

Rotherham local plan

Supplementary Planning Document No. 5 Equal and Healthy Communities



Adopted June 2020

www.rotherham.gov.uk

Rotherham
Metropolitan
Borough Council 

Introduction	2
Status	2
Planning Policy	3
Equal and Healthy Communities	6
Equal and Healthy Communities Checklist	6
Health and Wellbeing Consideration	6
Equalities Impact Considerations	8
Managing Hot Food Takeaways	13
Contact Details	15

Appendices

Appendix 1: Equal and Healthy Communities Checklist	16
Appendix 2: Supporting Information	21
Appendix 3: Human and Children's Rights	24
Appendix 4: References	26

Introduction

Recognising the links between equality and health and wellbeing, this guidance has been produced to raise awareness, aid consideration of these issues in development design, assist in pre-application discussions, and support the submission and consideration of planning applications.

- 1** Under the terms of the Equality Act 2010, the Council has a duty to prevent discrimination based on nine protected characteristics, advance equality of opportunity and foster good relations. Rotherham's Local Plan contributes towards meeting these duties, and also supports the vision and objectives of the Rotherham Health and Wellbeing Strategy; in particular promoting healthy lifestyles and seeking to reduce poverty.
- 2** The guidance includes a checklist to assist when developing proposals ('Appendix 1: Equal and Healthy Communities Checklist') and also sets out how the Council will manage hot food takeaways close to schools and colleges. This guidance and all relevant Local Plan policies should be considered together in preparing planning applications.

Status

- 3** This Supplementary Planning Document (SPD) has been prepared in line with national planning policy and relevant legislation and regulations. The National Planning Policy Framework (NPPF) identifies that SPD add further detail and guidance to the policies in the development plan. They are capable of being a material consideration in planning decisions.
- 4** As required by The Town and Country Planning (Local Planning) (England) Regulations 2012 (as amended) consultation on a draft of this SPD took place between 7 October and 4 November 2019. The accompanying Consultation Statement sets out further detail on this consultation, including who was consulted, a summary of the main issues raised and how these have been addressed in the SPD. It also contains an adoption statement, confirming that this SPD was adopted by Rotherham Council 15 June 2020.

Planning Policy

National planning policy

5 Equality is a thread running through NPPF. The purpose of the planning system is to contribute to the achievement of sustainable development. This means meeting the needs of present as well as future generations, and includes all groups in our society.

6 The NPPF emphasises the importance of the health agenda to spatial planning and achieving sustainable development. Chapter 8 "promoting healthy and safe communities" sets out how planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible, and enable and support healthy lifestyles

7 Health is a cross cutting theme in the NPPF and relevant policies are found throughout the whole document e.g. Chapter 9 Promoting sustainable transport, Chapter 11 Making effective use of land, Chapter 12 Achieving well-designed places, Chapter 15 Conserving and enhancing the natural environment, and Chapter 17 Facilitating the sustainable use of minerals.

Planning Practice Guidance⁽¹⁾ describes a healthy community as:

"A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:

- *Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing, and is accessible by walking and cycling and public transport.*
- *The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments".*

8 Planning Practice Guidance⁽²⁾ also notes that planning considerations in respect of health and healthcare infrastructure include:

- *"development proposals can support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital;*

1 Paragraph: 005 Reference ID: 53-005-20140306

2 Paragraph: 002 Reference ID: 53-002-20140306

- *the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;*
- *the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area;*
- *the healthcare infrastructure implications of any relevant proposed local development have been considered;*
- *opportunities for healthy lifestyles have been considered (e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation);*
- *potential pollution and other environmental hazards, which might lead to an adverse impact on human health, are accounted for in the consideration of new development proposals; and*
- *access to the whole community by all sections of the community, whether able-bodied or disabled, has been promoted.*

9 Government guidance establishes how planning can influence the built environment to improve health and reduce obesity and excess weight in local communities, as well as supporting opportunities for communities to access a wide range of healthier food production and consumption choices⁽³⁾. Where supported by an evidence base it notes that local planning authorities could limit the proliferation of certain use classes in identified areas, having regard to issues such as:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds; and
- evidence indicating high levels of obesity, deprivation and general poor health in specific locations.

Local planning policy

10 Rotherham's Local Plan consists of the Core Strategy (adopted in September 2014) and the Sites and Policies Document (adopted in June 2018), alongside the Barnsley, Doncaster and Rotherham Joint Waste Plan (adopted in March 2012).

11 Health and equalities considerations are embedded throughout the Local Plan; from allocating sites for new development to meet the needs of Rotherham's communities, to policies which influence the design and layout of development, promote the protection of and provision of new sport and leisure facilities, and seek to ensure that health and equalities issues are considered in preparing development proposals.

