

Nottinghamshire and Nottingham

Waste Local Plan

Health Impact Assessment

June 2023

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1. Introduction

- 1.1. Nottinghamshire County Council and Nottingham City Council are the Waste Planning Authorities for the Plan Area and have a statutory responsibility to prepare a Waste Local Plan. The Plan provides policies which will be used to determine planning applications for waste development.
- 1.2. Currently, the Waste Local Plan (adopted 2002) and the Waste Core Strategy (adopted 2013), which partially replaced some policies within the Waste Local Plan (2002), make up the Local Development Framework on which applications are determined. Both the County Council and City Council agree that a review of the Plans is required and so are jointly working on a new Waste Local Plan which will, once adopted, replace both the Waste Local Plan (2002) and the Waste Core Strategy (2013).
- 1.3. Before adoption, the new Waste Local Plan will go through several stages, including several consultations. Table 1 below details the stages that have already happened and a provisional timetable for the next stages.

Table 1 - Timetable of the Nottinghamshire and Nottingham Waste Local Plan

Stage	Date
Issues and Options Consultation	27 th February - 7 th May 2020
Draft Waste Local Plan Consultation	7 th February – 4 th April 2022
Pre-Submission Draft Publication and Consultation	30 th August – 11 th October 2023 (Provisional)
Submission to Planning Inspectorate	Early 2024 (Provisional)
Examination	Spring 2024 (Provisional)
Adoption	Autumn 2024 (Provisional)

- 1.4. Once adopted, the plan will form the planning strategy for waste development within Nottinghamshire and Nottingham until 2038. In summary the plan contains the following:
 - An overview of the Plan area
 - A long-term Vision for waste development in Nottinghamshire and Nottingham to 2038
 - Strategic Objectives demonstrating how the Vision will be achieved
 - Strategic Policies covering key issues such as Waste Provision, Climate change and the Nottinghamshire Green Belt.
 - Development Management Policies, the purpose of which is to deliver the strategic policies and objectives by providing the criteria against which future waste development will be assessed.
 - A framework by which the implementation of and subsequent effect of the plan and its policies can be monitored and reviewed.

- 1.5. As part of preparing the new Waste Local Plan, a Health Impact Assessment (HIA) has been undertaken.
- 1.6. A HIA at this stage will enable policies proposed to be considered through a health lens, with the HIA being a tool to assist in identifying potential impacts and suggest recommendations to ensure policies and their supporting text do not have any unintended negative health impacts and, where possible, maximise positive benefits.
- 1.7. This document will therefore firstly outline the link between health and planning before detailing what a HIA is. For this HIA, the Nottinghamshire Rapid Health Impact Assessment Checklist Tool has been used which identifies and analyses potential health impacts and so helps generate recommendations.
- 1.8. Before undertaking the HIA checklist, the current health profile of Nottinghamshire and Nottingham and the priorities for health will be discussed. This will inform the HIA to understand if the Waste Local Plan could help address any key local health concerns.
- 1.9. The report will conclude with suggested recommendations to the Waste Local Plan that will, alongside the Sustainability Appraisal and Equality Impact Assessment, consider the potential impact of policies and shape the Pre-Submission Draft Waste Local Plan.

2. Health and Planning

The determinants of health

- 2.1. Before undertaking a HIA, what health is and how planning and health are interlinked should firstly be considered. The World Health Organisation (WHO) defines health as:

‘A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’¹

- 2.2. As per the WHO definition, health is not then purely about ill health but about individuals physical and mental health and wellbeing before the need for healthcare and treatment.
- 2.3. Good health in individuals and society is important as it enables individuals, societies and the Country’s economy to prosper and flourish as well as bringing social benefits. Addressing health issues and inequalities then is increasingly important, especially as inequality continues to grow.
- 2.4. Many believe that increasing access to healthcare is the main solution to health issues and inequality. Whilst this is important, it is increasingly recognised that only 10% of a population’s health and wellbeing is linked to healthcare, with their being wider determinants which influence people’s health.
- 2.5. Dahlgren and Whitehead began to investigate what these wider determinants of health were and established the rainbow model, as shown in Figure 1, that represents the main determinants of health which contribute to health inequalities. This model has since been modified and expanded by many researchers, including Barton and Grant.
- 2.6. The layers within the rainbow represent the complex relationship between the determinants and health. As seen in the first layer, part of our health is determined by our constitutional characteristics such as age, gender and ethnicity, which are fixed. Beyond this are socio-environments determinants, like personal behaviour factors, community influences and living and working conditions. Health is then connected to where we live, our environment, income, education, relationships and genetics.
- 2.7. Whilst separated into layers, it should be noted that these determinants are interlinked to one another. For example, our work will affect our lifestyle and social networks which in turn all affect our health.

¹WHO. <https://www.who.int/about/governance/constitution>

Figure 1 - Barton and Grant. 2006. *The Health Map*. Developed from a concept by Dahlgren and Whitehead 1991. Source: [Property field az generic title \(architexturez.net\)](http://Property field az generic title (architexturez.net))



2.8. Whilst the rainbow model provided by Dahlgren and White covers a wide variety of determinants that influence health, the Health Foundation have identified 8 key wider, or social, determinants of health that can be acted upon to help increase peoples opportunities to live a healthy life. These determinants are:

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

- 2.9. Further information of how these determinants connect and affect health is outlined on the Health Foundation [website](#) .
- 2.10. These social determinants are then the 'causes of the causes of health' and if we are to truly tackle the health challenges and inequalities, the solutions must be focused on addressing these social determinants.

Health and planning

- 2.11. The eight key wider determinants of health identified are related to the built and natural environment, all of which can be shaped and influenced by planning decisions and policies. Therefore, planning and health are inextricably linked and by focusing on the wider determinants of health and how planning proposals impacts these, planning can help to create healthy, inclusive and safe places and so reduce health inequalities.
- 2.12. Even where policies are not directly health related, such as the Nottinghamshire Waste Local Plan, health should still be considered. Considering health in all policies is a way to address the social determinants of health and it is by non-health sectors considering their potential impacts on these determinants that health inequalities can be reduced.
- 2.13. A Health Impact Assessment provides a practical way to consider how planning policies and applications impact on these wider determinants, placing a health lens then on them and so incorporating health into all policies.

