



Nottinghamshire Minerals Local Plan

Publication version

**Health Impact Assessment
May 2019**

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Executive Summary

Nottinghamshire County Council is currently in the process of renewing its Mineral Local Plan, having published a Draft Plan Consultation containing proposed policies in July 2018. As part of the Draft Plan review and feeding into the development of the Publication Version, along with other supporting documents, a Health Impact Assessment was undertaken to understand how the Mineral Local Plan potentially impacts health. Whilst not a health document, like most development proposals and local plans, mineral development has the potential to impact health by influencing the wider determinants of health, which have been recognised as having more influence on health than access to healthcare. A Health Impact Assessment applies a health lens to policies and proposals, helping to identify any potential health impacts and how negative impacts can be minimised and potential positive benefits maximised. This then brings Health into All Policies which should assist in beginning to address health issues and inequalities which are created by the numerous and complex social determinants of health.

In this Health Impact Assessment, the Rapid Health Impact Assessment Checklist tool that was developed by Nottinghamshire County Council Public Health and Planning Policy team was used and adapted to assess the Draft Consultation Plan (July 2018). This led to three recommendations to be considered when preparing the Publication Version of the Nottinghamshire Minerals Plan. These included: adding local green and open space as a consideration of impact on local amenity, recognising the benefits of green and open space on health and wellbeing; and highlighting the importance of users on public rights of ways and to enhance the user experience as well as the infrastructure.

1.0 Introduction

- 1.1 As a second-tier authority, Nottinghamshire County Council is the Minerals Planning Authority and so has a statutory responsibility to prepare a Minerals Local Plan and determine planning applications for mineral development (Paragraph 001, Planning Practice Guidance (PPG))¹.
- 1.2 Since minerals are a finite resource of economic importance, having a local plan is key to secure the long-term future of mineral resources and ensure that throughout the plan period, there is a steady and adequate supply to meet the forecasted level of demand.
- 1.3 Part of the plans policies then focus on ensuring this supply by making proposed allocations for mineral extraction sites to meet this projected demand. The plan also provides policies for which all proposed mineral applications will be determined against, with paragraph 204 and 207 in the National Planning Policy Framework (NPPF, 2019)² providing an outline of what Mineral Local Plans should include.
- 1.4 The current Nottinghamshire Minerals Local Plan was adopted in 2005 but with National Policy being updated since its adoption and the allocated sites within it either permitted, refused, operational or fully extracted, a new plan is required.
- 1.5 Nottinghamshire County Council is in the process of developing a new Minerals Local Plan which will supersede the 2005 plan once adopted. Before adoption, the plan will go through several stages starting with Issues and Options Consultation, which concluded in January 2018. This informed, along with supporting documents, the Draft Plan Consultation version which was open to public consultation between July and September 2018. At the time of writing, the feedback received has now been reviewed and along with other supporting documents, including this Health Impact Assessment, will inform the next version of the plan which will be the Publication Version. Table one provides a provisionally timetable of the stages that will follow which will ultimately lead to the plans formal adoption.

Table One. Proposed timetable for the Nottinghamshire Mineral Local Plan.

Stage	Proposed Date
Publication Version consultation	30 th August-11 th October 2019
Submission to Government	January 2020
Examination	Spring 2020
Adoption	September 2020

- 1.6 Once adopted, the plan will form the planning strategy for mineral development within Nottinghamshire County until 2036. In summary the plan contains the following:
 - An overview of the County area
 - A long-term Vision for mineral development in Nottinghamshire to 2036;
 - Strategic Objectives demonstrating how the Vision will be achieved

¹ MHCLG. 2014. Planning Practice Guidance. Guidance: Minerals. <https://www.gov.uk/guidance/minerals#Assessing-environmental-impacts-from-minerals-extraction>

² MHCLG. 2019. National Planning Policy Framework. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779764/NPPF_Feb_2019_web.pdf

- Strategic Policies covering the key issues of Sustainable Development, Minerals Provision, Biodiversity-Led Restoration, Climate Change, Sustainable Transport, The Built, Historic and Natural Environment, the Nottinghamshire Green Belt and Mineral Safeguarding
 - Mineral Provision Policies setting out the mineral requirements during the plan period to 2036, including allocations to meet this demand for different aggregates.
 - Development Management Policies, the purpose of which is to deliver the strategic policies and objectives by providing the criteria against which future minerals 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; and
 - A Policies Map which identifies site allocations/policies and site-specific Development Briefs.
- 1.7 In preparing the Publication Version, it is important to consider the proposed policies in the Draft Plan (July 2018) and whether they have any direct or indirect impact on health. The Sustainability Appraisal in the first instance considered the impacts of the plan and its policies on health, along with other considerations, and assisted in finalising the draft version. Now that the Draft Plan (July 2018) has been consulted on and amendments being considered, now is the appropriate time to undertake a Health Impact Assessment (HIA).
- 1.8 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.
- 1.9 This document will therefore firstly outline what is health and the determinants of health, before outlining 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.³
- 1.10 Before undertaking the HIA checklist, the current health profile of Nottinghamshire and the priorities for health will be discussed as this will inform the HIA to understand if the Minerals Local Plan could help address any key local health concerns.
- 1.11 The report will conclude with suggested recommendations to the Draft Plan (July 2018) that will, alongside the Sustainability Appraisal and Equality Impact Assessment, considered the potential impact of policies and shape the Publication Version Document.

