare services and other social infrastructure

The appraisal stage concluded that the overall impact upon all criteria relating to access to healthcare services and other social infrastructure was **positive**.

This considered whether the plan (3) seeks to retain, replace or provide health and social care infrastructure; (4) addresses the proposed growth and impact of growth on healthcare services; and (5) explores opportunities for shared community uses and co-location of services. The following aspects are highlighted as positive contributions towards these considerations:

Objectives: Healthcare services and other social infrastructure provision should be appropriate for new and existing residents as a part of development; the location and distribution of such infrastructure should be equal to reduce social exclusion; and rural communities should have access to community facilities.

Policies: Existing health and community infrastructure will be maintained or new infrastructure provided in respect of new development and will be situated within the development; opportunities for co-location and multifunctional educational, health and community facilities will be promoted; the provision of specialist accommodation for the elderly and disabled.

The following recommendations are made to improve access to healthcare services and other social infrastructure impacts upon health and wellbeing:

¹³ UK Urban Ageing Consortium (2014). 'A Research and Evaluation Framework for Age-Friendly Cities'. p67-91.

- Potential to undertake modelling work to assess population growth and the associated impact upon healthcare services.
- Co-operate with those who commission primary, community and secondary health care services to ascertain the requirements of service co-location. Also potential to identify opportunities for co-location within Ashfield.

6.4. Access to open space and nature

The appraisal stage concluded that the overall impact upon all criteria relating to access to open space and nature was **positive**.

This considered whether the plan (6) retains and enhances existing or provides new open and natural space to support healthy living and physical activity; (7) promotes links between open and natural spaces and areas of residence, employment and commerce; (8) ensures open and natural spaces are welcoming, safe and accessible; and (9) provides a range of play spaces for children and young people, including those who are disabled. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Promote active forms of travel as an alternative to cars by providing infrastructure which connects jobs, homes and services; protect and promote green and blue infrastructure and recreational facilities to enable healthy lifestyles; require attractive design to enable the enjoyment of nature; take opportunities to reduce crime and disorder; ensure development does not detriment capacity of an area to support activity; ensure community facilities are distributed fairly and are inclusive for those with disabilities.

Policy: Natural environments, green spaces and existing recreational facilities will be protected against development and fragmentation, and will form focal points where possible; strategic green infrastructure/corridors are allocated within the named settlements of Ashfield; outdoor sports facilities will be considered exceptional circumstances for development within the Green Belt; outdoor open space, including gardens and children's play spaces will be incorporated within residential development; green infrastructure linkages will be preserved, enhanced and created.

The following recommendations are made to improve access to open space and nature impacts upon health and wellbeing:

- Consider whether there could be more clarity in relation to providing a range of play spaces for children and young people.
- Greater reference to children's play spaces for disabled children within policy.

6.5. Air quality, noise and neighbourhood amenity

The appraisal stage concluded that the overall impact upon all criteria relating to air quality, noise and neighbourhood amenity was **positive**.

This considered whether the plan sought to minimise (10) construction impact such as dust, noise, vibration and odours; and both (11) air pollution and (12) noise pollution caused by traffic and employment/commercial facilities. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Ensure that development takes consideration of the environmental capacity of the surrounding area.

Policy: Encourages designers to consider construction changes which reduce building carbon footprint; requires the management of contaminated water during construction; ensures amenity is maintained through the reduction of all forms of pollution; ensures retail and leisure facilities mitigate against all forms of pollution; ensures small and work-from-home businesses do not cause detrimental traffic generation; development must not impact upon human health and wellbeing and relevant mitigation strategies should be taken.

No recommendations are considered necessary.

6.6. Accessibility and active transport

The appraisal stage concluded that the overall impact upon all criteria relating to accessibility and active transport was **positive**.

This considered whether the plan prioritises and encourages (13) walking and (14) cycling; (15) supports traffic management and calming measures to reduce road injuries and (16) promotes accessible buildings and places for people with disabilities and mobility problems. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Promote active forms of travel between areas of employment, residence and services and distribute these to enable healthy lifestyle choices; ensure buildings and public places are accessible to people with disabilities and mobility issues.

Policy: Promotes sustainable active travel infrastructure as an alternative to cars; supports highway optimisation and development in general which supports highway safety; developments must have appropriate access including for pedestrians and cyclists; requires access for people who have disabilities or limited mobility in relation to highways and car parking, shop access, appropriate housing and inclusive design.

No recommendations are considered necessary.

6.7. Crime reduction and community safety

The appraisal stage concluded that the overall impact upon all criteria relating to crime reduction and community safety was **positive**.

This considered whether the plan (17) seeks to create environments and buildings which make people feel safe and secure from crime. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Improve community safety and reduce crime through well-planned environments and prioritising Ashfield's most deprived areas.

Policy: Policies support an approach which reflects the impact of crime and the fear of crime. This is a specific aspect of design and amenities policies¹⁴. Development proposals should seek to apply appropriate Secure-By-Design and urban design principles to help ensure the design of the proposed development enhances the surrounding environment and does not provide opportunities through its design for crime to occur. Where appropriate, public areas should be clearly visible from adjoining buildings and the design and landscaping should provide for clear sight-lines on public routes (for example, paths and cycle ways), and not create unnecessary concealed areas.

No recommendations are considered necessary.

6.8. Access to healthy food

The appraisal stage concluded that the overall impact upon all criteria relating to access to healthy food was **positive**.

This considered whether the plan (18) supports the retention and creation of food growing areas such as allotments. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Conserve and enhance existing natural resources and ensure new development does not adversely impact existing communities.

Policy: Supports the retention and provision of allotments; ensures conservation of good quality agricultural land; and supports farm diversification.