3. What is a Health Impact Assessment?

- 3.1. A Health Impact Assessments (HIA) main purpose is to identify and consider the potential health and equality impacts of a proposal or policies on a given population and the wider determinants of health and inequality.
- 3.2. As defined by the WHO, a HIA is:
'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 maximizing the proposal's positive health effects and minimizing its negative health effects. The approach can be applied in diverse economic sectors and uses quantitative, qualitative and participatory techniques'².
- 3.3. A HIA is therefore a tool in which to understand the potential negative and positive impacts of a policy or proposal and creates an evidence-based approach which can recommend practical solutions to help promote healthy places. A HIA therefore brings health into planning and ensures it is considered in a structured and focused way.
- 3.4. HIA's though are not a tool which replaces the decision-making process and act as a silver bullet for decision making, it is only one of many factors that will inform a decision.
- 3.5. In terms of policy and the Nottinghamshire and Nottingham Waste Local Plan, a HIA will help understand how the policies within the Waste Local Plan potentially impact health.
- 3.6. It should be noted that since the Nottinghamshire and Nottingham Waste Local Plan is a strategic plan, the potential impacts of new waste sites will not be covered within this HIA. This is because no sites are being allocated for waste development in this plan period.
- 3.7. A planning application for a waste development will contain site-specific detail and so the specific health impacts from individual waste developments can then be considered in more depth, with a HIA potentially undertaken at this stage.
- 3.8. There is no set approach to completing a HIA to allow for the process to be flexible and adaptable. The Department for Health recommends a five-stage process which includes:
 - Stage One: Screening
 - Stage Two: Identify health impacts

² WHO. [Health impact assessments \(who.int\)](http://who.int)

- Stage Three: Prioritise health impacts
- Stage Four: Analysis
- Stage Five: Recommendations

3.9. Considering these five stages and the eight key social determinants of health outlined in chapter two, Nottinghamshire County Council Public Health and Planning Policy team have collaborated to create a Rapid Health Impact Assessment Checklist. This checklist quickly identifies and assesses the impacts of a development plan or proposals on health and wellbeing, thus covering stage two to four in the HIA process identified by the Department for Health.

3.10. The Rapid HIA Checklist has been used within this HIA to help identify potential impacts and make potential recommendations to the policies in the Nottinghamshire and Nottingham Waste Local Plan. Whilst the questions within the checklist may not be directly applicable to waste policies or waste development, how they indirectly impact these determinants can still be considered. The form has therefore been adapted to make it relevant to the Nottinghamshire and Nottingham Waste Local Plan.

4. Nottinghamshire and Nottingham City Health Profiles

- 4.1. Before moving forward into the HIA process, Nottinghamshire and Nottingham City Local Health profiles should be considered to understand the current health issues in the area so to check that policies within the Waste Local Plan do not exacerbate any current health issues.

Nottinghamshire Health Profile

- 4.2. Nottinghamshire is split into eight Local Borough and Districts which include:
- Ashfield
 - Bassetlaw
 - Broxtowe
 - Gedling
 - Mansfield
 - Newark and Sherwood
 - Rushcliffe
- 4.3. As outlined in the Local Authority Health Profile 2019 (See Appendix 1), the health of Nottinghamshire compared to the England average is varied.
- 4.4. The main points to highlight are:
- 15.6% of children live in low income families
 - Life expectancy is 9.3 years lower for men and 7.5 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas
 - In Year 6, 18.8% (1,635) of children are classified as obese, better than the average for England. Levels of smoking in pregnancy are worse than the England average. Levels of GCSE attainment (average attainment 8 score) are better than the England average

Nottingham City Health Profile

- 4.5. For Nottingham City, as outlined in the Local Authority Health Profile 2019 (See Appendix 2), the Health of Nottingham compared to England is generally worse.
- 4.6. The main points to highlight are:
- The health of people in Nottingham City is generally worse than the England average, being in one of the 20% most deprived authorities in England, with 29.5% of children living in low income families
 - Life expectancy is 8.4 years lower for men and 8.6 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.
 - In Year 6, 23.2% (817) of children are classified as obese, worse than the average for England.

- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding initiation and smoking in pregnancy are worse than the England average

Future health needs in Nottinghamshire and Nottingham

- 4.7. Considering the current health profiles, both Nottinghamshire County Council's and Nottingham City's Health and Wellbeing board have each produced a Joint Strategic Needs Assessment to identify current and future health needs of Nottinghamshire and Nottingham.
- 4.8. The County Council is already undertaking several projects across Nottinghamshire to improve health and wellbeing which are all aimed at delivering the shared vision and strategy which is:
- 'Working together to enable the people of Nottinghamshire, from the youngest to oldest, to live happier and healthier lives in their communities, particularly where the need is greatest'.
- 4.9. To ensure the vision becomes a reality, the board has identified four key ambitions, contained within their Nottinghamshire Joint Health and Wellbeing Strategy (2022-2025):
- Give every child the best chance of maximising their potential
 - Create healthy and sustainable places
 - Everyone can access the right support to improve their health
 - Keep our communities safe and healthy
- 4.10. The Joint Health and Wellbeing Strategy for Nottingham (2022-2025) contains the following four priorities:
- Smoking and tobacco control
 - Eating and moving for good health
 - Severe multiple disadvantage
 - Financial wellbeing
- 4.11. These broadly address some of the health issues raised in the health profile as well as addressing local concerns. In terms of the Waste Local Plan, the ambition which policies are most likely to directly or indirectly impact is ambition two; create healthy and sustainable places, which broadly looks to address the wider/social determinants of health identified by the Health Foundation as discussed in chapter two. These challenges, vision and ambitions will be considered throughout the HIA to see how, where possible, the policies can help achieve them.