³ Nottinghamshire County Council. 2018. Planning and Health Framework for the Health & Wellbeing of Nottinghamshire – Spatial Planning and Engagement Protocol 2018.

2.0 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’⁴

- 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 bringing social benefits. Addressing health issues and inequalities then is increasingly important, especially as inequality continue 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 healthcare⁵, 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 one, 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.

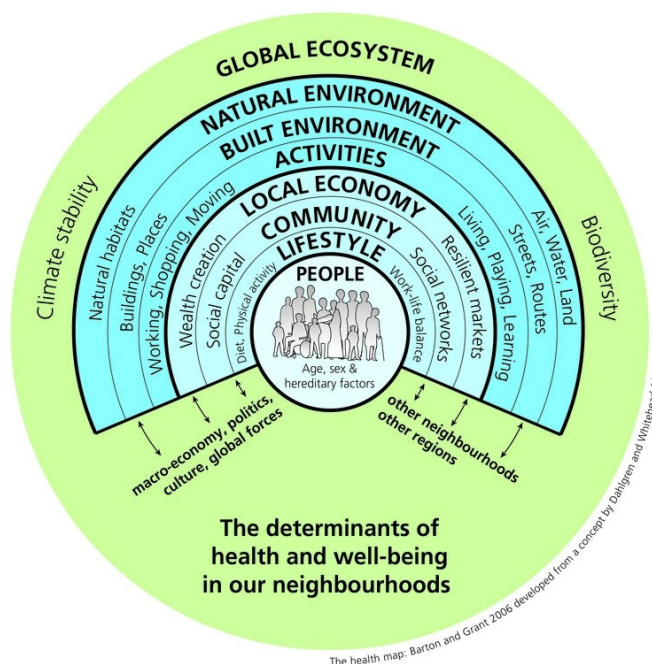


Figure One. Barton and Grant. 2006. The Health Map. Developed from a concept by Dahlgren and Whitehead 1991. Source <https://architexturez.net/file/6whbo32e2c1y2qbo-jpg>

⁴ World Health Organisation. 1948. <https://www.who.int/about/who-we-are/frequently-asked-questions>

⁵ The Health Foundation. 2017. What Makes Us Healthy? <https://www.health.org.uk/what-we-do/a-healthier-uk-population/what-makes-us-healthy>

- 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 though 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 genetics⁶.
- 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.
- 2.8 Whilst the rainbow model provided by Dahlgren and White covers a wide variety of determinants that influence health, the Health Foundation² 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 and;
 - 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 As Marmot outlined, 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 determinants⁷.

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 then are not directly health related, such as the Nottinghamshire Minerals Local Plan, health should be considered as having 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, health inequalities can be reduced.⁷
- 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.

⁶ World Health Organisation. Health Impact Assessment (HIA). <https://www.who.int/hia/en/> (Accessed March 2019).

⁷ Local Government Association. 2016. Health in all policies: A Manual for Local Governance.

3.0 What is a Health Impact Assessment?

- 3.1 A Health Impact Assessment (HIA) main purpose is to identify and consider the potential health and equity impacts of a proposal or policies on a given population and the wider determinants of health and inequality⁸.
- 3.2 As defined by WHO, a HIA is:
- ‘A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on health of a population, and the distribution of those effects within the population’⁹*
- 3.3 The HIA is therefore a tool in which to understand the potential negative and positive impacts of a policy or proposal and creates an evidence-based approach which can recommend practical solutions to help promote healthy places. The HIA therefore brings health into planning and ensures it is considered in a structured and focused way.
- 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 decision⁸.
- 3.5 In terms of policy and the Nottinghamshire Minerals Local Plan, a HIA will help understand how the policies within the Draft Plan version (July 2018) potentially impact health.
- 3.6 It should be noted that since the Nottinghamshire Minerals Local Plan is a strategic and so high-level plan, the potential impacts of individual proposed allocation sites for mineral extraction will not be covered within this HIA. This is because, at this point, there is not enough detailed information on the operation of the sites and so not adequate data to understand completely and fully the specific sites impact on health.
- 3.7 As the proposed sites come forward as planning applications, which will contain more site-specific detail, the health impacts from the sites can then be considered in more depth with a HIA potentially undertaken at this stage. Therefore, this HIA will focus on the policies proposed and the general health impacts that could occur due to mineral development.
- 3.8 There is no set approach to completing a HIA so to allow for the process to be flexible and adaptable. The Department for Health recommends a five-stage process which includes¹⁰:
- Stage One: Screening
 - Stage Two: Identify health impacts
 - 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 Checklist¹¹. This checklist quickly identifies and assesses the impacts of a development plan or proposals on health

⁸ National Health Service. 2002. Introducing health impact assessment (HIA): Informing the decision making process

⁹ WHO. 1999. Health Impact Assessment: Definitions of HIA. <https://www.who.int/hia/about/defin/en/>

¹⁰ Department for Health. 2010. Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact assessment process

¹¹ Nottinghamshire County Council. 2018. Spatial Planning Health and Wellbeing.