3 Paragraph: 006 Reference ID: 53-006-20170728

The Integrated Impact Assessment of the Local Plan Sites and Policies document⁽⁴⁾ assessed the combined effects of the site allocations, safeguarded land (if developed in future) and policies and whilst recognising that long-term effects cannot be accurately predicted, concluded that:

- In assessing population and equality, given high relative deprivation in the borough and the high importance of addressing equalities issues, the Local Plan is likely to be moderately beneficial in the medium term and majorly beneficial in the long term.
- In assessing health and wellbeing, the Local Plan is considered likely to be slightly beneficial in the medium and long term, as new developments become fully operational and accumulate, alongside their various benefits.

12 The Local Plan recognises how planning decisions and new development can influence health and wellbeing and the quality of life of communities. As such Policy CS27 Community Health and Safety states that development will be supported which protects, promotes or contributes to securing a healthy and safe environment and minimises health inequalities.

13 Policy SP11 Development in Residential Areas indicates that certain non-residential uses will be allowed in residential areas where they meet a number of criteria. Criterion d. requires proposals to demonstrate how they will be of benefit to the health and wellbeing of the local population. Paragraph 4.45 of the explanatory text states: "Health and Equalities Impact Assessments can assist applicants in demonstrating how development proposals will be of benefit to the health and wellbeing of the local population. The Council will encourage the preparation of Impact Assessments to accompany the planning application."

14 Policy SP55 Design Principles applies to all development. Amongst other things this indicates that applicants should comprehensively consider health and equalities impacts. Paragraph 4.316 of the supporting text states that Health and Equalities Impact Assessments, prepared to accompany planning applications, can ensure that these issues are thoroughly considered. The scope and extent of the issues to be assessed and the framework for the assessment should be based on best practice and agreed with the Council prior to submission of a planning application. The outcomes of the assessment should be submitted with the application.

15 This guidance has been prepared to assist applicants in considering equalities, health and wellbeing issues when preparing planning applications. Submission of the checklist accompanying this guidance will contribute towards applicants demonstrating how proposals satisfy the requirements of Policies SP11 and SP55.

4 Rotherham Local Plan: Sites and Policies Document Integrated Impact Assessment. Volume 3. March 2016

Equal and Healthy Communities

Equal and Healthy Communities Checklist

Health and equalities guidance 1

Use of the checklist will be expected for:

- applications of 50 or more dwellings or 1,000 sqm or more of non-residential floor space; and
- smaller scale non-residential uses within residential allocations as shown on the Local Plan Policies Map; and
- proposals required to satisfy criterion d. of Policy SP11 Development in Residential Areas and / or the final paragraph of Policy SP55 Design Principles.

The Council also encourages use of the checklist for other development proposals.

The checklist at appendix 1, or an alternative assessment which considers the issues set out in the checklist and this guidance, should be completed and submitted alongside other documents accompanying an application for pre-application advice or for planning permission. Submission of the checklist at pre-application stage can assist in providing early evidence of how health and wellbeing and equality considerations have informed the layout and design of development proposals, and assist the Council in providing appropriate feedback.

Where a masterplan is prepared for a site this completed checklist should sit alongside and inform the development of the masterplan.

16 'Appendix 1: Equal and Healthy Communities Checklist' is also available in Microsoft Word format. It has been designed to be applicable to both residential and non-residential uses, although it is recognised that not all items will be relevant to every case. It is also recognised that application of the checklist will need to be considered on a site specific basis, as the appropriate response for each site may be very different.

Health and Wellbeing Consideration

17 The link between planning and health has been long established; the built and natural environments are major determinants of health and wellbeing. Health is a cross cutting theme in the Local Plan and it is relevant to many different areas within planning (see 'Appendix 2: Supporting Information'). This guidance seeks to support proposals which have a positive impact on health and wellbeing and strengthen provision for health within the design of developments by highlighting a number of key considerations within one document. This guidance will be helpful in ensuring health considerations are integrated into planning applications so promoting healthy communities and sustainable development.

18 The Council supports proposals which have a positive impact upon mental and physical health and wellbeing. This includes planning for all members of the community, delivering a high quality physical and environmental environment, and supporting healthy living opportunities. Development proposals can support strong, vibrant and healthy communities and help create healthy living environments through a range of measures. These could include, but are not limited to:

- incorporating spaces, layouts and features which ensure accessibility for all members of the community, encourage social interactions, minimise crime and the fear of crime and support opportunities for physical activity;
- avoiding significant adverse impacts from pollution, including cumulative ones, and reducing pollution wherever possible;
- improving access to healthy eating opportunities;
- provision of allotments and community food growing spaces.