5. Health Impact Assessment for the Waste Local Plan

Screening

- 5.1. As discussed in chapter four, the first stage within a HIA is to undertake a screening exercise which determines whether a HIA is appropriate and so ensures that any potential health impacts are addressed in the correct manner.
- 5.2. The screening exercise recommended by the Department for Health consists of five questions, which are in Table 2, that the policy team should answer as they have a fuller understanding of the background and context of the plan and its policies. Where any of the answers to the questions are yes, the HIA should move onto the next stages, which was the case for the Nottinghamshire and Nottingham Waste Local Plan.

Table 2 – Screening questions for HIA as recommended by the Department of Health

Screening Questions	Answer (with brief explanation of health impact)
Will the proposal have a direct impact on health, mental health and wellbeing?	No: At this point, the impacts from the policies are not significant enough to be considered as direct impacts.
Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?	Yes: Waste development is likely to impact social, economic and environment conditions that could indirectly impact health. The Nottinghamshire and Nottingham Waste Local Plan provides policies that applications should be considered against to minimise these impacts. Therefore, these policies will influence these impacts and so have an indirect impact on health.
Will the proposal affect an individual's ability to improve their own health and wellbeing?	Yes: Whilst the Nottinghamshire and Nottingham Waste Plan does not allocate sites, the plan does have policies relating to restoration of the sites and potential impacts that should be considered when determining applications. These policies will affect individual's ability to improve health and wellbeing, both positive and negatively.
Will there be a change in demand for or access to health and social care services?	No: Waste development should not alter the demand or access for health and social care services.
Will the proposal have an impact on global health?	No: The policies for waste development or general criteria for proposals to be considered against should not lead to an impact on global health.

Rapid HIA Checklist

- 5.3. After screening and two of the four questions being answered as yes, this identified that the Waste Local Plan could have potential health impacts and undertaking a HIA would be appropriate.
- 5.4. Identifying what these impacts could be is the next stage of the HIA process, also known as scoping. These impacts can be identified through the Rapid Health Impact Assessment Checklist which has been developed by Nottinghamshire County Council.
- 5.5. The checklist is a useful tool for assessing planning policies and applications and can be used by both officers and developers to help understand the potential health impact of proposed developments. It focuses on the built environment and so the social determinants that influence health that were identified earlier on in chapter two.
- 5.6. By answering the questions posed in the checklist, it can be considered how the proposed policies in the Nottinghamshire and Nottingham Waste Local Plan potentially impact these determinants and in turn health, either negatively or positively.
- 5.7. The Planning Policy Team worked with Public Health colleagues within the County Council and Nottingham City to establish how the checklist can be adapted to the Waste Local Plan and to ensure that all potential health impacts were considered. It should be noted, as outlined in chapter two, whilst the questions separate different determinants of health into 12 themed questions, these will overlap and interconnect with one another. It should be remembered then, as Dahlgren and Whitehead showed in their rainbow model in Figure 1, the determinants and influences on health are multiple and complex.

Identified health impacts

- 5.8. The completed checklist is within Appendix 3 and has identified that the policies within the Waste Local Plan can indirectly impact several determinants of health, this included:
 - Housing
 - Access to open space and nature
 - Air quality, noise and neighbourhood amenity
 - Accessibility and active transport
 - Access to healthy food
 - Access to work and training
 - Social cohesion and lifetime neighbourhoods
 - Minimising the use of resources
 - Climate Change

5.9. Considering these potential impacts on health and the health vision and issues within Nottinghamshire as outlined in chapter four, recommendations can be made for the Nottinghamshire and Nottingham Waste Local Plan.

6. Recommendations

- 6.1. The Rapid HIA checklist also provides a space in which to assess how the Waste Local Plan addresses the identified impacts and whether any amendments need to be considered to ensure potential negative impacts are minimised and positive ones maximised.
- 6.2. In completing the HIA no recommendations were made; therefore, it is considered that the plan has adequately addressed the complex issues of health throughout the Plan. Further detail is provided within the checklist in Appendix 3.