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 Draft Nottinghamshire Minerals Local Plan in preparation for the Publication Version. Whilst the questions within the checklist may not be directly applicable to mineral policies or mineral development, how they indirectly impact these determinants can still be considered. The form has therefore been adopted to make it relevant to the Minerals Local Plan.

4.0 Nottinghamshire Health

Health Profile of Nottinghamshire

- 4.1 Before moving forward into the HIA process, Nottinghamshire Local Health profile should be firstly considered to understand the current health issues in the area so to check that policies within the Minerals Local Plan do not exacerbate any current health issues.
- 4.2 With Nottinghamshire County Council being a second-tier authority, the Nottinghamshire area is split into seven Local Districts which include:
- Ashfield
 - Bassetlaw
 - Broxtowe
 - Gedling
 - Mansfield
 - Newark and Sherwood
 - Rushcliffe
- 4.3 For Nottinghamshire as a whole, as outlined in the Local Authority Health Profile 2018 which is in appendix one , the health of Nottinghamshire compared to the England Average is varied. The main points to highlight are:
- Life expectancy for men is 9.3 years lower in the most deprived areas compared to the least deprived areas
 - Life expectancy for women is 8.1 years lower in the most deprived areas compared to the least deprived areas
 - Life expectancy for females is lower than the England average
 - The excessive weight in adults (18 over) is worse than England average
 - Smoking during pregnancy is worse than the England average
- 4.4 The difference in life expectancy across the Nottinghamshire area means that health inequality is a key concern, with 14% of the Nottinghamshire population living within the 20% most deprived areas in England. The level of deprivation varies geographically across the County and between the districts, with Rushcliffe being one of the least deprived areas whilst Mansfield and Ashfield are ranked within the most deprived areas in England¹².

¹² Indices of Deprivation. 2015. <http://dclgapps.communities.gov.uk/imd/idmap.html>

Nottinghamshire Health and Wellbeing

4.5 Considering the current health profile, Nottinghamshire County Council's Health and Wellbeing board are in progress of producing a Joint Strategic Needs Assessment to identify current and future health needs of Nottinghamshire.¹³

4.6 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'.

4.7 To ensure the vision becomes a reality, the board has identified four key ambitions:

- To give everyone a good start in life
- To have healthy and sustainable places
- To enable healthier decision making
- To work together to improve health and care services

4.8 These broadly addresses some of the health issues raised in the health profile as well as addressing local concerns. As the strategy outlines, the indicator of achieving the ambitions and vision will be to see a reduction in the difference of life expectancies between the least and most deprived areas.

4.9 In terms of the Minerals Local Plan, the ambition which policies are most likely to directly or indirectly impact is ambition two; to have health 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.

5.0 Health Impact Assessment

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 manner¹⁴.

5.2 The screening exercise recommended by the Department for Health consists of five questions¹⁵, which are in table two, 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 Minerals Local Plan.

¹³ Nottinghamshire County Council. 2018. Health and Wellbeing Board. Joint Health and Wellbeing strategy 2018-2022.

¹⁴ NHS. 2003. Deciding if a Health Impact Assessment is required (screening for HIA).

¹⁵ Department of Health. 2010. Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment Process.

Table Two. Screening questions for HIA, as recommended by the Department for Health.

Screening Question	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. Also, as the plan is strategic and of high level, potential direct impacts associated with individual proposed sites cannot be considered at this time due to lack of site specific detail. Such detail would be provided at the planning application stage which is when the potential health and wellbeing impacts from the proposal should be fully considered.
Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?	Yes: Mineral development is likely to impact social, economic and environment conditions that could indirectly impact health. The Nottinghamshire Minerals 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 Minerals Local Plan will not provide detail of the proposed sites impact on individual's ability, 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: Mineral 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 and proposed site allocations for mineral 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 Minerals 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 scoping¹⁶. 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 Draft Nottinghamshire Minerals Local Plan potential impact these determinants and so health, either negatively and positively.

¹⁶ NHS: Health Development Agency. Introducing health impact assessment (HIA): Informing the decision-making process.

- 5.7 In working through the checklist, the Planning Policy Team worked with Public Health colleagues within the County Council to establish how the checklist can be adapted to the Minerals 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, the determinants and influences on health are multiple and complex.

Identified health impacts

- 5.8 The completed checklist is within appendix two and has identified that the policies within the Minerals 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 Publication Version of the Nottinghamshire Minerals Local Plan.

6.0 Recommendations

- 6.1 The Rapid HIA checklist also provides a space in which to assess how the Minerals 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 the following recommendations were made, with further detail provided within the checklist in appendix two:
- Within Policy DM1, add local green/open space to the types of impacts on local amenity to be considered.
 - The supporting text within Policy DM1 should reflect and explain how local green and open space is an important local amenity which bring benefits to individuals and communities health and wellbeing, both physically and mentally.
 - Supporting text for Policy DM7 should recognise that mineral development can directly and indirectly impact on right of ways infrastructures and its users. This would recognise the importance of having access to green and open spaces to people's health and wellbeing.