The following recommendations are made to improve access to healthy food impacts upon health and wellbeing:

- Consider whether there could be a policy restricting the development of hot food takeaways near schools.
- Restrict open hours of hot food takeaways depending upon proximity to residential properties, which further addresses issues of crime and perception of safety.
- Encourage the provision of healthy food options at hot food takeaway units to improve the nutritional value of menus.

6.9. Access to work and training

¹⁴ Policy SD2: Good Design Considerations for Development and Policy SD3 Amenity.

The appraisal stage concluded that the overall impact upon all criteria relating to access to work and training was **positive**.

This considered whether the plan (20) seeks to provide new employment opportunities and encourages training. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Enables a range of economic developments to ensure a prosperous district; promotes social inclusion through learning, skill raising and a culture of enterprise; ensures rural access to education and employment; address worklessness.

Policy: Allocates employment sites with a number of allocations with within the named settlements or linked to new settlements proposed; encourages local training and employment through the expansion of local business and re-use of rural buildings; enhances the skills of the working-age population through educational and training uses; supports the development of new employment sectors including working-from-home and tourism; supports farm diversification.

The following recommendations are made to improve access to open work and training impacts upon health and wellbeing:

- Consider the 'Social Mobility Index'¹⁵, which identifies older industrial towns as becoming social mobility cold spots – limiting opportunities for young people.
- Greater emphasis on supported employment and job retention schemes, for example mental health supported employment and people with learning disabilities.

6.10. Social cohesion and lifetime neighbourhoods

The appraisal stage concluded that the overall impact upon all criteria relating to social cohesion and lifetime neighbourhoods was **positive**.

This considered whether the plan (21) seeks to avoid physical barriers and severance between communities and encourages social interaction between existing communities. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Ensures that communities have access to a range of suitably located and accessible facilities and infrastructure; maximise opportunities to reduce crime; ensure that development maximises settlement identity and promotes neighbourhood pride.

Policy: Development must be permeable and legible with secure-by-design principles and enhance the build environments of the urban centres. Specific

¹⁵ Social Mobility & Child Poverty Commission (2016), 'The Social Mobility Index'.

emphasis on the importance of place making and good design in relation to new development.

No recommendations are considered necessary.

6.11. Minimising the use of resources

The appraisal stage concluded that the overall impact upon all criteria relating to minimising the use of resources was **positive**.

This considered whether the Plan seeks to (22) incorporate sustainable design and construction techniques. The following aspects are highlighted as positive contributions towards these considerations:

Objective: The provision of environmentally sustainable housing; energy efficient development which promotes renewable energy generation where appropriate.

Policy: Supports renewable energy schemes within development and encourages pre-application discussions on such schemes; encourages water resources management including contaminated water from construction; expects high quality, sustainable design against current best practice guidance; supports energy efficient housing.

No recommendations were considered necessary.

6.12. Climate change

The appraisal stage concluded that the overall impact upon all criteria relating to climate change was **positive**.

This considered whether the Plan (23) incorporates renewable energy and ensures buildings and public spaces respond to various temperatures, and (24) maintains or enhances biodiversity. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Promotes renewable energy generation, energy efficient design and safeguards Ashfield's natural assets.

Policy: Development must mitigate against and adapt to climate change; supports renewable energy schemes; protects, restores, enhances and creates green infrastructure, natural environments and habitats through various policies; allocates strategic green infrastructure/corridors in named settlements.

The following recommendations are made in relation to climate change:

- The Plan is reliant on national target. Consider whether there is or should be a local evidence base to justify local target to meet zero carbon at an earlier date than is set out by national requirements.

6.13. Health inequalities

The appraisal stage concluded that the overall impact upon all criteria relating to health inequalities was **positive**.

This considered whether the Plan (25) takes health inequalities into account and whether it encourages engagement from underserved communities. The following aspects are highlighted as positive contributions towards these considerations:

Objective: Reduce inequalities through the location and distribution of health and social infrastructure; ensure buildings and public spaces are accessible to people with disabilities and limited mobility.

Policy: Development must contribute towards health and wellbeing and consider impact on existing facilities; shopfronts must have equal access.

The following recommendations are made to improve health inequalities impacts upon health and wellbeing:

- Define what constitutes 'health inequalities' within the Local Plan or make reference to criteria used within this HIA. This will enable more consistent monitoring.

6.14. General Recommendations

This HIA concludes that the overall impact of the Local Plan will have a **positive** impact upon health and well-being considerations for the district. Recommendations have been made to mitigate against complacency on the relevant issues.

The following recommendations have arisen throughout the production of the HIA, which could improve the overall health and well-being considerations for planning in Ashfield:

- The adoption of a Supplementary Planning Document (SPD) which provides both developers and the Council clear guidance on undertaking HIAs in development proposals. This would provide greater certainty in relation to Policy SD13 of the Local Plan, which outlines the potential requirement for a HIA on major development schemes on 50 dwellings or more.
- Evaluate the health and well-being of Ashfield District through the Annual Monitoring Report, suggesting the incorporation of criteria used in this HIA. Evaluate the HIA process to determine the general appropriateness and effectiveness of the criteria used. This will help HIAs for future Local Plan development.

APPENDIX 1 – Ashfield District Health Profile

Ashfield

Published on
03/03/2020

Area type: District
Region: East Midlands

Local Authority Health Profile 2019

This profile gives a picture of people's health in Ashfield. It is designed to act as a 'conversation starter', 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.

Health in summary

The health of people in Ashfield is varied compared with the England average. About 21.1% (4,880) children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 13.2 years lower for men and 10.6 years lower for women in the most deprived areas of Ashfield than in the least deprived areas.

Child health

In Year 6, 23.1% (316) of children are classified as obese, worse than the average for England. Levels of GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 775*, worse than the average for England. This represents 970 admissions per year. The rate for self-harm hospital admissions is 221*, worse than the average for England. This represents 275 admissions per year. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are better than the England average. The rate of statutory homelessness is better than the England average. The rates of under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are worse than the England average.