19 The healthy communities part of the checklist has drawn upon a range of sources including:

- The adopted Rotherham Local Plan;
- The NPPF and Planning Practice Guidance;
- The Integrated Impact Assessments (IIA) of the Core Strategy (2013) and Sites and Policies Document (2016);
- Town and Country Planning Association publications;
- The Public Health England National Public Health Profile for Rotherham and National Institute of Clinical Excellence (NICE) Briefing notes; and
- Feedback from the Obesity Strategy Group Steering Group Meeting (4 June 2015) and relevant public sector partners within RMBC, including Public Health and Development Management colleagues.

20 This part of the checklist has four overarching themes:



21 For each theme a series of questions and prompts (which are not exhaustive) highlight the types of issues which should be considered as part of preparing development proposals. The checklist provides space for developers to provide a tick box response to each question / prompt, indicate where the evidence is available and provide further notes or evidence as appropriate. It recognises that the evidence will vary from site to site and that the issues may be considered in detail in other supporting documents provided with a planning application such as maps or plans, supporting data analysis, specific action plans, management plans, concept plans, reports, and assessments.

Equalities Impact Considerations

22 Under the terms of the Equality Act 2010, the Council has a duty to prevent discrimination based on nine protected characteristics as well as any other status as identified within the European Convention of Human rights and any other domestic or relevant UK or EU law:

Age	Pregnancy and maternity	Sex / gender
Disability	Gender reassignment	Sexual orientation
Marriage and civil partnership	Religion and belief	Race (ethnicity, origin, nationality, skin, colour)

23 The Public Sector Equality Duty (PSED) Section 149 of the Equality Act 2010 also requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity;
- foster good relations.

24 The Council has published its Equality and Diversity Policy as well as an equality and diversity strategy: "Equality for all 2016 –2019". Rotherham's Local Plan Core Strategy and Sites and Policies Document have been subject to Equalities Impact Assessment (EqIA) as part of their preparation. These can be found in the following documents:

- Rotherham Core Strategy 2013 – 2028: Integrated Impact Assessment. June 2013.

25 See Appendix G EqIA Technical Document.

- Rotherham Local Plan Sites and Policies Document: Integrated Impact Assessment Volume 3: Assessment of Policies. March 2016. See Appendix 3-D EqIA of Policies.

26 The above documents provide evidence base and statistics regarding the various groups and characteristics wherever possible.

27 The last part of the checklist seeks to ensure that in developing proposals applicants have considered the potential impact of development in terms of equalities issues, with particular focus on disadvantaged or excluded groups of people. It allows a consideration of whether proposals will impact either positively or negatively in respect of:

- the nine protected characteristics set out in the equalities act and the impact on community cohesion;
- other groups, including carers, people vulnerable to socio-economic disadvantage and businesses which could affect current or future jobs in the borough;
- human rights having regard to the Human Rights Act 1998 and children's rights, as defined by the UNCRC (1992) (see 'Appendix 3: Human and Children's Rights').

Key questions to consider are:

- Are there any impacts or barriers (intended or unintended) relating to specific groups which could lead them to be disadvantaged or treated unfairly?
- Are there any positive impacts which could help reduce any inequalities or disadvantage?
- If there is any disadvantage or inequality identified, how will these be addressed or mitigated?
- In relation to the Human Rights Act 1998, identify the protected characteristic or socio-economic group(s) who may be disadvantaged and clearly state why there may be a violation of their rights, and / or identify any positive impact.

Depending upon the type of development proposed, the following questions may also be relevant:

- Is there equal access to and quality of services / facilities for all groups?
- Are there any significant differences in outcomes between groups?
- Is there over - or under-representation of some groups for certain services or facilities?
- Will development result in poor accessibility for those without access to a car?
- Will development provide suitable and inclusive access for all groups?
- Will development help improve skills by promoting access to training and education?
- Will development help create or contribute to creating a healthy environment?

28 The following sections provide further information regarding the various groups / characteristics which should be considered when completing the checklist.

Age

Consider the impact of development on the needs of both older and young people and people of working age. Recognise that these groups will have different requirements and that developments may impact these groups, both positively and negatively, in different ways.

Race

Consider the implications of development on people of different race and ethnicity, including BME and non-BME communities. Consider different ethnic groups within the five broad census headings,

and groups not listed as separate census categories, for example Middle Eastern, North African, European, Gypsies and Travellers, Asylum Seekers, Refugees and migrant workers. Issues for consideration could include how new development integrates with existing areas and how it helps reduce deprivation, improvements to services and facilities and employment opportunities and access to them, improved housing opportunities and development of high quality places.

Sex

In considering the impact of development, recognise that women and men may have different priorities and different needs for how these are provided. This includes different priorities in terms of transport options, health requirements and the provision of other services and facilities. Key issues could include how development improves accessibility, including by means other than car, the type and mix of housing and tenures, design of development to reduce opportunities for crime and the fear of crime, and the provision of new services and facilities.