7. Conclusion

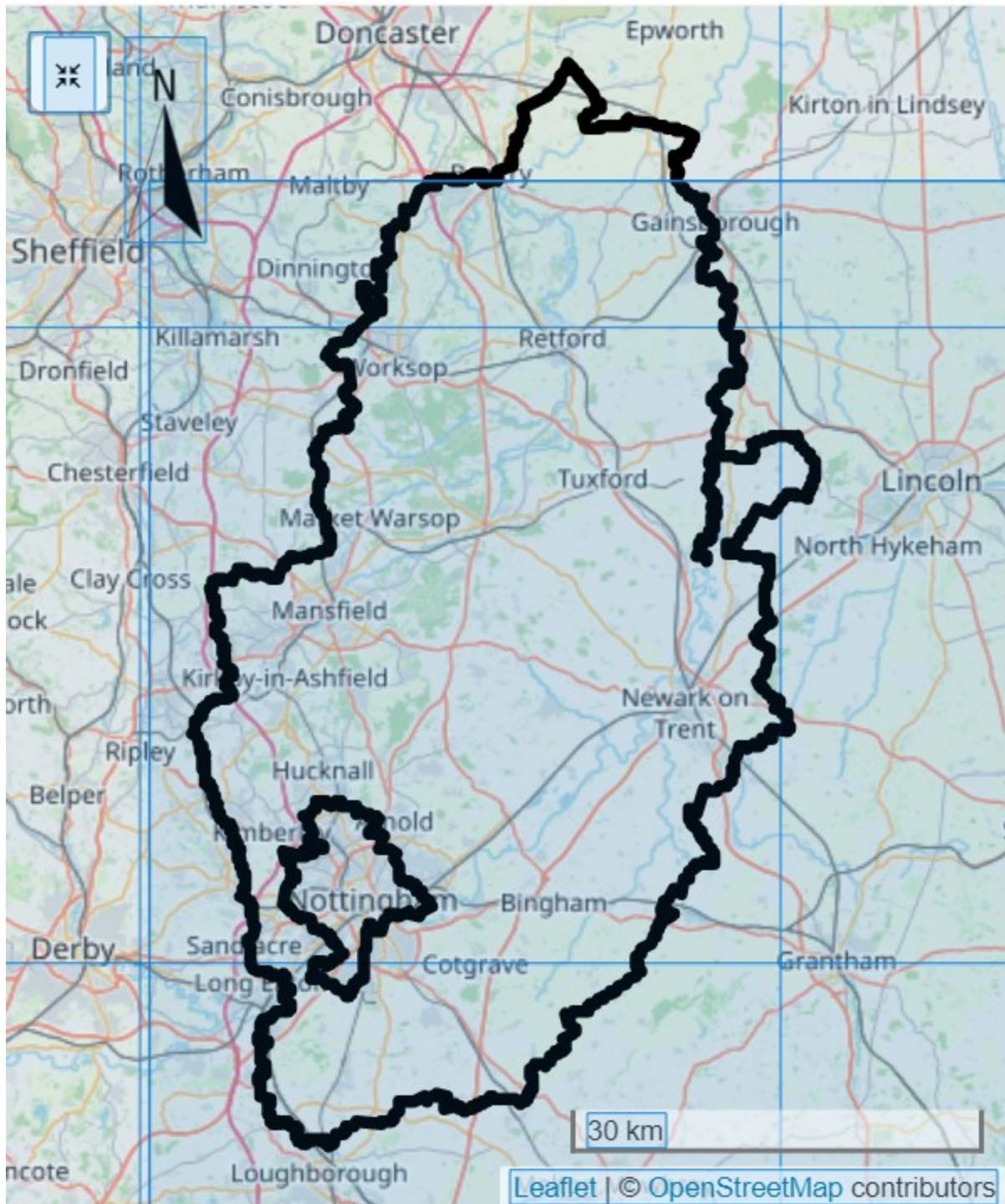
- 7.1. This Health Impact Assessment has considered how the Nottinghamshire and Nottingham Waste Local Plan potentially impacts health. Using the Rapid Health Impact Assessment Tool this allowed for the impacts to be identified.
- 7.2. No recommendations have been made and consideration has been given to the remit and limitations of a Waste Local Plan in terms of its contribution to topics such as housing design, play space for children, allotment provision and crime prevention, it is considered that the potential negative health risks of the plan will be minimal, and the potential positive impacts maximised. Overall, by considering the relationship between the plan and health, this should help Nottinghamshire County Council and Nottingham City reach their overarching vision for health.

Appendix 1 – Nottinghamshire Health Profile

Nottinghamshire Local Authority Health Profile 2019 published 03/03/2020

This profile gives a picture of people's health in Nottinghamshire. 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.

Visit <https://fingertips.phe.org.uk/profile/health-profiles> for more area profiles, more information and interactive maps and tools.



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Health in summary

The health of people in Nottinghamshire is varied compared with the England average. About 15.6% (21,740) children live in low income families. Life expectancy for women is lower than the England average.

Health inequalities

Life expectancy is 9.3 years lower for men and 7.5 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas.

Child health

In Year 6, 18.8% (1,635) of children are classified as obese, better than the average for England. Levels of smoking in pregnancy are worse than the England average. Levels of GCSE attainment (average attainment 8 score) are better than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 702*, worse than the average for England. This represents 5,837 admissions per year. The rate for self-harm hospital admissions is 195*. This represents 1,530 admissions per year. Estimated levels of physically active adults (aged 19+) are better than the England average. Estimated levels of excess weight in adults (aged 18+) 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 hip fractures in older people (aged 65+) is worse than the England average. The rate of statutory homelessness is better than the England average.

* rate per 100,000 population

Health summary for Nottinghamshire

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	79.6	79.4	79.6	⚠
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	82.7	82.9	83.2	⚠
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	7732	329.1	334.4	330.5	⚠
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	1659	70.6	73.5	71.7	⚠
5 Mortality rate from cancer	<75 yrs	2016 - 18	3174	134.2	133.4	132.3	⚠
6 Suicide rate	10+ yrs	2016 - 18	165	7.65	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	981	40.0	41.6	42.6 &	-
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	1530	195.1	200.8	193.4	?
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	1030	622.3	614.1	558.4	?
10 Percentage of cancer diagnosed at early stage	All ages	2017	1669	46.4	49.1	52.2	?
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	80.9	84.6	78.0	?
12 Estimated dementia diagnosis rate	65+ yrs	2019	7922	75.9 *	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	5837	702.1	699.5	663.7	?
15 Smoking prevalence in adults	18+ yrs	2018	100899	15.4	15.8	14.4	?
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	68.5	65.7	66.3	?
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	67.5	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	207	16.4	17.5	17.8	?
19 Percentage of smoking during pregnancy	All ages	2018/19	1091	14.8	14.0 &	10.6	?
20 Percentage of breastfeeding initiation	All ages	2016/17	5637	- \$	69.7	74.5	-
21 Infant mortality rate	<1 yr	2016 - 18	98	3.88	4.04	3.93	?
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	1635	18.8	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	18.9	-	21.8	-
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	26.7	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	21740	15.6	16.6	17.0	?
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	370245	48.0	45.8	46.9	?
27 Percentage of people in employment	16-64 yrs	2018/19	367600	73.7	75.2	75.6	?
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	45	0.13	0.43	0.79	?

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
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	828	32.6	30.4	30.1	?
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	3048	596.6	606.6	850.6	?
32 TB incidence rate	All ages	2016 - 18	73	2.98	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.