* rate per 100,000 population

Health summary for Ashfield

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	Increasing / Getting worse	Increasing / Getting better
Not significantly different	Significantly higher	Decreasing / Getting worse	Decreasing / Getting better
Significantly better	Significance not tested	Increasing	Decreasing
		Increasing (not significant)	Decreasing (not significant)
		Could not be calculated	No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	78.1	79.4	79.6	
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	81.8	82.9	83.2	
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1370	392.8	334.4	330.5	
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	307	88.5	73.5	71.7	
5 Mortality rate from cancer	<75 yrs	2016 - 18	515	147.4	133.4	132.3	
6 Suicide rate	10+ yrs	2016 - 18	21	6.32	8.73	9.64	

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	123	32.5	41.6	42.6 ^	
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	275	221.0	200.8	193.4	
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	135	588.7	614.1	558.4	
10 Percentage of cancer diagnosed at early stage	All ages	2017	190	36.8	49.1	52.2	
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	85.3	84.6	78.0	
12 Estimated dementia diagnosis rate	65+ yrs	2019	1204	82.9 *	72.3 *	68.7 *	

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	n/a	- ~	26.3 \$	31.6	
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	970	775.1	699.5	663.7	
15 Smoking prevalence in adults	18+ yrs	2018	16636	16.6	15.8	14.4	
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	60.6	65.7	66.3	
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	69.4	64.4	62.0	

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	39	19.0	17.5	17.8	
19 Percentage of smoking during pregnancy	All ages	2018/19	237	18.8	14.0 ^	10.6	
20 Percentage of breastfeeding initiation	All ages	2016/17	883	63.1	69.7	74.5	
21 Infant mortality rate	<1 yr	2016 - 18	20	4.69	4.04	3.93	
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	316	23.1	19.7	20.2	

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	25.4	-	21.8	
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	29.0	26.2	25.4	

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	4880	21.1	16.6	17.0	
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	55218	42.7	45.8	46.9	
27 Percentage of people in employment	16-64 yrs	2018/19	56700	71.4	75.2	75.6	
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	6	0.11	0.43	0.79	
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	n/a	- ~	37.2 \$	44.9	

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	110	27.9	30.4	30.1	
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	503	630.4	606.6	850.6	
32 TB incidence rate	All ages	2016 - 18	16	4.23	7.19	9.19	

For full details on each indicator, see the [definitions tab of the Local Authority Health Profiles online tool](#).

For a full list of profiles produced by Public Health England, see the fingertips website: <https://fingertips.phe.org.uk/>

Indicator value types

1,2 Life expectancy - years 3,4,5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15,16,17 Proportion 18 Crude rate per 1,000 females aged 15 to 17 19,20 Proportion 21 Crude rate per 1,000 live births 22 Proportion 23 Index of Multiple Deprivation (IMD) 2015 score 24 Proportion 25,26 Slope index of inequality 27 Proportion 28 Mean average across 8 qualifications 29 Proportion 30 Crude rate per 1,000 households 31 Directly age-standardised rate per 100,000 population 32 Ratio of excess winter deaths to average of non-winter deaths 33 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 34 Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Value is not presented due to an issue with HES coding in Nottingham University Hospitals Trust in 2016/17, for which over 30% of records did not have a valid geography of residence assigned. In 2015/16, over 20% of patients that attended hospital from this area were treated at Nottingham University Hospitals Trust.
\$	Due to an issue with HES coding in Nottingham University Hospitals Trust in 2016/17, for which over 30% of records did not have a valid geography of residence assigned, this value should be treated with caution. In 2015/16, between 10% and 20% of patients that attended hospital from this area were treated at Nottingham University Hospitals Trust.

^	Aggregated from all known lower geography values
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Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
12 Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7% (significantly)	similar to 66.7%	< 66.7% (significantly)

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APPENDIX 2: The Rapid Health Impact Assessment Matrix: Ashfield District Council Local Plan (2020-2038)

1. Housing quality and design

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
1. Does the plan seek to address the housing needs of the wider community by requiring provision of a variation of housing types that will meet the needs of older or disabled people? [For example does it meet all Lifetime Homes Standards, Building for Life etc?]	Yes	Strategic Objectives <u>SO3: Meeting Local Housing Needs and Aspirations</u> All residents within Ashfield should be provided access to suitable tenures and housing types. Enables people to live independently for longer and increases supply of affordable housing. <u>SO5: Strong and Vibrant Rural Communities</u> Protecting the character of rural settlements, enhancing their sustainability and ensuring access to a range of housing. Policies <u>S1: Sustainable Development</u> Requires housing design to be tailored to meet the immediate and lifetime needs of local people includes an emphasis on achieving social value from development. <u>S3 Location of Development</u> Emphasis on towns and villages where services are available for housing development. <u>S5: Place Making and Design</u> Development should create places that support mixed communities and cater for the needs of different types of people including the old and young.	Positive	