Gender Reassignment and Transgender

Transgender is a wider umbrella term used to include people whose gender identity and/or gender expression differs from their birth sex. The term may include, but is not limited to, transsexual people and others who define as gender-variant. Transsexual is the term used to describe a person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). Gender reassignment is covered by the gender reassignment provisions in the Sex Discrimination Act (SDA). Considering the different needs of people from Trans communities can be complex. Key areas of concern include 'hate crime' and a lack of social facilities. Development proposals may contribute positively through the provision of new and improved social facilities and other measures which improve the safety of vulnerable groups.

Disability

In considering the impact of development on people with a disability or long-term limiting illness/condition, regard should be had to a range of factors, including the legibility and layout of development, the physical features of buildings and public realm, internal layouts, and specific features which may be relevant depending upon the type of development proposed (these could include public realm, public art or other features specifically designed for those with disabilities). Positive measures could include footway improvements, better pedestrian crossing provision, and decluttering of the streets and raised kerbs.

The barriers faced by different groups of disabled people should be recognised, including:

- Physical impairment - such as people who have difficulty in using their arms or who have mobility issues which mean using a wheelchair or crutches
- Sensory impairment - such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment or a speech impairment
- Mental health condition - such as depression or schizophrenia
- Learning disability/difficulty - such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.

Faith / religious or other beliefs

This includes people who do not follow a religion or have any particular belief system. In considering the impact of development factors could include accessibility to or provision of new places of worship or meeting places, whether there are any unmet needs which could be addressed as part of development, and whether the implications of issues such as hate crime have been taken into account (which could include, for example, development features which reduce the fear of crime and potentially the incidence of hate crime).

Sexual orientation

This includes people who are lesbian, gay or bisexual. Key areas of concern include 'hate crime' and a lack of social facilities. Development proposals may contribute positively through the provision of new and improved social facilities and other measures which improve the safety of vulnerable groups.

Pregnancy and Maternity

Consideration of the impact of development should recognise that pregnant women and women caring for very young children may have reduced mobility and thus issues of accessibility and inclusivity will be of importance.

Marriage and Civil Partnerships

In considering the impact of development regard should be had to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

Carer

A carer is someone who looks after a partner, relative or friend who has a disability, is an older person, or has a long term condition. Carers may be paid or unpaid, can often be isolated and are of every age group and ethnic origin.

Managing Hot Food Takeaways

Health and equalities guidance 2

Hot food takeaways near schools

Planning permission will not be granted for any new hot food takeaway (Use Class A5) or hybrid uses incorporating A5 uses, where proposals are located within 800 metres of a primary school, secondary school, special school or tertiary college. The exception to this is where proposals also fall within a town, district or local centre (as defined in the Local Plan) and satisfy relevant planning policies.

Primary schools are defined as those which cater for children between the ages of about 5 and 11.

Secondary schools are defined as those which cater for children aged 11 upwards.

Special school are defined as those which make special educational provision for children or young people whose ages may vary.

Tertiary colleges are defined as colleges which cater for students aged 16 upwards.

29 The Town and Country Planning (Use Classes) Order 1987 (as amended) defines hot food takeaways as Use Class A5 and as 'premises where the primary purpose is the sale of hot food for consumption off the premises'. In deciding whether an application is for an A5 use, consideration will be given to:

- the proportion of space designated for hot food preparation;
- the number of tables and chairs to be provided to customers; and
- the percentage of turnover attributed to the A5 use.

30 This policy guidance will also apply to proposals which include a mix of uses including A5 use, except where it is considered that an A5 use is ancillary to the main use.

31 For the purposes of this policy guidance 800 metres represents a reasonable walking distance; however account will be taken of barriers such as main roads, rivers and railway lines. The 800 metres will be measured from any school entrance used by pupils.

32 The Local Plan recognises that whilst hot food takeaways can contribute towards the vitality and viability of retail centres they can also have detrimental impacts, particularly in terms of the shutters which can be closed for large parts of the day and clustering which can have a harmful effect on the character and function of an area. As such Policies restrict hot food takeaways within town and district centres to those areas outside the Primary and Secondary Shopping Frontages (see Policies SP19 Development within Town, District and Local Centres, SP20 Primary shopping Frontages and SP21 Secondary Shopping Frontages).

33 Policy SP22 Hot Food Takeaways also controls the harmful impacts of these uses by ensuring that they do not become dominant within centres, reducing the opportunities for clustering (within or outside of defined centres), and ensuring that consideration is given to highways safety and amenity issues and any appropriate mitigation.

34 Through Policy CS27 Community Health and Safety the Local Plan supports development which protects, promotes or contributes to securing a healthy and safe environment and minimises health inequalities. It is recognised that hot food takeaways may provide some healthy eating options and also that access to unhealthy food is not restricted to A5 uses and could be found within other uses such as restaurants (Use Class A3) and retail (Use Class A1). However evidence demonstrates the link between fast food takeaways and health concerns for Rotherham's communities⁽⁵⁾, and the scope of this policy guidance is limited to hot food takeaways. Other policy guidance within this SPD and within national and local planning policy promotes healthy communities.