\$ Value not published for data quality reasons

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

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)

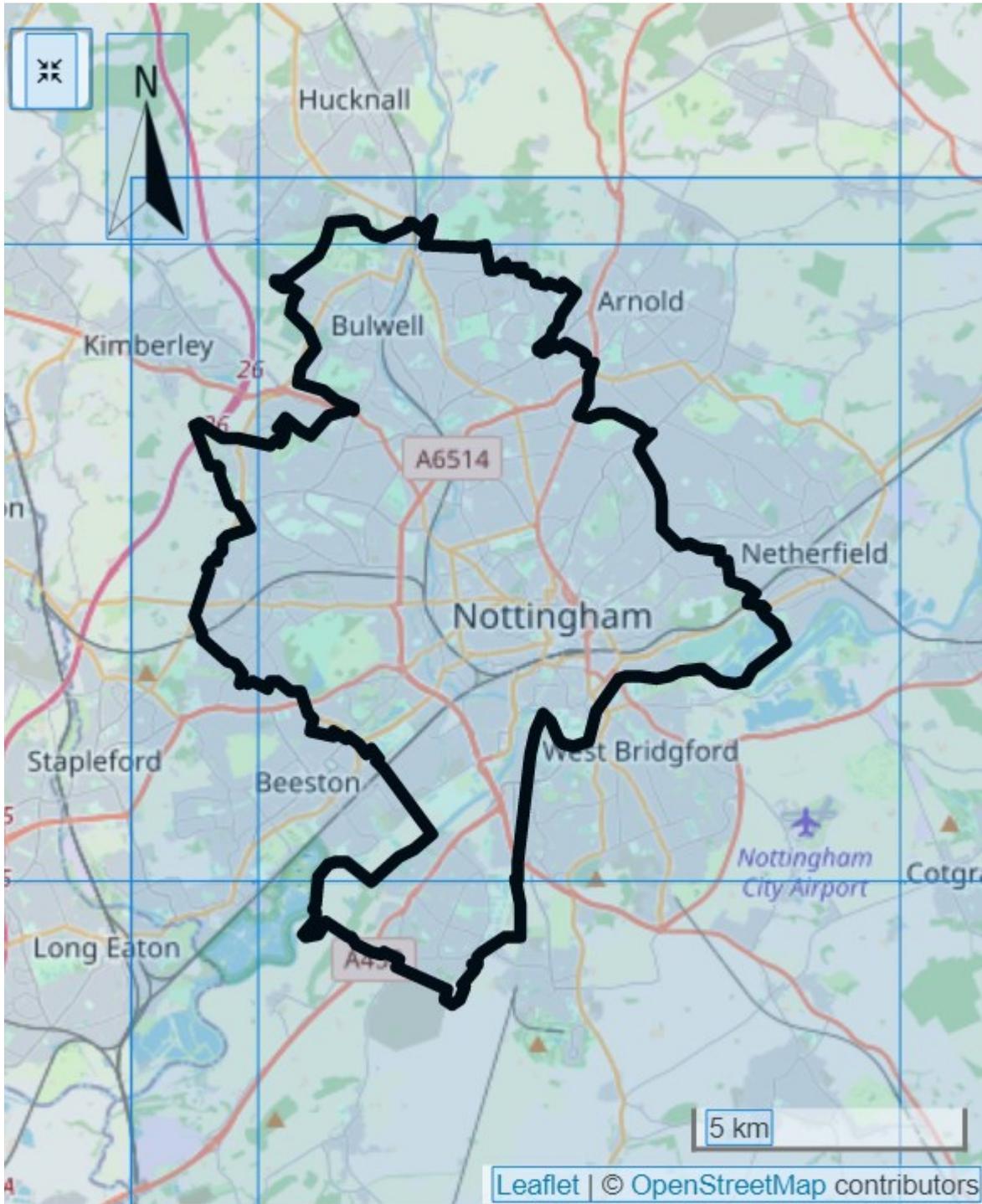
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Appendix 2 – Nottingham City Health Profile

Nottingham City Local Authority Health Profile 2019 published 03/03/2020

This profile gives a picture of people's health in Nottingham. 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.

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Local authority displayed with full resolution clipped boundary

Health in summary

The health of people in Nottingham is generally worse than the England average. Nottingham is one of the 20% most deprived districts/unitary authorities in England and about 29.5% (17,555) children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 8.4 years lower for men and 8.6 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.

Child health

In Year 6, 23.2% (817) of children are classified as obese, worse than the average for England. Levels of teenage pregnancy, 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 884*, worse than the average for England. This represents 2,303 admissions per year. The rate for self-harm hospital admissions is 213*, worse than the average for England. This represents 770 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) are worse than the England average. The rate of killed and seriously injured on roads is better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are worse 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, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.

* rate per 100,000 population

Health summary for Nottingham

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	77.2	79.4	79.6	ⓘ
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	81.3	82.9	83.2	ⓘ
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	2757	457.1	334.4	330.5	ⓘ
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	617	105.2	73.5	71.7	ⓘ
5 Mortality rate from cancer	<75 yrs	2016 - 18	935	159.6	133.4	132.3	ⓘ
6 Suicide rate	10+ yrs	2016 - 18	76	9.89	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	366	37.1	41.6	42.6 ^	-
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	770	213.1	200.8	193.4	?
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	235	594.3	614.1	558.4	?
10 Percentage of cancer diagnosed at early stage	All ages	2017	519	54.4	49.1	52.2	?
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	75.2	84.6	78.0	?
12 Estimated dementia diagnosis rate	65+ yrs	2019	2270	82.7 *	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	2303	383.5	699.5	663.7	?
15 Smoking prevalence in adults	18+ yrs	2018	54010	20.6	15.8	14.4	?
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	68.1	65.7	66.3	?
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	63.6	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	126	26.5	17.5	17.8	?
19 Percentage of smoking during pregnancy	All ages	2018/19	618	15.9	14.0 ^	10.6	?
20 Percentage of breastfeeding initiation	All ages	2016/17	3148	72.4	69.7	74.5	?
21 Infant mortality rate	<1 yr	2016 - 18	56	4.55	4.04	3.93	?
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	817	23.2	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	36.9	-	21.8	-
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	26.9	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	17555	29.5	16.6	17.0	?
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	126121	42.4	45.8	46.9	?
27 Percentage of people in employment	16-64 yrs	2018/19	143800	64.1	75.2	75.6	?
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	64	0.48	0.43	0.79	?