		<u>S6 & S7 New settlements</u> Emphasis on new settlements to meet future housing needs. The new settlements are based on place making with requirements relating to sustainable transport, green spaces, and community infrastructure <u>H2: Provision for Gypsies, Travellers and Travelling Showpeople</u> Sites for Gypsies, Travellers and Showpeople must have adequate provisions including water, sewerage, pedestrian and vehicle access, and residential amenity. <u>HG3: Affordable Housing & HG4 Rural Exception Sites</u> Requires the provision of percentage affordable housing over specific dwelling thresholds, dependent on the area of proposed development. Rural exceptions sites make provision for affordable housing to come forward in the rural areas of the District. <u>H5: public Open Space</u> Requires open space to be incorporated into the development of housing sites over a specified size. <u>H7: Housing Mix</u> Ensures that new residential developments create mixed and balanced communities including adequate internal living standards, the provision of 10% easily accessible dwellings (for the elderly and people with disabilities) in developments over 10 dwellings, and supports proposals for specialist accommodation/institutions. <u>H8 Houses in Multiple occupation, Flats, and Bedsits</u> Sets out provisions to ensure that accommodation of this nature meets local objectives in relation to inclusive and mixed communities. <u>Policy SD2 Design and SD3 Amenity</u>		
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		Policies look to ensure that housing accommodation is well designed reinforcing local character and features addressing movement within the development and the importance of the public realm and space. <u>Other Policies</u> Other policies look to ensure that development including housing development is safe such as Policy SD8 Contaminated land and unstable land and SD9: Environmental protection.		
2. Does the plan promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer?	Yes	Strategic Objectives <u>SO1: Facilitate Place Making</u> Creating sustainable places that contribute to people's health and wellbeing and reducing energy needs by adopting sustainable energy measures. <u>SO11: Meeting the Global Challenge of Climate Change</u> Supporting the delivery of low carbon renewable energy and local energy networks, integrating sustainable building design principles in new developments, reducing waste, providing infrastructure for zero emission vehicles. <u>SO12: Transport and Accessibility</u> Reduces the need to travel by car and improves access to jobs, homes and services. Also encourages cycling and walking opportunities. Policies <u>S1: Sustainable Development</u> Development should protect the environment and quality of life and meet the principles of sustainable development outlined in the NPPF. <u>S2: Climate Change</u>	Positive	

		Policy looks to promote renewable energy and low carbon sources with buildings adapting to meet the challenge of climate change. <u>CC1: Zero and Low Carbon Developments and Decentralised, Renewable and Low Carbon Energy Generation</u> - Supports new residential development which exceeds National Housing Standards in relation to energy efficiency and carbon reduction. Ensures that the design of developments effectively adapt to rising temperatures as a result of climate change. <u>CC2: Water Resource Management</u> - Requires residential developments to minimise water consumption to 110 litres per day. <u>SD2: Good Design Considerations for Development</u> - Requires developments to be adaptable to the evolving effects of climate change.		
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2. Access to healthcare services and other social infrastructure

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
3. Does the plan seek to retain, replace or provide health and social care related to infrastructure ?	Yes	Strategic Objectives <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Works with healthcare partners to deliver improved and new health and social care facilities where required. <u>SO4: Timely and Viable Infrastructure</u> Works with partners to secure education, training, community and health facilities in appropriate locations.	Positive	

		<u>SO5: Strong and Vibrant Rural Communities</u> Ensures that rural communities have access to education, health, community and leisure facilities. Policies <u>S14: Health and Community</u> Ensures support for programmes and strategies that aim to promote sustainable communities, reduce health inequalities and facilitate healthier lifestyles in Ashfield. Development proposals should be designed to contribute to and improve healthy communities and wellbeing in Ashfield <u>H6: Housing Mix</u> Supports the provision of dwellings tailored towards access for the elderly and disabled people, and specialist accommodation. <u>SD5: Developer Contributions</u> Requires new and expanded health facilities as part of developer contributions. <u>SD13: Provision and Protection of Health and Community Facilities</u> Supports provision of high quality, accessible and inclusive health facilities across Ashfield, dependent on the potential impact of development on existing facilities.		
4. Does the plan address the proposed growth/assess the impact on healthcare services?	Yes	Strategic Objectives <u>SO4: Timely and Viable Infrastructure</u> Ensures that necessary infrastructure is provided on a timely basis as part of new developments for the benefit of new and existing residents. Policies <u>S11: Infrastructure Delivery</u>	Positive	

		Ensures that necessary infrastructure is provided as part of new developments for new and existing residents. <u>S14: Health and Community</u> Supports the provision of infrastructure to meet health and wellbeing needs. <u>SD13: Provision and Protection of Health and Community Facilities</u> - Requires development to consider the potential impact on existing health facilities and contribute towards improvements or new facilities to meet local need.		
5. Does the plan explore/allow for opportunities for shared community use and co-location of services?	Yes	Strategic Objectives <u>SO5: Strong and Vibrant Rural Communities</u> Ensures rural communities have access to adequate community facilities. <u>S14: Health and Community</u> Supports programmes and strategies which aim to reduce health inequalities and facilitate healthier lifestyles in Ashfield and supports the provision of community facilities. Policies <u>SD5: Developer Contributions</u> - Highlights opportunities for the co-location and multifaceted use of existing facilities / infrastructure as making a positive contribution towards sustainable growth <u>SD13: Provision and Protection of Health and Community Facilities</u> - Encourages the co-location of educational, health and community services and facilities	Positive	

3. Access to open space and nature

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
6. Does the plan seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity ?	Yes	Strategic Objectives <u>SO14: Protecting and Enhancing the Quality of the Local Environment</u> Safeguards natural environments and supports the provision of connected quality green and blue spaces that are multifunctional and accessible to all, supporting both wildlife and human health. Policies <u>S5: Place Making and Design</u> Encourages new development to link up with existing parks and open spaces for recreation. Urban design should encourage and support residents in leading more active and healthy lifestyles. <u>S6 & S7 New Settlements</u> Policies for new settlements emphasis the need for green space. <u>S15: Green Infrastructure and the Natural Environment</u> Ensures protection of the natural environment including green and blue infrastructure corridors, parks, open spaces, playing fields, woodlands, allotments, cemeteries, private gardens, green roofs and walls, agricultural land, country parks and wasteland. <u>EV1: Green Belt</u> Outlines the provision of facilities for outdoor sport as an exceptional circumstance for development in the Green Belt.	Positive	