7.0 Conclusion

- 7.1 This Health Impact Assessment has considered how the Nottinghamshire Draft Minerals Local Plan (July 2018) potentially impacts health. Using the Rapid Health Impact Assessment Tool this allowed for the impacts to be identified and three recommendations to be proposed to help address these impacts.
- 7.2 Providing these recommendations are incorporated into the Publication Version of the Nottinghamshire Minerals Local Plan, it is considered that the potential negative health risks of the plan will be minimised, and the potential positive impacts maximised.
- 7.3 Overall, by considering the relationship between the plan and health, this should help Nottinghamshire County Council overarching vision for health.

Appendix One. Nottinghamshire Health Profile 2018.



Public Health
England

Protecting and improving the nation's health



Nottinghamshire

This profile was published on 3 July 2018

County

Smoking prevalence in adults (18+) local count revised 10 July 2018

Local Authority Health Profile 2018

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

Health in summary

The health of people in Nottinghamshire is varied compared with the England average. About 15% (21,100) of 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 8.1 years lower for women in the most deprived areas of Nottinghamshire than in the least deprived areas.**

Child health

In Year 6, 17.4% (1,340) of children are classified as obese, better than the average for England. Levels of smoking at time of delivery are worse than the England average. Levels of GCSE attainment are better than the England average.

Adult health

Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime and early deaths from cardiovascular diseases are better than average.



Contains National Statistics data © Crown copyright and database right 2018
Contains OS data © Crown copyright and database right 2018
Map data © 2018 Google
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

- www.nottinghamshire.gov.uk
- <http://nottinghamshireinsight.org.uk>

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

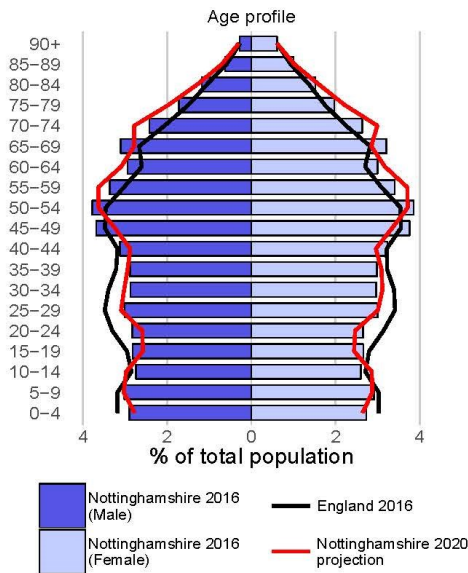
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

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* rate per 100,000 population

** see [page 3](#)

Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Nottinghamshire (persons)	England (persons)
Population (2016)*	811	55,268
Projected population (2020)*	831	56,705
% population aged under 18	20.2%	21.3%
% population aged 65+	20.3%	17.9%
% people from an ethnic minority group	4.0%	13.6%

* thousands

Source: Populations: Office for National Statistics licensed under the Open Government Licence
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

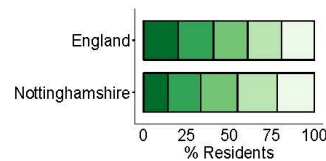
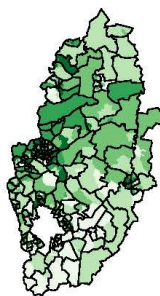
Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

National

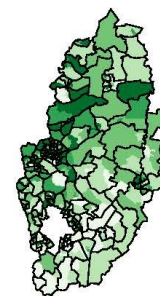
The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

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



Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



Lines represent electoral wards (2017). Quintiles shown for 2011 based lower super output areas (LSOAs). Contains OS data © Crown copyright and database rights 2018. Contains public sector information licensed under the Open Government Licence v3.0

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Nottinghamshire - 3 July 2018

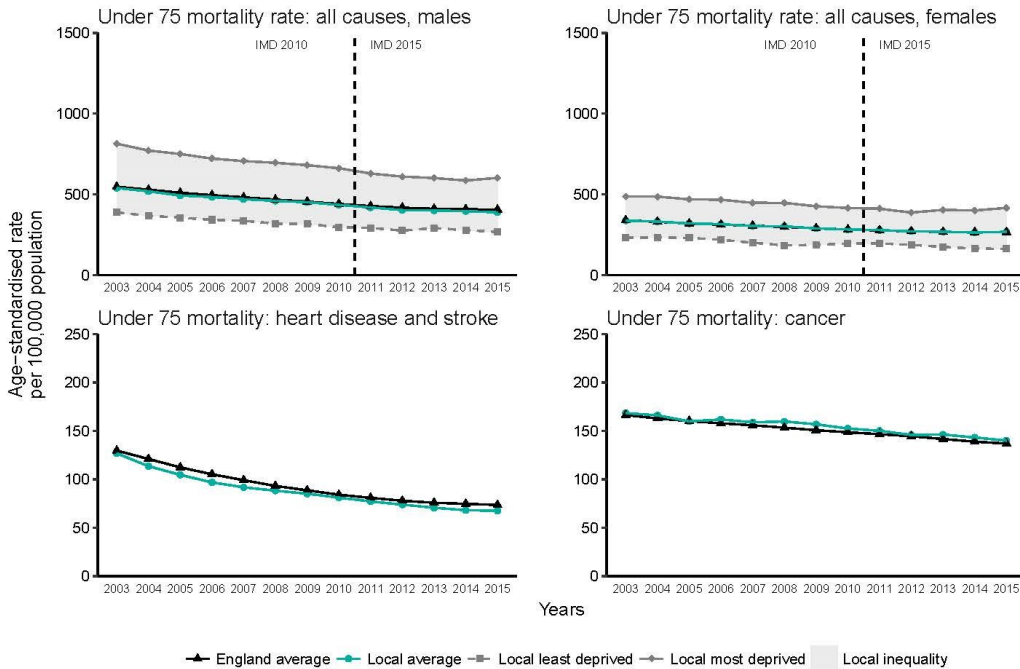
Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