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
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	224	31.2	30.4	30.1	?
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	2337	1003	606.6	850.6	?
32 TB incidence rate	All ages	2016 - 18	123	12.5	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

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 3 – Nottinghamshire Rapid Health Impact Assessment Matrix for Nottinghamshire and Nottingham Waste Local Plan- Pre-Submission Draft

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
1. Housing quality and design				
1. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example, does it meet all Lifetime Homes Standards, Building for Life etc?]	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>Section 5. Waste Management in the Plan area sets out how waste is produced, managed and what is likely to change in the future.</p> <p>Paragraphs 5.5-5.7 relates to Local Authority Collected Waste (LACW) which is waste collected kerbside from households, the plan seeks to ensure these future needs are met.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst the Waste Local Plan cannot influence the type of housing to address the wider community needs, it can ensure that waste needs of the community are met.</p> <p>No amendments required.</p>
2. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>SP5 – Climate Change seeks to ensure facilities should be located, designed and operated so as to minimise any impacts on the causes of climate change throughout the lifetime of the development.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Waste Local Plan cannot promote development of dwellings that reduce energy requirements, living costs and ensure homes are warm/dry in winter and cool in the summer. It can however seek to ensure well designed waste management facilities, where household waste is managed.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
winter and cool in summer		DM3 – Design of Waste Management Facilities, relates to ensuring new facilities are designed to promote innovative and sustainable waste management facilities. This does not however extend to the design of dwellings.		No amendments required.
2. Access to healthcare services and other social infrastructure				
3. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Local Plan does not seek to retain, replace or provide health and social care related infrastructure.</p> <p>No amendments required.</p>
4. Does the proposal address the proposed growth/ assess the impact on healthcare services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Local Plan will not cause growth that will directly or indirectly impact on the healthcare services.</p> <p>No amendments required.</p>
5. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Local Plan does not directly or indirectly impact on healthcare services and so there would be no opportunity to increase shared community use of such services.</p> <p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
3. Access to open space and nature				
6. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>DM2 – Health, Wellbeing and Amenity seeks to support proposals where it can be demonstrated that any potential adverse impacts on health, wellbeing and amenity arising from the construction, operation and, where relevant, restoration phase and any associated transport movements, are avoided or adequately mitigated to an acceptable level having regard to sensitive receptors. The Policy also refers to Loss of designated open/green space of being important.</p> <p>DM4 - will be support proposals where it can be demonstrated that they will not have an adverse impact on the character and distinctiveness of the landscape. Development that would have an unacceptable impact on the landscape interest will only be permitted where there is no available alternative and the need for development</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>As waste sites are often located in greenfield locations this may result in a loss of open and natural spaces. The policies ensure in the short-term, alternatives are available and in the long term these spaces are enhanced which should support healthy living and physical activity.</p> <p>Loss of open space/green space is growing in importance as it is increasingly recognised access to green and natural space is important for our physical and mental health.</p> <p>Policies DM4, DM5 and DM8 seek to protect and enhance the environment and its assets, this therefore supports the concept of healthy living and provide access to areas for physical activity. Reference to the cumulative impacts of waste development is referred to in Policy DM10 and aims to protect local communities' health and amenity from excess detrimental development.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		<p>outweighs the landscape interest. In such cases appropriate mitigation measures will be required.</p> <p>DM5 – Protecting and Enhancing Biodiversity and Geodiversity seeks to ensure such assets are protected and, where possible enhanced.</p> <p>DM8 – Public Access, seeks to support new proposals where it can be demonstrated this will not have an unacceptable impact on the existing rights of way network and its users.</p> <p>DM10 - Cumulative Impacts of Development, will support where it can be demonstrated that there are no unacceptable cumulative impacts on the environment, health or on the amenity of a local community.</p>		<p>Source: https://www.wildlifetrusts.org/naturehealth-and-wild-wellbeing</p> <p>No amendments required.</p>
<p>7. Does the proposal promote links between open and natural spaces</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No</p>	<p>DM2 – Health, Wellbeing and Amenity seeks to support proposals where it can be demonstrated that any potential</p>	<p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain</p>	<p>Loss of open space/green space is growing in importance as it is increasingly recognised access to green and natural</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
<p>and areas of residence, employment and commerce?</p>		<p>adverse impacts on health, wellbeing and amenity arising from the construction, operation and, where relevant, restoration phase and any associated transport movements, are avoided or adequately mitigated to an acceptable level having regard to sensitive receptors. The Policy also refers to Loss of designated open/green space of being important.</p> <p>DM8 – Public Access, will support new proposals where it can be demonstrated this will not have an unacceptable impact on the existing rights of way network and its users. The Policy also refers to Loss of designated open/green space of being important.</p> <p>DM10 - Cumulative Impacts of Development, will support proposals where it can be demonstrated that there are no unacceptable cumulative impacts on the environment,</p>		<p>space is important for our physical and mental health.</p> <p>Source: https://www.wildlifetrusts.org/naturehealth-and-wild-wellbeing</p> <p>The Waste Local Plan does not link between open and natural spaces of areas of residence, employment and commerce.</p> <p>Policy DM8 does help to promote links between areas of residence, employment and commerce through public access and the right of ways network.</p> <p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		<p>health or on the amenity of a local community.</p> <p>Paragraph 8.1115 – recognises that there are parts of Nottinghamshire and Nottingham City that suffer from a poor-quality environment and a lack of accessible green space. Therefore, efforts to improve public rights of way should be targeted to help address such deficiencies as well as providing new infrastructure.</p>		
<p>8. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No</p>	<p>DM3 - Design of Waste Management Facilities seeks to ensure that all types of new and existing waste facilities looking to extend, adapt or redevelop, are designed to promote an innovative and sustainable waste management industry.</p> <p>DM4 – Landscape Protection, seeks to support proposals where it can be demonstrated that they will not have an</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain</p>	<p>Policy DM3 1c refers to minimising and enhancing the impacts of development on the natural and historic environment and section 2 of the policy aims to incorporate sustainable features into the design of waste facilities, this will contribute to open and natural spaces being welcoming, safe and accessible.</p> <p>The Waste Local Plan seeks to ensure access to open space through the right of way networks are improved or created to ensure increased accessibility for all.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		<p>adverse impact on the character and distinctiveness of the landscape. Development that would have an unacceptable impact on the landscape interest will only be permitted where there is no available alternative and the need for development outweighs the landscape interest. In such cases appropriate mitigation measures will be required.</p> <p>DM5 – Protecting and Enhancing Biodiversity and Geodiversity seeks to ensure such assets are protected and, where possible enhanced.</p> <p>DM8 – Public Access, will support new proposals where it can be demonstrated this will not have an unacceptable impact on the existing rights of way network and its users. The Policy also refers to Loss of designated open/green space of being important.</p>		<p>Active consideration of open and natural spaces is important and the design of such spaces can help to support natural spaces that are welcoming, safe and accessible to all.</p> <p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		Paragraph 8.23 – seeks to ensure a good standard of health, wellbeing and amenity for all existing and future occupants of land and buildings. New and existing development should not contribute to, or be put at risk from, pollution or other sources of nuisance or intrusion which could adversely affect health, wellbeing and local amenity, particularly in relation to sensitive receptors.		
9. Does the proposal seek to provide a range of play spaces for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Local Plan will not create development that will need to provide plays spaces for children and young people, including provision for those that are disabled.</p> <p>No amendments required.</p>
4. Air quality, noise and neighbourhood amenity				
10. Does the proposal seek to minimise construction impacts such as	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	DM2 – Health, Wellbeing and Amenity seeks to support proposals where it can be demonstrated that any potential adverse impacts on health,	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	The Waste Local Plan recognises that waste development can cause adverse impacts on local communities and that this can impact health and quality of life. The policies seek to ensure such impacts are