		<u>EV4: Green Infrastructure, Biodiversity, Geodiversity</u> Ensures the delivery, conservation and enhancement of green infrastructure. <u>EV5: Protection of Green Spaces and Recreation Facilities</u> Protects green spaces and recreational facilities, ensuring that any loss as a result of development replaces, retains, or improves existing facility. <u>EV7: Provision and Protection of Allotments</u> Supports the provision of new allotments to meet local demand and protects existing allotments. Allotments provide opportunities for people to grow their own produce, enjoy a healthier lifestyle and engage with their community. Allotments are also important wildlife habitats. <u>H5: Public Open Space in New Residential Developments</u> Requires open space asset provision within residential development including outdoor sports facilities. <u>Policy SD2 Design and SD3 Amenity</u> Emphasis on green space in design. Ensures that all residential development has access to open space and adequate garden space. <u>SD5: Developer Contributions</u> Ensures developer contributions towards infrastructure including appropriate sport and recreation facilities, new and improved open space, and improved quality and access to green and blue infrastructure. <u>SD9: Environmental Protection</u> Ensures new development is sited and designed so as to avoid adversely impacting upon the natural environment including noise, lighting, air quality and soils.		
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7. Does the plan promote links between open and natural spaces and areas of residence, employment and commerce?	Yes	Strategic Policies <u>SO5: Strong and Vibrant Rural Communities</u> Ensures rural communities have adequate access to areas of employment and commerce. <u>SO12: Transport and Accessibility</u> Promotes active forms of travel such as walking and cycling to connect employment, homes and services. Policies <u>S1: Sustainable Development</u> Encourages the efficient use of land and ensures that new developments are not created in isolated and unsustainable locations. <u>S3: Location of Development</u> Ensures development is concentrated where services and amenities are already established and accessible to reduce the need for travel. <u>S5: Place Making and Design</u> Ensures development encourages walking and cycling, improves access to public transport, and connects with existing parks and open spaces for recreation. <u>S6 & S7 New Settlements</u> Policies for new settlements emphasis the need for green infrastructure. <u>S11: Infrastructure Delivery</u> Highlights need for improved connectivity by promoting more sustainable travel patterns, increased transport choice, and better public transport infrastructure. <u>S15: Green Infrastructure and the Natural Environment</u>	Positive	
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		Requires new development to relate well to existing green infrastructure and protect and enhance green and blue corridors. <u>EV4: Green Infrastructure, Biodiversity and Geodiversity</u> - Requires linkages between green infrastructure assets to be preserved, enhanced and created to improve public access. <u>EV5: Protection of Green Spaces and Recreational Facilities</u> - Resists the fragmentation or loss of green spaces and recreational facilities, ensuring that such spaces contribute towards the setting of the settlement, and are focal points of the built-up area. <u>SD2: Good Design Considerations for Development</u> - Ensures new developments are clearly linked with existing infrastructure. Proposals should ensure: Integration, retention and/or reinstatement of existing footpaths, cycle routes and bridleways; and Where appropriate, creation of new routes linking to existing green and blue infrastructure networks, including rights of way within the countryside.		
8. Does the plan seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	Yes	Spatial Options <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Opportunities to reduce crime and the fear of crime will be maximised throughout Ashfield. <u>SO12: Transport and Accessibility</u> Encourages improvements to movement and accessibility through public transport and active travel. Policies <u>S5: Place Making and Design</u> Requires development to create places that support mixed communities and are accessible and usable by all.	Positive	

		<u>S14 Health & Community</u> Includes requirements for promoting access to green spaces, sports facilities, play and recreation opportunities. <u>EV4: Green Infrastructure, Biodiversity and Geodiversity</u> Requires linkages between green infrastructure assets to be preserved, enhanced and created to improve public access. <u>EV5: Protection of Green Spaces and Recreational Facilities</u> Ensures green spaces and recreational facilities are distinctive and serve as focal points of built-up areas. <u>H5: Public Open Space in New Residential Developments</u> Requires open space asset provision within residential development, including public realm and natural spaces. <u>Policy SD2: Good Design Considerations for Development</u> Includes provision for integration, retention and reinstatement of existing footpaths, cycle routes and bridleways and where appropriate creation of new routes.		
9. Does the 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 ?	Yes	Strategic Objective <u>SO5: Strong and Vibrant Rural Communities</u> Ensures that Ashfield's rural communities have access to a range of facilities. Policies <u>S6 & S7 New Settlement</u> Require the provision of accessible and high quality multi-functional green spaces including sports pitches, play areas and destination parks. <u>EV5: Protection of Green Spaces and Recreation Facilities</u> - Development of school playing fields will only be permitted when essential for educational purposes	Positive	

		<u>H5: Public Open Space in New Residential Developments</u> - Requires open space asset provision within residential development, including play spaces <u>S5: Place Making and Design</u> - Encourages development that supports mixed communities and caters for the needs of different types of people <u>SD1: Social Value</u> Development must ensure that it positively contributes to placemaking, health and wellbeing, local employment, community resilience, and safeguarding the environment. Social value of all developments should be maximised for all residents.		
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4. Air quality, noise and neighbourhood amenity

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
10. Does the plan seek to minimise construction impacts such as dust, noise, vibration and odours?	Yes	Spatial Strategy <u>SO13: Minimising Our Impact on the Environment</u> Sustainable development is encouraged in order to minimise air, noise, water, soil and light pollution Policies <u>Strategic Policy S1: Achieving Sustainable Development</u> Sets out that proposals should be of high-quality design and construction, which enhance local character and distinctiveness. <u>CC1: Zero and Low Carbon Developments and Decentralised, Renewable and Low Carbon Energy Generation Encourages</u>	Positive	

		developers to consider whether their construction and design principles minimise carbon footprint. <u>CC2: Water Resource Management</u> Ensures that construction sites manage contaminated surface water and prevent untreated water from leaving the site and discharging into watercourses. <u>SH2: Local Shopping Centres, Shopping Parades and Single Shops</u> Ensures that retail and leisure developments do not have significant adverse impacts through noise, odour, litter or disturbance. <u>SD2: Amenity</u> Ensures that all development proposals consider the potential for pollution including noise, disturbance and contamination. <u>SD9: Environmental Protection</u> Requires development to avoid impacting upon human health, wellbeing and amenity, and for mitigation/remediation measures to be made where necessary. This includes dust, noise, vibration, smell, light or other forms of pollution.		
11. Does the plan seek to minimise air pollution caused by traffic and employment/commercial facilities?	Yes	Strategic Objectives <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Aims to address issues relating to air quality in order to improve community health. <u>SO11: Meeting the Global Challenge of Climate Change</u> Supports the use of renewable energy sources and moves away from the extraction of fossil fuels to reduce carbon emissions. <u>SO13: Minimising Our Impact on the Environment</u> Sustainable development is encouraged in order to minimise air, noise, water, soil and light pollution.	Positive	