35 Data from Public Health England shows that the number of hot food takeaways within Rotherham has risen, as has the number of takeaways per 100,000 population. Worryingly there is an increasing gap between the number of hot food takeaways by population in comparison to the national level:

Table 1 Number of fast food outlets

Year	Number of outlets	Rate per 100,000 population - Rotherham	Rate per 100,000 population - England	Difference between local and national rate
2017	290	110.6	96.1	+14.5
2016	256	98.4	88	+10.4
2013	229	88.9	86	+2.9

36 Rotherham's Health and Wellbeing Strategy 2018-2025 recognises that childhood is an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham obesity levels double between reception (aged 4-5 years – 11.5% obese, higher than the England average) and Year 6 (aged 10-11 years – 22.2% obese, again higher than the England average). It acknowledges that there will be many contributing factors to this increase: lifestyle and diet choices of the children, their parents, their school, and the local environment.

37 The risk of early death and disability can be effectively reduced by, amongst other things, reducing levels of overweight and obesity.

38 Recognising that planning decisions can have a significant impact on health and wellbeing, the Health and Wellbeing strategy identifies that using planning levers to limit the growth of fast food takeaways, for example, can contribute to the broader effort to reduce growing levels of overweight and obesity.

5 See separate hot food takeaways evidence base paper, 2019

Contact Details

If you have any questions regarding this Supplementary Planning Document please contact Planning Policy:

Submit an enquiry to Planning Policy online:

<https://www.rotherham.gov.uk/xfp/form/535>

Email: planning.policy@rotherham.gov.uk

Telephone: 01709 823869

Website: <https://www.rotherham.gov.uk/localplan>

Post: Planning Policy, Planning, Regeneration and Transport, Regeneration & Environment Services, Rotherham Metropolitan Borough Council, Riverside House, Main Street, Rotherham, S60 1AE

For planning application and pre-application advice, please contact Development Management:

Submit an enquiry to Development Management online:

<https://www.rotherham.gov.uk/xfp/form/216>

Email: development.management@rotherham.gov.uk

Telephone: 01709 823835

Website: <https://www.rotherham.gov.uk/planning>

Post: Development Management, Planning, Regeneration and Transport, Regeneration & Environment Services, Rotherham Metropolitan Borough Council, Riverside House, Main Street, Rotherham, S60 1AE

Appendix 1: Equal and Healthy Communities Checklist

Promoting equal and healthy communities: checklist

The checklist below is also available to download in Microsoft Word format.

Please read the guidance contained in the accompanying Supplementary Planning Document before completing and submitting this form. This checklist is not intended to be onerous to complete, but to prompt a consideration of issues which should inform proposals and identify where measures could result in improvements to health and equality issues. The information provided should be proportionate to the type, size and scale of proposed development.

Site name and address:	
Application reference (if known):	
Description of development:	
Name and role of person completing the assessment:	
Date form completed:	

Applicants should complete this checklist, ticking the relevant box for each question and providing additional notes or information as appropriate. In the checklist below:

- The layouts column refers to site layouts provided with an application and could include landscaping plans, site plans, layouts or elevation plans.
- 'D&A Statement' refers to a design and access statement
- 'Plan. Statement' refers to a planning statement often provided with an application addressing various planning issues and how a proposal responds to relevant planning policies.
- Where evidence is provided in other documents not listed, please tick 'other' and provide details of the relevant document.

	Response	Evidence					Commentary
		Masterplan	Layouts	D&A Statement	Plan. Statement	Other	
1. Movement and access							
How do your development proposals contribute to a safe and accessible public realm and movement network for all users, including encouraging walking and cycling over motor vehicles?							
Does it provide easy access by walking, cycling and public transport to and from key destinations, i.e. new homes, places of work, shops, leisure & community facilities and other services?							
Are there through-routes within the development for pedestrians and cyclists? Are any new multi-user movement networks needed to serve the site?							
Is there clear signposting / lighting of walking and cycling networks and links to them?							
Is new public transport infrastructure to serve the site provided or required? (e.g. new bus services or shelters). Where bus stops are provided do they allow level boarding for users?							
Is secure cycle parking provided – particularly at locations such as employment sites, shops or other facilities?							
Are furniture or facilities provided or required which promote or meet the needs of the community (such as benches, gates, horse access, wheelchair elevator / stair climber etc.)							
Have unnecessary physical barriers to access and movement been eliminated? Or can any barriers be adapted or improved to facilitate "Access for All"?							
Is provision made for reduced vehicle speeds such as 20mph zones?							
Are dropped kerbs and tactile surface material at crossing points provided or required?							