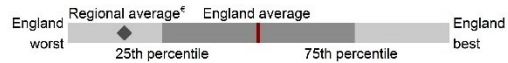
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

Health summary for Nottinghamshire

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

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	79.5	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	82.7	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	7,397	327.0	333.8	545.7		237.8
	4 Under 75 mortality rate: cardiovascular	2014 – 16	1,524	67.4	73.5	141.3		45.6
	5 Under 75 mortality rate: cancer	2014 – 16	3,180	139.9	136.8	195.3		100.0
	6 Suicide rate	2014 – 16	176	8.2	9.9	18.3		6.1
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	986	40.8	39.7	71.3		13.5
	8 Hospital stays for self-harm	2016/17	*98	*98	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	*98	*98	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	1,764	49.9	52.6	44.7		60.0
	11 Diabetes diagnoses (aged 17+)	2017	n/a	80.4	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	7,472	75.2	67.9	53.8		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	*98	*98	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	*98	*98	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	97,883	15.1	14.9	23.1		8.1
	16 Physically active adults (aged 19+)	2016/17	n/a	66.4	66.0	53.3		78.0
	17 Excess weight in adults (aged 18+)	2016/17	n/a	64.4	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	239	18.3	18.8	36.5		4.6
	19 Smoking status at time of delivery	2016/17	1,155	14.8	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	5,637	*68	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	115	4.4	3.9	7.9		1.6
Inequalities	22 Obese children (aged 10–11)	2016/17	1,340	17.4	20.0	29.2		11.3
	23 Deprivation score (IMD 2015)	2015	n/a	18.9	21.8	42.0		5.7
Wider determinants of health	24 Smoking prevalence: routine and manual occupations	2017	n/a	28.4	25.7	38.9		13.9
	25 Children in low income families (under 16s)	2015	21,050	15.1	16.8	30.5		6.1
	26 GCSEs achieved	2015/16	4,854	61.1	57.8	44.8		74.6
	27 Employment rate (aged 16–64)	2016/17	375,500	75.6	74.4	60.9		82.4
	28 Statutory homelessness	2016/17	70	0.2 ⁸⁰	0.8	9.6		0.0
	29 Violent crime (violence offences)	2016/17	12,953	16.1	20.0	42.2		7.0
	Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	1,545	20.8	17.9	28.9	
31 New sexually transmitted infections		2017	2,876	564.2	793.8	3,215.3		329.4
32 New cases of tuberculosis		2014 – 16	79	3.3	10.9	69.0		1.3

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

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, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

© "Regional" refers to the former government regions.

*98 Value not published for data quality reasons *99 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. *80 Aggregated from all known lower geography values

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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Appendix Two. Nottinghamshire Rapid Health Impact Assessment Matrix- Nottinghamshire Draft Minerals Local Plan.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
1. Housing quality and design				
<p>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?</p> <p>[For example, does it meet all Lifetime Homes Standards, Building for Life etc?]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>Paragraph 3.7- Minerals are essential to support economic growth and quality of life by providing raw materials to create new infrastructure, buildings and goods.</p> <p>Policy SP2: Minerals Provision- Seeks to ensure there is a steady and adequate supply throughout the plan period and this demand is monitored.</p> <p>Paragraph 4.6- Aggregates make a significant contribution to the construction industry.</p> <p>Policy MP1: Aggregate Provision- Policy identifies the demand for mineral over the plan period and that the County Council will maintain the landbank as per national policy.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst the Minerals Local Plan cannot influence the type of housing to address the wider community needs, it can ensure there is a steady and adequate supply of minerals to meet demand which are needed to build housing. By ensuring this supply, this should enable developers to build housing that meet local need.</p> <p>Since the plan already recognises the role aggregates play to the economy and quality of life and in supporting documents, such as the Local Aggregate Assessment (LAA), consider the impact of future housing trajectory on mineral provision, there are no recommendations.</p>

		Page 75- each house on average uses up to 60 tonnes of aggregate mineral and can be as high as 400 tonnes when include associated infrastructure.		LAA (Oct 2017: https://www.nottinghamshire.gov.uk/media/127116/october-2017.pdf
2. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>Paragraph 3.7- Minerals are essential to support economic growth and quality of life by providing raw materials to create new infrastructure, buildings and goods.</p> <p>Policy MP1: Aggregate Provision- Policy identifies the demand for mineral over the plan period and that the County Council will maintain the landbank as per national policy.</p> <p>Page 75- each house on average uses up to 60 tonnes of aggregate mineral and can be as high as 400 tonnes when include associated infrastructure.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>As with question one, whilst the Mineral Local Plan cannot promote the type of housing that will be built, it can contribute to their construction by ensuring there is adequate mineral available to meet local demand.</p> <p>Minerals are not just used in new builds but also to renovate and upgrade existing buildings. By having the material available, this can help ensure houses are more efficient and adapt to the seasonal changes. This is an indirect impact on this social determinant of health. Considering this and the plan, no amendments are proposed.</p>
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 type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A. The Mineral Local Plan does not seek to retain, replace or provide health and social care related infrastructure.