		Policies <u>S1 Sustainable development</u> Requires that development protects the environment and quality of life by managing and reducing the risk of pollution in relation to the quality of land, air, light and water. <u>S12: Transport</u> Ensures the improvement of transport infrastructure and reduces reliance on private vehicles. <u>CC1: Zero and Low Carbon Developments and Decentralised Renewable and Low Carbon Energy Generation</u> Encourages designers to consider whether construction principles minimise the building's carbon footprint. <u>EM1: Business and Economic Development</u> Ensures that the direct and indirect impacts of small scale / start-up businesses remain incidental to the surrounding residential area, including minimising detrimental effects on traffic generation. <u>SD3: Amenity</u> Ensures that the impacts of traffic movement and the potential impacts upon air quality are assessed for all development proposals. <u>SD9: Environmental Protection</u> Requires proposals to demonstrate that development minimises harmful air emissions through air quality assessments. <u>SD10: Transport Infrastructure</u> Encourages development to have access to public transport to reduce reliance on private cars and minimise air pollution.		
12. Does the plan seek to minimise	Yes	Spatial Objectives	Positive	

noise pollution caused by traffic and employment / commercial facilities?		<u>SO13: Minimising Our Impact on the Environment</u> Sustainable development is encouraged in order to minimise air, noise, water, soil and light pollution. Policies <u>EM1: Business and Economic Development</u> Ensures that the direct and indirect impacts of small scale / start-up businesses remain incidental to the surrounding residential area, including minimising detrimental effects on traffic generation. <u>SD3: Amenity</u> Ensures that the potential impact upon noise pollution is assessed for all development proposals. <u>SD9: Environmental Protection</u> Requires proposals to demonstrate that development does not have a detrimental impact on indoor and outdoor acoustic environments.		
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5. Accessibility and active transport

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence • Strategic Objective (SO) • Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
13. Does the plan prioritise and encourage walking (such as through shared spaces) connecting to	Yes	Spatial Objectives <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Facilitates walking and cycling for travel and leisure. <u>SO12: Transport and Accessibility</u>	Positive	

local walking networks?		Encourages active forms of travel to connect jobs, homes and services, and makes efficient use of existing infrastructure. Policies <u>S5: Place Making and Design</u> Ensures that public realm is designed in a way that contributes to pedestrian friendly environments. <u>S12: Transport</u> Encourages choice in travel modes and active travel while reducing reliance on private vehicles. <u>SH2: Local Shopping Centres, Shopping Parades and Single Shops</u> Protects the provision of convenience food stores to meet day-to-day community needs, ensuring that alternative stores are similarly accessible by walking. <u>SD1: Social Value</u> Ensures development creates social value through accessibility and proximity to local services. <u>SD2: Good Design Considerations for Development</u> Ensures development has clear and direct access through and within, including effective pedestrian routes. <u>SD10: Transport Infrastructure</u> Encourages active travel to reduce reliance on private vehicles and protects existing cycle routes and rights of way.		
14. Does the plan prioritise and encourage cycling (for example by providing secure	Yes	Spatial Objectives <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> - Facilitates walking and cycling for travel and leisure	Positive	

cycle parking, showers and cycle lanes) connecting to local and strategic cycle networks?		<u>SO12: Transport and Accessibility</u> - Encourages active forms of travel to connect jobs, homes and services, and makes efficient use of existing infrastructure Policies <u>S12: Transport</u> Encourages travel choice and active travel while reducing reliance on private vehicles. Identifies that development should contribute towards a comprehensive network of high-quality cycle networks., identify specific routes for improvement. <u>SD2: Good Design Considerations for Development</u> Ensures development has clear and direct access through and within, including effective and integrated cycle routes. <u>SD10: Transport Infrastructure</u> Encourages active travel to reduce reliance on private vehicles and protects existing cycle routes and rights of way. <u>SD11: Parking</u> Ensures that parking provision for cyclists is in accordance with local standards.		
15. Does the plan support traffic management and calming measures to help reduce and minimise road injuries?	Yes	Spatial Objectives <u>SO12: Transport and Accessibility</u> Ensures efficient use of existing transport infrastructure and prioritises active forms of travel in order to reduce car usage and traffic Policies <u>S11: Infrastructure Delivery</u> - Ensures that the existing highway network is optimised and supports major highway capacity enhancements to deal with residual car demand	Positive	

		<u>S12: Transport</u> Ensures that transport infrastructure is improved and maintained effectively to reduce reliance on private vehicles and traffic. <u>SD10: Transport Infrastructure</u> Promotes smarter choices to reduce congestion and ensures that appropriate mitigation measures are installed where development places additional demands on transport infrastructure.		
16. Does the plan promote accessible buildings and places to enable access to people with mobility problems or a disability?	Yes	Spatial Options <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Promotes social inclusion through effective placemaking and design. <u>S5: Place Making and Design</u> Encourages development that meets the needs of different types of people. <u>H6: Housing Mix</u> Supports specialist accommodation and the provision of dwellings tailored towards access for the elderly and disabled people. <u>SH3: Shopfronts</u> Ensures that new shopfronts are designed to allow equal access for all users. <u>SD2: Good Design Considerations for Development</u> Ensures that movement within development is inclusive of all potential users including those with impaired mobility. <u>SD3: Amenity</u>	Positive	