	Response	Evidence					Commentary
		Masterplan	Layouts	D&A Statement	Plan. Statement	Other	
2. Development Design How has the development been designed to provide a safe, attractive and well designed environment which meets the needs of the community?							
Are parking spaces provided in appropriate locations and are any parking courts well lit and with sufficient over-looking from adjacent properties?							
For large employment uses are facilities such as shower / changing rooms, storage facilities and clothes drying provided, to encourage commuting via non-vehicular means?							
Are electric supply points for charging of electric bikes / vehicles provided or required?							
Do new homes and other buildings provide adequate internal spaces for amenity (such as dining / kitchen facilities) and bike storage? In multiple occupancy dwellings a communal bike store at ground level could be provided which is secure and protected from the elements.							
Does the development include 'Secured by design' features?							
Do new homes provide adequate private or semi-private space? (The South Yorkshire Residential Design Guide (page 129) identifies minimum requirements.)							
Does the development positively address adjacent spaces, including Green Infrastructure and walking and cycling routes?"							

	Response		Evidence					Commentary
	Yes	No	N/A	Masterplan	Layouts	D&A Statement	Plan. Statement	
<p>3. Optimising Green Infrastructure and Access to Open Space</p> <p>How does your development enhance and integrate existing Green Infrastructure (GI) networks, and provide publicly accessible Green Space? How does your development plan for climate change? How does your development plan encourage physical activity and/ or a healthy lifestyle? How will your development be managed long term to ensure continuing fitness for purpose?</p>								
Do proposals clearly show how Green Infrastructure has been integrated into the design of development (where appropriate)?								
Does development improve connectivity to / accessibility of existing Green Infrastructure and /or provide easy access to natural green open spaces of different sizes?								
Does development provide opportunities to promote physical activity, such as sign posted walks / trails, new active trim trail/ outdoor gym equipment, access to formal play facilities within 5 minutes' walk (or 400 metres), and meeting local demand for outdoor sports?								
Is there provision of or requirement for sustainable design features such as green roofs, shade trees, and sustainable urban drainage systems?								
Where relevant, have suitable buffers been provided to wildlife habitats within or near to the site to increase climatic resilience?								
Does the landscaping scheme include, or has consideration been given, to appropriate plant species, including those adaptable to fluctuating water demand?								
Do proposals provide new, or maintain / enhance existing opportunities for food growing, including in residential gardens?								
Has the impact of additional use of neighbouring Green Infrastructure Assets been fully considered and addressed (e.g. litter, path erosion)?"								

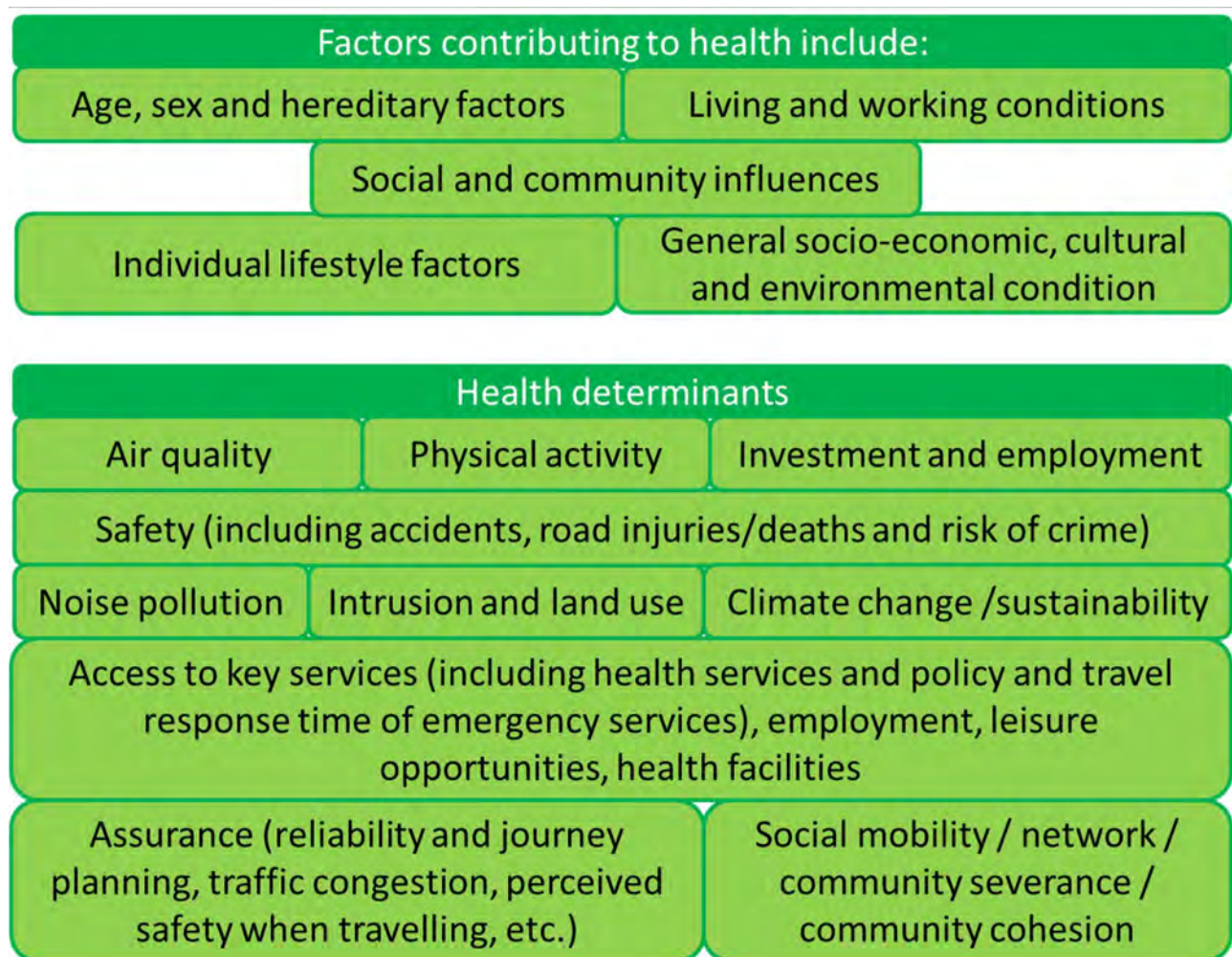
	Response		Evidence				Commentary	
	Yes	No	N/A	Masterplan	Layouts	D&A Statement		Plan. Statement
Is provision made for the management and maintenance of landscaping, green spaces and other facilities over the lifetime of the development? Is the person / body who will be legally responsible for public safety in any publicly accessible green spaces identified? Has provision been made, or consideration given to involving the local community in the management and development of the site (including publicly accessible green spaces)?	Yes	No	N/A					