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
dust, noise, vibration and odours?		<p>wellbeing and amenity arising from the construction, operation and, where relevant, restoration phase and any associated transport movements, are avoided or adequately mitigated to an acceptable level having regard to sensitive receptors.</p> <p>DM10 - Cumulative Impacts of Development supports proposals where it can be demonstrated that there are no unacceptable cumulative impacts on the environment, health or on the amenity of a local community</p>		<p>avoided or mitigated adequately to limit these impacts.</p> <p>No amendments required.</p>
11. Does the proposal seek to minimise air pollution caused by traffic and employment/ commercial facilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>DM2 – Health, Wellbeing and Amenity seeks to support proposals where it can be demonstrated that any potential adverse impacts on health, wellbeing and amenity arising from the construction, operation and, where relevant, restoration phase and any associated transport movements, are avoided or adequately mitigated</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Waste Local Plan recognises that waste development can potentially cause additional HGV traffic which can lead impact on the local amenity, including air pollution. Policies then seek to minimise this impact by encouraging sustainable transport methods and locating operations nearby to markets so to minimise transport movement and impact. Also, with policies supporting highway safety and routing agreements to limit vehicle impact, this should minimise air pollution.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		<p>to an acceptable level having regard to sensitive receptors.</p> <p>DM3 - Design of Waste Management Facilities seeks to ensure that all types of new and existing waste facilities looking to extend, adapt or redevelop, are designed to promote an innovative and sustainable waste management industry.</p> <p>DM10 - Cumulative Impacts of Development seeks to support proposals where it can be demonstrated that there are no unacceptable cumulative impacts on the environment, health or on the amenity of a local community</p> <p>DM12 - Highway Safety and Vehicle Movements/ Routeing seeks to ensure that proposals consider highway safety and that vehicle movements do not have an unacceptable impact on the local environment and amenity. The needs of all road</p>		<p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		users, pedestrians, cyclists and people with disabilities, must be at the forefront of any considerations.		
12. Does the proposal seek to minimise noise pollution caused by traffic and employment/ commercial facilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>DM2 – Health, Wellbeing and Amenity seeks to support proposals where it can be demonstrated that any potential adverse impacts on health, wellbeing and amenity arising from the construction, operation and, where relevant, restoration phase and any associated transport movements, are avoided or adequately mitigated to an acceptable level having regard to sensitive receptors.</p> <p>DM10 - Cumulative Impacts of Development seeks to support proposals where it can be demonstrated that there are no unacceptable cumulative impacts on the environment, health or on the amenity of a local community</p> <p>DM12 - Highway Safety and Vehicle Movements/ Routeing</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Waste Local Plan recognises that waste development can potentially cause additional HGV traffic which can impact on the local amenity, including by noise pollution. The policies then seek to minimise this potential impact and ensure adequate mitigation measures are considered to minimise the noise pollution.</p> <p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		seeks to ensure to ensure that proposals consider highway safety and that vehicle movements do not have an unacceptable impact on the local environment and amenity. The needs of all road users, pedestrians, cyclists and people with disabilities, must be at the forefront of any considerations.		
5. Accessibility and active transport				
13. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	DM8 – Public Access – seeks to support new proposals where it can be demonstrated this will not have an unacceptable impact on the existing rights of way network and its users.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst the Waste Local plan cannot prioritise proposals that encourage people to become active, it does impact on the infrastructure available to individuals for walking or other physical activity therefore, having an indirect impact on health. The plan though does encourage for these routes not to be impacted during development and encourages, where appropriate, for these routes to be improved or enhanced and connected. Therefore, the plan has a positive impact on health.</p> <p>No amendments required.</p>
14. Does the proposal prioritise and encourage	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	DM8 – Public Access – seeks to support proposals where it can be demonstrated this will not	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral	<p>Whilst the Waste Local Plan does not actively prioritise and encourage cycling, it does encourage improving and</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
cycling (for example by providing secure cycle parking, showers and cycle lanes) connecting to local and strategic cycle networks?		have an unacceptable impact on the existing rights of way network and its users. This includes cycle routes.	<input type="checkbox"/> Uncertain	enhancing the right of way network and public access routes. This should then, in the long-term increase individual's opportunities to cycle and so have an indirect impact on health by helping improve physical and mental health. No amendments required.
15. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	DM9 – Planning Obligations seeks to negotiate planning obligations as measures for controlling waste facilities and mitigating any negative impacts to secure sustainable development objectives which cannot be achieved by the use of planning conditions. DM12 - Highway Safety and Vehicle Movements/ Routeing, seeks to ensure that proposals consider highway safety and that vehicle movements do not have an unacceptable impact on the local environment and amenity. The needs of all road users, pedestrians, cyclists and people with disabilities, must be	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	The Waste Local Plan identifies that all development should consider the road users and impacts on the road network. To ensure a minimal impact on road safety and road networks, the plan contains policies that enables, at the planning application stage, planning officers to condition or create obligations to ensure that all road users are protected from any potential impacts from additional HGV traffic that could be potentially generated from development. No amendments required.