		Ensures that level access is provided to outdoor seating areas / gardens in the case of residential care homes. <u>SD10: Transport Infrastructure</u> Ensures that suitable provision is made for people with disabilities along highways. <u>SD11: Parking</u> Promotes an integrated and design-led approach to parking including provision for people with impaired mobility.		
17. Does the plan create environments & buildings that make people feel safe, secure and free from crime?	Yes	Spatial Objectives <u>SO1: Facilitate Place Making</u> Ensures the creation of safe and welcoming places to support communities <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Aims to improve community safety and reduce crime and the fear of crime through the development of well-planned environments. Policies <u>S5: Place Making and Design</u> Emphasis on development creating high quality building and places <u>SD2: Good Design Considerations for Development</u> Ensures that developments are secure-by-design to reduce crime and fear of crime. This includes layout principles of natural surveillance, active frontages, and clearly delineated public and private space. <u>SD3: Amenity</u>	Positive	

		Ensures that new development takes account of community and individual privacy, safety considerations and potential for crime or antisocial behaviour. <u>SD4: Recycling and Refuse Provision in New Development</u> Ensures that recycling and refuse provision considers the security of such provisions from vandalism and unauthorised use.		
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7. Access to healthy food

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
18. Does the plan support the retention and creation of food growing areas , allotments and community gardens in order to support a healthy diet and physical activity ?	Yes	Spatial Objectives <u>SO1: Facilitate Place Making</u> Ensures that attractive and accessible green spaces are provided to encourage healthy lifestyles <u>SO14: Protecting and Enhancing the Quality of the Local Environment</u> Ensures that geological sites, natural habitats, ecological networks and the biodiversity they support are protected and enhanced. Policies <u>S14: Health and Community</u> Promotes access to green spaces, sports facilities, play and recreation opportunities, and allotments and gardens for exercise, recreation and healthy locally produced food. <u>S15: Green Infrastructure and the Natural Environment</u>	Positive	

		Supports the retention of green infrastructure and natural and wildlife assets in the district including parks, open spaces, agricultural land and allotments. <u>EV7: Provision and Protection of Allotments</u> Ensures retention of existing allotments and supports the provision of new allotments in order to meet a locally identified demand. <u>EV8: Agricultural Land Quality</u> Ensures that grades 1, 2 and 3a DEFRA Agricultural Land Classification is conserved as an agricultural resource for the future. <u>H5: Public Open Space in New Residential Developments</u> Requires open space asset provision including allotments within residential development.		
19. Does the plan seek to restrict the development of hot food takeaways in specific areas?	Yes	Spatial Objectives <u>SO4: Timely and Viable Infrastructure</u> Ensures that new development does not have an adverse effect on existing communities <u>SO10: Local Shopping Areas</u> Ensures local shopping areas provide appropriate services to satisfy local consumer needs Policies <u>SH1: Retail, Leisure, Commercial and Town Centre Uses</u> Proposals that result in clusters of hot food takeaways will not be supported, taking account of the concentration and proximity of existing such establishments in the immediate area <u>SH2: Local Shopping Centres, Shopping Parades and Single Shops</u>	Positive	

		Proposals that result in clusters of hot food takeaways will not be supported, taking account of the concentration and proximity of existing such establishments in the immediate area		
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8. Access to work and training

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence Strategic Objective (SO) Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
20. Does the plan seek to provide new employment opportunities and encourage local employment and training?	Yes	Spatial Objectives <u>S05: Strong and Vibrant Rural Communities</u> Ensures that rural communities have access to education and employment opportunities. <u>S06: Economic Opportunity for All</u> Promotes social inclusion through the reduction of inequalities in employment and education. <u>S012: Transport and Accessibility</u> Enhances movement and transport infrastructure to improve access to employment. Policies <u>S8: Strategic Employment Allocation Junction 27, M1 Motorway, Annesley</u> Highlights employment land that is highly accessible and appropriately sited to accommodate growth for logistic sector. <u>S10: Employment and Economy</u> Ensures a sustainable, diverse and resilient economy. Aims to reduce low wages and improve skill levels to narrow the gap	Positive	

		between district and national figures. Aims to take advantage of upcoming projects such as HS2. <u>S11: Infrastructure Delivery</u> Facilitates and supports the provision of practical vocational training, apprenticeships, and further and higher education. <u>EV3: Reuse of Buildings in the Green Belt and Countryside</u> Encourages the reuse of buildings in the green belt and countryside for business use to provide jobs / services for the local community. <u>EM1: Business and Economic Development</u> Supports proposals that provide for or assist the creation of new employment opportunities and inward investment. These proposals will be directed towards town centres, employment sites and employment allocations. <u>EM2: Employment Land Allocations</u> Outlines allocated employment sites that are to be protected and strategically developed. <u>EM3: Retention of Employment Sites and Allocations</u> Protects allocated and existing employment sites from development that results in their loss. <u>EM4: Rural Development</u> Supports opportunities for business development in rural areas, including highlighting principles of acceptable development, and supporting the development of rural tourism. <u>EM5: Education, Skills and Training</u> Supports development which contributes towards raising skill levels and opportunities for all residents of the district, through supporting the growth of existing educational establishments, and supporting new and additional educational facilities.		
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		<u>SD1: Social Value</u> All major developments will be required to demonstrate that they contribute positively to local employment, regeneration and growth		
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9. Social cohesion and lifetime neighbourhoods