	Yes	No	N/A	Response (please identify relevant groups, characteristics or areas for consideration)		
4. Promoting equal communities How does development impact on different communities and groups? Protected characteristics are age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity. Rotherham also includes carers as a specific group. Other areas to consider are human rights and children's rights, impact on community cohesion, deprivation (including multiple deprivation), barriers to unemployment, and other social economic factors.						
Will development have a positive impact on any of the above groups, characteristics or areas for consideration? Could the proposal reduce inequalities or disadvantage?						
Will development have a negative impact on any of the above groups, characteristics or areas for consideration? Could the proposal lead to a group or groups being disadvantaged or treated unfairly? How will any disadvantage or inequality be mitigated?						

Appendix 2: Supporting Information

Health Determinants, Inequality Indicators and the Rotherham Local Plan

The Integrated Impact Assessment (IIA) of the Rotherham Local Plan Core Strategy (Jacobs, June 2013) and Sites and Policies Document (Volume 3: Assessment of policies, Jacobs, March 2016) included a Health Impact Assessment (HIA) which assessed the effects on the health and wellbeing of the population and ability to access health-related facilities and services. In the HIA it is stated that health is not just the absence of disease, but also the presence of physical, mental and social wellbeing. It identified factors contributing to health and health determinants:



Health is a cross cutting theme in the Rotherham Local Plan; reference is made to health in many different policies in the Rotherham Local Plan, both in the adopted Core Strategy.

Table 2 Health determinants and Rotherham Core Strategy objectives

Health determinant	Rotherham Core Strategy (2014) objective
Investment and employment	Objective 6: Provision for employment - By the end of the plan period, the borough's economy will be more modern, diverse and enterprising and will have moved closer to a low-carbon economy. Implementation of the plan's policies will have helped provide a wide range of accessible job opportunities in the borough. The regeneration and improvement of existing employment sites will have been complemented by the creation of local and rural employment opportunities.
Access to Key Services Social mobility / network / community severance / community cohesion	Objective 7: Local transport connections - By the end of the plan period, the proportion of trips made by walking and cycling will have increased.
Physical activity	Objective 9: Green spaces, sport and recreation - By the end of the plan period, the borough's network of green infrastructure will have been identified, conserved and enhanced. Implementation of the plan's policies will have protected and enhanced the borough's network of accessible sport and recreation facilities and helped improve the health of Rotherham's population.
Climate change / sustainability	Objective 10: Biodiversity/ geodiversity – By the end of the plan period... The geodiversity, habitats, and greenspace eco-systems of the wider environment will have been conserved, enhanced and managed by implementation of the plan's policies. The borough's best and most versatile agricultural land will have been protected, wherever possible, to promote local food production.
Safety	Objective 14: Design - By the end of the plan period, new development built to sustainable design standards will have contributed to the creation of safe, accessible, and well managed places, buildings and public spaces.
Air quality / Noise pollution / Intrusion and land use	Objective 15: Community wellbeing- By the end of the plan period, implementation of the plan's policies will have helped to reduce crime levels and minimise the potential results of terrorist activity by improving the design of new development. The potential risk to nearby populations from hazardous installations will have been minimised by the designation and enforcement of appropriate stand-off zones. Decisions on the location and type of development will have helped to reduce pollution levels