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
		at the forefront of any considerations.		
16. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Plan does not promote accessible buildings and places to enable access to people with mobility problems or disability, this lies outside the remit of the Waste Local Plan.</p> <p>No amendments required.</p>
6. Crime reduction and community safety				
17. Does the proposal create environments & buildings that make people feel safe, secure and free from crime?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Plan does not cover nor create environments or buildings to ensure people feel safe and secure from crime.</p> <p>No amendments required.</p>
7. Access to healthy food				
18. Does the proposal support the retention and creation of food growing areas, allotments and community gardens in order to support a	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Waste Plan does not support the retention and creation of food growing areas, allotments and community gardens in order to support a healthy diet and physical activity, this lies outside the remit of the Waste Local Plan and with the Borough and District Local Plans within Nottinghamshire.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
healthy diet and physical activity?				No amendments required.
19. Does the proposal seek to restrict the development of hot food takeaways (A5) in specific areas?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. Waste Local Plan does not cover A5 uses, policies relating to this covered are within Local Borough/District Local Plan.</p> <p>No amendments required.</p>
8. Access to work and training				
20. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>SP2- Future Waste Management Provision looks to drive waste management up the waste hierarchy by providing for an appropriate range of facilities to help meet current and future recycling targets, whilst also making adequate provision for waste disposal where necessary.</p> <p>SP8- Safeguarding Waste Management Sites, seeks to avoid the loss of existing authorised waste management facilities, including potential extensions.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Policy SP2 seeks to provide a range of waste management facilities which in turn support and provide employment opportunities. This is similar to Policy SP8, that will actively avoid the loss of waste management sites and facilities, thus protecting and providing employment opportunities.</p> <p>No amendments required.</p>
9. Social cohesion and lifetime neighbourhoods				
21. Does the proposal connect	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	N/A. The Waste Plan does not connect with existing communities where the

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
with existing communities where the layout and movement avoid physical barriers and severance and encourages social interaction? [For example, does it address the components of Lifetime Neighbourhoods?]	<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	layout and movement avoid physical barriers and severance and encourages social interaction. Policies relating to this covered are within Local Borough/District Local Plans. No amendments required.
10. Minimising the use of resources				
22. Does the proposal seek to incorporate sustainable design and construction techniques?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	DM3 - Design of Waste Management Facilities seeks to ensure that all types of new and existing waste facilities looking to extend, adapt or redevelop, are designed to promote an innovative and sustainable waste management industry.	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	The Waste Local Plan does seek out for developments to be sustainable and reduce their impact, thus supporting sustainable design and construction techniques. No amendments required.
11. Climate change				
23. Does the proposal incorporate renewable energy and ensure that buildings and public	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	N/A	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A. The Waste Local Plan does not consider buildings and how these can be designed to respond to climate change. It does consider how flood risk associated with climate change could impact waste development, with this covered under the

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?				Strategic Flood Risk Assessment (SFRA) and subsequent Sequential Test. No amendments required.
24. Does the proposal maintain or enhance biodiversity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	DM5 – Protecting and Enhancing Biodiversity and Geodiversity seeks to ensure such assets are protected and, where possible enhanced	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst waste development can impact biodiversity, the policies within the Waste Local Plan seek to protect and enhance biodiversity where possible and ensure in the restoration phase, these benefits are maximised. The Plan also recognises biodiversity is key to enhance personal wellbeing. Whilst the policies are not explicit for the benefit of health, the indirect impact of protecting biodiversity is that it keeps nature available and accessible for communities which helps with mental wellbeing.</p> <p>No amendments required.</p>
12. Health inequalities				
25. Does the proposal consider health inequalities and encourage engagement by	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	DM9 – Planning Obligations seeks to negotiate planning obligations as measures for controlling waste facilities and mitigating any negative impacts to secure sustainable	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>All communities are covered under the National Planning Policy Framework (NPPF) and all waste policies to ensure health impacts are considered.</p> <p>No amendments required.</p>

Assessment criteria	Relevant?	Details/ Evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
underserved communities?		<p>development objectives which cannot be achieved by the use of planning conditions.</p> <p>DM10 Cumulative Impacts of Development seeks to support proposals where it can be demonstrated that there are no unacceptable cumulative impacts on the environment, health or on the amenity of a local community.</p>		
Any other comments				
No additional comments to add.				
Name of assessor and organisation		Nottinghamshire County Council- Planning Policy Team and Public Health Team		
Date of assessment		7th June 2023		