<p>4. Does the proposal address the proposed growth/ assess the impact on healthcare services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>N/A</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Minerals Local Plan will not cause growth that will directly or indirectly impact on the healthcare services.</p>
<p>5. Does the proposal explore/allow for opportunities for shared community use and co-location of services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>N/A</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. The Minerals Local Plan does not directly or indirectly impact on healthcare services and so there would be no opportunity to increase share community use of such services.</p>
<p>3. Access to open space and nature</p>				
<p>6. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy DM1: Protecting Local Amenity- This does not include access to local open space/ greenspace nor recognise its benefits as a local amenity that can support healthy living and physical activity.</p> <p>Policy DM7: Public Access- This policy seeks to ensure minimal impact on public access and where possible improve or enhance.</p> <p>Paragraph 5.87- Recognises that parts of Nottinghamshire suffer from a poor-quality environment and lack of access to green space. Therefore, efforts to</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>As minerals are often worked in greenfield locations this may result in a loss of open and natural spaces temporarily. 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>It is recommended that local green/ open space is added to policy DM1 as a local amenity that should be avoided or adequately mitigated. This could be accompanied with supporting text explaining how green and open space is associated to benefits in individual's</p>

		<p>improve public rights of way and access should be sought.</p> <p>SP3: Biodiversity led restoration- This policy seeks to promote biodiversity spaces through restoration and so will help create and potentially improve natural spaces.</p>		<p>health and wellbeing, both physically and mentally.</p> <p>Source: https://www.health.org.uk/infographic/how-do-our-surroundings-influence-our-health</p> <p>Overall, with the aim to ensure diversion of access to public right of ways, whilst mineral development may temporarily remove green space, in the long term, it can improve and provide new open and natural spaces and so with the recommendation, the overall impact should be neutral or slightly positive.</p>
<p>7. Does the proposal promote links between open and natural spaces and areas of residence, employment and commerce?</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/></p>	<p>Policy DM7: Public access- The policy seeks to improve and enhance the right of way network which connect people to open and natural spaces.</p> <p>Paragraph 5.85- Recognises the impact mineral development can have on right of ways and so the link between people and open and natural space. The text refers to the impact on the infrastructure and seeking to improve it. The text could go further to recognise the impact on the user and how opportunities will be sought,</p>	<p><input checked="" type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Uncertain</p>	<p>Policy DM7 does help to promote links between areas of residence, employment and commerce through public access and the right of ways network.</p> <p>It is recommended some words are added into the introductory text to recognise the direct and indirect impact on the users of this network and opportunity to be sought, where possible, to improve not just the infrastructure but the enjoyment of users too. This is growing in importance</p>

		<p>where possible, to improve the user experience.</p> <p>Paragraph 5.87- Seeks to improve links of areas in Nottinghamshire that have poor access to green space.</p> <p>Policy DM12: Restoration, after-use and aftercare, point 8- In after-use of the quarry, the policy seeks, where possible, to provide benefits to the wider community which include public access.</p>		<p>as it is increasingly recognised access to green and natural space is important for our physical and mental health.</p> <p>Source: https://www.wildlifetrusts.org/nature-health-and-wild-wellbeing</p>
<p>8. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy DM7: Public Access, seeks to enhance public rights of way where possible.</p> <p>Paragraph 5.86- Seeks to not only improve existing rights of way where possible but outlines how where new rights of way are proposed, they will need to connect and consider needs of people with mobility problems and other disabilities.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals 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. No amendments required.</p>
<p>9. Does the proposal seek to provide a range of play spaces for children and young people (e.g. play pitches, play areas etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>N/A.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. Whilst restoration may eventually involve a play area, this is beyond the scope of the Minerals Local Plan. Care would have to be taken if play areas were considered within the after-use as</p>

including provision for those that are disabled?				often restoration of extraction may include filling deep voids with water.
4. Air quality, noise and neighbourhood amenity				
<p>10. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>SO5: Minimising impacts on communities- Looks to minimise adverse impacts by protecting quality of life and health from impacts such as traffic, visual impact, dust etc.</p> <p>Policy DM1: Protecting local amenity- Policy seeks for mineral development to avoid or adequately mitigate adverse impacts which includes noise, blast vibration, dust, mud and air emissions.</p> <p>Paragraph 5.13- Recognise dust and air quality impacts can come from vehicle movements and throughout the different stages of a mineral development (construction, operation and restoration).</p> <p>Paragraph 5.14- Recognises that site machinery and related infrastructure can also impact on air quality and should be considered within the planning process.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals Local Plan recognises that mineral 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 avoided or mitigated adequately to limit these impacts. As per the Planning Practice Guidance, paragraph 12 (2014), once in operation such impacts can be enforced and controlled by the relevant authorities. Considering this and the policies contained within the plan, no recommendations have been suggested.</p> <p>Source: https://www.gov.uk/guidance/minerals</p>