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
21. Does the plan 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?]	Yes	Spatial Objectives <u>SO1: Facilitate Place Making</u> Ensures the creation of safe, accessible, welcoming and adaptable places that support local communities. <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Promotes social inclusion and facilitates accessibility and active transport modes such as cycling and walking. <u>SO4: Timely and Viable Infrastructure</u> Ensures that the benefit of new infrastructure is gained by new and existing residents. <u>SO5: Strong and Vibrant Rural Communities</u> Ensures that Ashfield's rural communities have access to a range of facilities. <u>SO6: Economic Opportunity for All</u> Promotes social inclusion to reduce inequalities through the location of services and facilities, and ensures public spaces are accessible to people with disabilities or mobility issues.	Positive	

		<u>SO12: Transport and Accessibility</u> Improves movement and accessibility through making efficient use of existing transport infrastructure and encouraging active transport modes. Policies <u>S5: Place Making and Design</u> -New development must create high quality buildings and places that create mixed communities and contribute to pedestrian friendly environments. <u>S11: Infrastructure Delivery</u> Prioritises infrastructure that enhances the connectivity and accessibility of settlements, and education, health and leisure opportunities for the local community. <u>S14: Health and Community</u> Supports programmes which aim to promote sustainable communities, reduce health inequalities and facilitate healthier lifestyles in Ashfield. <u>SD2: Good Design Considerations for Development</u> Ensures that development creates permeable and legible layouts with secure-by-design principles. <u>SD3: Amenity</u> Ensures that development does not adversely affect communities and is designed and constructed to a high standard.		
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10. Minimising the use of resources

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
22. Does the plan seek to incorporate sustainable design and construction techniques?	Yes	Spatial Objectives <u>SO3: Meeting Local Housing Needs and Aspirations</u> Ensures that new housing has an appropriate mix of housing types and tenures to meet the needs of Ashfield's existing and future residents. <u>SO4: Timely and Viable Infrastructure</u> Ensures necessary infrastructure is provided on a timely basis as part of new development for the benefit of new and existing residents, including green and blue infrastructure and energy efficient transport. <u>SO13: Minimising Our Impact on the Environment</u> Promotes the efficient use of resources by embracing sustainable patterns of development such as utilising brownfield land and minimising the impact of new development on natural resources. Policies <u>S1: Sustainable Development</u> Development will need to accord with the principles of sustainable development as outlined in the National Planning Policy Framework to mitigate environmental impacts and provide social and economic value. <u>SD2: Good Design Considerations for Development</u> Expects all new development to be of a high-quality sustainable design. Proposals will be assessed against current best practice	Positive	

		guidance and standards for sustainability, design and place making.		
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11. Climate change

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence Strategic Objective (SO) Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
23. Does the 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?	Yes	Spatial Objectives <u>SO1: Facilitate Place Making</u> Ensures that energy needs are reduced through the adoption of sustainable energy measures. <u>SO11: Meeting the Global Challenge of Climate Change</u> Supports the delivery of low carbon renewable energy and local energy networks and facilitates sustainable building design to reduce greenhouse gas emissions and enhance resilience. Policies <u>S2: Climate Change</u> Promotes energy generation from renewable and low carbon sources, the efficient use of energy, water and other resources, and a reduction in carbon emissions. <u>CC1: Zero and Low Carbon Developments and Decentralised, Renewable and Low Carbon Energy Generation</u> Supports the use and implementation of renewable energy schemes within new developments and maximises opportunities to reduce energy demand by taking account of landform, location, layout, building orientation, design, massing and landscaping.	Positive	

24. Does the plan maintain or enhance biodiversity?	Yes	Spatial Objectives <u>SO14: Protecting and Enhancing the Quality of the Local Environment</u> Protects and enhances the district's natural habitats, ecological networks, and the biodiversity they support. Policies <u>S2: Climate Change</u> Ensures that new development proposals maintain ecological resilience. <u>S15: Green Infrastructure and the Natural Environment</u> Ensures that the natural environment is conserved and enhanced to maintain Ashfield's biodiversity. <u>CC2: Water Resource Management</u> Promotes opportunities to restore and enhance watercourses and ensures upstream development does not adversely affect the ecosystem downstream. <u>EV4: Green Infrastructure, Biodiversity and Geodiversity</u> Requires development to facilitate opportunities for preservation, creation, restoration and enhancement of biodiversity assets. Ensures that only exceptional development will be permitted within Sites of Special Scientific Interest, Local Wildlife sites, and nationally and locally designated sites. <u>EV6: Trees, Woodlands and Hedgerows</u> Development proposals should avoid the loss of trees, woodlands and hedgerows. Permission will not be granted when development results in the loss of designated features such as watercourses, woodland, trees and ecological corridors. <u>EV7: Provision and Protection of Allotments</u>	Positive	
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		Recognises that allotments are important wildlife habitats and protects them from being lost to development. <u>EV10: Protection and Enhancement of Landscape Character</u> Development proposals should conserve and enhance the special qualities of an area, including its historical, geological, biodiversity and cultural character.		
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12. Health inequalities

Assessment Criteria	Relevant ? Yes/ Partial/No	Evidence - Strategic Objective (SO) - Relevant Policy	Potential Health Impact? Positive/Negative/ Neutral/Uncertain	
25. Does the plan consider health inequalities and encourage engagement by underserved communities?	Yes	Spatial Objectives <u>SO2: Promote Socially Cohesive, Healthy and Active Communities</u> Promotes social inclusion, healthier lifestyles and improves the health and wellbeing of the population. Policies <u>S14: Health and Community</u> Development proposals should contribute to creating healthy communities and wellbeing in Ashfield, facilitate healthier lifestyles, and aim to reduce the level of health and education inequality in the district. <u>SH3: Shopfronts</u> Ensures that new shopfronts are designed to allow equal access for all users. <u>SD13: Provision and Protection of Health and Community Facilities</u>	Positive	

		Requires development to consider the potential impact upon existing health facilities and contribute towards improvements or new facilities to meet local need.		
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