<p>11. Does the proposal seek to minimise air pollution caused by traffic and employment/ commercial facilities?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy SP5: Sustainable Transport- Seeks for developments to maximise use of sustainable transport methods and where this is not possible, development should be nearby markets to minimise road movements.</p> <p>Paragraph 3.39- Outlines how mineral development can generate large volumes of traffic which can impact local communities from noise, air pollution, vibration and dust.</p> <p>Policy DM9: Highways safety and vehicle movements/ routeing- Policy seeks to ensure routes used for transporting minerals are adequate, will not impact local amenity and traffic in communities.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals Local Plan recognises that mineral 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 operation nearby to markets so to minimise transport movement and impact. Also, with policies supporting highway safety and routeing agreements to limit vehicle impact, this should minimise air pollution. The impact then on health is neither positive or negative but neutral, no recommendations are proposed.</p>
<p>12. Does the proposal seek to minimise noise pollution caused by traffic and employment/ commercial facilities?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy SP5: Sustainable Transport- Seeks for developments to maximise use of sustainable transport methods and where not possible, development should be nearby markets to reduce road movements.</p> <p>Paragraph 3.39- Outlines how mineral development can generate large volumes of traffic which can impact</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals Local Plan recognises that mineral 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. The impact then is neutral as the plan seeks to minimise the impact</p>

		<p>local communities from noise, air pollution, vibration and dust.</p> <p>Policy DM9: Highways safety and vehicle movements/ routeing- Policy seeks to ensure routes used for transporting minerals are adequate, will not impact local amenity and traffic in communities- including noise.</p>		<p>but not eradicate. No recommendation proposed.</p>
5. Accessibility and active transport				
<p>13. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> Partial</p> <p><input type="checkbox"/> No</p>	<p>Policy DM7: Public access- The policy seeks to improve and enhance the right of way network which connect people to open and natural spaces.</p> <p>Paragraph 5.86- Proposals for new rights of way will need to consider how best to link to existing rights of ways.</p>	<p><input checked="" type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Uncertain</p>	<p>Whilst the Minerals 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 and no amendments have been recommended.</p>
<p>14. Does the proposal prioritise and encourage cycling (for example by</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partial</p>	<p>Policy DM7: Public access. The policy seeks to improve and enhance the right</p>	<p><input checked="" type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p>	<p>Whilst the Minerals Local Plan does not actively prioritise and encourage cycling, it does encourage improving and</p>

<p>providing secure cycle parking, showers and cycle lanes) connecting to local and strategic cycle networks?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>of way network, this can include cycle routes.</p> <p>Paragraph 5.84- Nottinghamshire has 2,700km of routes that provide access into the countryside for walking, cycling and horse riding.</p>	<input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>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 recommended.</p>
<p>15. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>DM9: Highways safety and vehicle movement/routing- Policy seeks to ensure routes used for transporting minerals are adequate, will not impact local amenity and traffic in communities.</p> <p>Paragraph 5.97- Outlines how all development proposals will need to consider all road users, including pedestrians, cyclists and people with disabilities at the forefront of any consideration.</p> <p>Paragraph 5.102- Lorry routing can be a major consideration in assessing the acceptability of a mineral proposal. These can be, where needed, controlled through conditions or S106 agreements which are legally binding.</p> <p>DM11: Planning Obligations- The policy outlines how where appropriate the</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals Local Plan identifies that all mineral 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 mineral development. Considering this, there are no proposed recommendations.</p>

		council will negotiate measures to control mineral development where this cannot be achieved through planning conditions.		
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 checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy DM7: Public access. The policy seeks to improve and enhance the right of way network.</p> <p>Paragraph 5.86- Where new rights of ways are proposed they will need to consider the needs of those with mobility problems and other disabilities.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>The Minerals Local Plan seeks to, where possible, improve and enhance public rights of way infrastructure and this can include ensuring these are accessible. Therefore, the policy has a positive impact on this health social determinant.</p> <p>Within the introduction, to ensure users are considered and the impact of mineral development, it is recommended that users are referenced in the introductory text as per the wording off the policy.</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 type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A. The Minerals Plan does not cover nor create environments or buildings to ensure people feel safe and secure from crime. No recommendations are proposed.
7. Access to healthy food				
18. Does the proposal support the retention and creation of food growing	<input type="checkbox"/> Yes	Policy DM3: Agricultural Land and soil quality- Seeks to protect best and most	<input type="checkbox"/> Positive	The Minerals Local Plan seeks to mainly achieve biodiversity restoration but recognises the opportunity to restore

<p>areas, allotments and community gardens in order to support a healthy diet and physical activity?</p>	<input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>versatile agricultural land and soil quality.</p> <p>Paragraph 5.37- Often mineral development involves extracting large areas of agricultural land as can only work minerals where they are found.</p> <p>Paragraph 5.38- Where sites are already agricultural use, it may be desirable for the restoration to include agriculture purpose and ensure long term potential of the best and most versatile land can be maintained.</p>	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>sites to agricultural land which can work together with the biodiversity approach. The Plan recognises mineral development will impact agricultural land temporarily but by encouraging the consideration of agricultural as a restoration proposal and protecting the best and most versatile land, the impact on health in terms of affecting food growing areas is neutral. What is grown on the land and what this is used for is out of the scope of the Minerals Local Plan.</p>
<p>19. Does the proposal seek to restrict the development of hot food takeaways (A5) in specific areas?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>N/A</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>N/A. Mineral Local Plan does not cover A5 uses with the application and policies relating to this covered within the Local District. No recommendation proposed.</p>
<p>8. Access to work and training</p>				
<p>20. Does the proposal seek to provide new employment opportunities and encourage local employment and training?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy SP2: Minerals Provision- Where acceptable priority will be given to extensions of existing sites.</p> <p>Policies MP2-10 and site allocations only propose one new greenfield site, with the rest being extensions.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst policy SP2 seeks extensions for sustainability and sterilisation purposes, an indirect impact on health in terms of work is that this extends the life of the quarry and operation and so jobs associated with the mineral extraction. Jobs within the sector are limited, with approximately 25,000 employees</p>

		<p>Paragraph 3.11- extending sites is considered more sustainable and prevents sterilisation of mineral resource.</p> <p>Paragraph 5.121- after-use and restoration best with long term potential that can benefit the local community in terms of employment.</p>		<p>working in the sector across the UK. Employees are also at high risk to injury on site though this is improving.</p> <p>Source: http://www.hse.gov.uk/quarries/index.htm</p> <p>Restoration can also provide employment opportunities but again this can be limited. Therefore, overall the health impact of the Minerals Local Plan in terms of access to work is neutral. No amendments are recommended as the health and safety of site operation resides with the HSE and the operator and so beyond the scope of the Minerals Local Plan.</p>
9. Social cohesion and lifetime neighbourhoods				
<p>21. Does the proposal connect with existing communities where the layout and movement avoid physical barriers and severance and encourages social interaction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	<p>Policy DM1: Protecting Local Amenity- Seeks to ensure adverse impacts on amenity are avoided or mitigated.</p> <p>Policy DM7: Public Access- This policy seeks where unacceptable impact on rights of way networks and users cannot be avoided, temporary or permanent diversions must be provided.</p>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	<p>Whilst the Minerals Local Plan does not directly encourage social interaction, through policies DM1, DM7 and DM8, these can be considered in determining mineral applications and prevent communities becoming severed and isolated by mineral development. By ensuring right of ways are not unacceptable impacted and temporary or permanent diversions in place, this</p>

<p>[For example, does it address the components of Lifetime Neighbourhoods?]</p>		<p>Paragraph 5.84- Public right of way provides routes to access the countryside and provide vital links between towns and villages.</p> <p>Policy DM8: Cumulative Impact- Policy looks to ensure mineral development(s) do not create unacceptable cumulative impacts on the environment and amenity of the local community.</p>		<p>should prevent towns and villages becoming disconnected, with the plan recognising their importance in connecting places. Having a strong community and social ties is identified as key to health and wellbeing.</p> <p>Source: https://www.health.org.uk/infographic/how-do-our-family-friends-and-community-influence-our-health</p> <p>Considering the indirect neutral impact on health in terms of community, no further recommendations are suggested.</p>
<p>10. Minimising the use of resources</p>				
<p>22. Does the proposal seek to incorporate sustainable design and construction techniques?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Partial <input type="checkbox"/> No</p>	<p>Policy SP1: Sustainable Development- As per national policy, this policy seeks for a positive approach to be taken for sustainable development.</p> <p>Policy SP5: Sustainable transport- Seeks for developments to maximise use of sustainable transport methods and where not possible, development should be nearby markets to reduce road movements.</p>	<p><input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain</p>	<p>The Minerals Local Plan whilst does not seek out sustainable design and construction methods, it does have policies seeking for developments to be sustainable and reduce their impact. By supporting proposals with sustainable transport methods this reduces vehicular movements and so pollution and the impact on communities' health. Again, this impact on health is an indirect one which can be slightly positive in terms of impact on the social</p>

				determinants of health. No recommendations proposed.
11. Climate change				
23. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A. The Minerals 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 mineral development, with this covered under the Strategic Flood Risk Assessment (SFRA) and subsequent Sequential Test.
24. Does the proposal maintain or enhance biodiversity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<p>Policy SP3: Biodiversity led restoration- Seeks to maximise gains and opportunities in terms of bio-diversity.</p> <p>Paragraph 3.15- Value of nature should be at the centre of choices to ensure environment is enhanced for economic growth and personal wellbeing.</p> <p>Policy DM4: Protect and enhancement of biodiversity and geodiversity- Seeks to protect, mitigate and compensate for any loss in biodiversity from mineral development and where possible, enhance features of interest.</p>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	Whilst mineral development can impact biodiversity, the policies within the Minerals 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>Policy DM12: Restoration, after-use and after care-</p> <p>Paragraph 5.123- Restoration should maximise biodiversity opportunities and create or enhance priority habitats.</p>		<p>Source: https://www.wildlifetrusts.org/nature-health-and-wild-wellbeing</p> <p>With a positive impact and recognition that nature is good for wellbeing, no amendments are proposed.</p>
12. Health inequalities				
<p>25. Does the proposal consider health inequalities and encourage engagement by underserved communities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input checked="" type="checkbox"/> No	N/A.	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain	N/A. All communities are covered under policies to ensure health impacts are considered. No recommendations made.
Any other comments				
Name of assessor and organisation	Nottinghamshire County Council- Planning Policy Team.			
Date of assessment	XXX			