Planning Practice Guidance notes the objective of the reduction of health inequalities in the Local Plan (Health and wellbeing: Paragraph: 002 Reference ID: 53-002-20140306). The following health inequality indicators (from Association of Public Health Observatories and the NHS health Development Agency, 2003) were identified in the HIA as follows: employment, poverty and deprivation; crime; accidents and injury; pollution and the physical environment; physical activity; access to local health and other services; and community development.

39 The following table shows how the inequality indicators and health determinants have been reflected in the promoting healthy communities checklist.

Table 3 Reflecting inequality indicators and health determinants in the promoting healthy communities checklist

Inequality indicator	Health determinants	Provision included in the checklist
Accidents and injury	Safety (including accidents, road injuries/deaths and risk of crime) Assurance (reliability and journey planning, traffic congestions, perceived safety when travelling, etc.)	Development provides safe and accessible movement networks and public realm for all users. Development design encourages walking over motor vehicles. Buildings and surroundings are attractive, well-designed, embodying 'Secure by Design' principles and meet the needs of all users.
Pollution and the physical environment	Air quality Noise pollution	Design to reduce emissions, and address any specific local risks to health or safety, including noise nuisance. Design and layout of development provides adequate mitigation / insulation from sources of noise pollution in order to foster neighbourhood tranquillity.
Community development	Social mobility / network / community severance / community cohesion	Provide effective, well-managed and publicly accessible green space at a variety of scales for residential developments. The development caters for all users able bodied or disabled. Development provides safe and accessible movement networks and public realm for all users.
Access to local health and other services	Access to key services (including health services and policy and travel response time of emergency services), employment, leisure opportunities, health facilities	Development provides safe and accessible movement networks and public realm for all users. Provide effective, well-managed and publicly accessible green space at a variety of scales for residential developments.
Physical activity	Physical activity	Provide effective, well-managed and publicly accessible green space at a variety of scales for residential developments.
Employment, poverty and deprivation	Investment and employment	Development provides safe and accessible movement networks and public realm for all users. Checklist measures may improve the setting for investment.
-	Intrusion and land use	All areas of checklist.
-	Climate change / sustainability	Development withstands and adapts to the predicted impacts of climate change.
Crime	---	Buildings and surroundings are attractive, well designed, embodying 'Secure by Design' principles and meet the needs of all users.

Appendix 3: Human and Children's Rights

The Human Rights Act 1998

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. These are:

- Article 2: Right to life
- Article 3: Freedom from torture and inhuman or degrading treatment
- Article 4: Freedom from slavery and forced labour
- Article 5: Right to liberty and security
- Article 6: Right to a fair trial
- Article 7: No punishment without law
- Article 8: Respect for your private and family life, home and correspondence
- Article 9: Freedom of thought, belief and religion
- Article 10: Freedom of expression
- Article 11: Freedom of assembly and association
- Article 12: Right to marry and start a family
- Article 14: Protection from discrimination in respect of these rights and freedoms
- Protocol 1, Article 1: Right to peaceful enjoyment of your property
- Protocol 1, Article 2: Right to education
- Protocol 1, Article 3: Right to participate in free elections
- Protocol 13, Article 1: Abolition of the death penalty

For further information, please see the legislation available at:

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) grants all children and young people (aged 17 and under) a comprehensive set of rights.

The UNCRC consists of 54 articles that set out children's rights and how governments should work together to make them available to all children. These include the right to:

- Life, survival and development
- Protection from violence, abuse or neglect
- An education that enables children to fulfil their potential
- Be raised by, or have a relationship with, their parents
- Express their opinions and be listened to.

There are four articles in the convention, known as the "General Principles", which help to interpret all the other articles. They are:

- Non-discrimination (article 2)
- Best interest of the child (article 3)

- Right to life survival and development (article 6)
- Right to be heard (article 12)

The full text of the UNCRC can be viewed here:

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

A summary of the rights, produced by UNICEF, can be viewed here:

<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

Appendix 4: References

The National Planning Policy Framework. Ministry of Housing, Communities and Local Government (2019).

Planning Practice Guidance: Health and Wellbeing. Department Communities and Local Government, (2014).

Healthy Lives, Healthy People: A call to action on obesity 5. Department of Health, (2011).

The Integrated Impact Assessment (IIA) of the Core Strategy. Jacobs (2013).

The Integrated Impact Assessment (IIA) of the Sites and Policies document. Jacobs (2016).

Briefing note LGB8 Walking and Cycling. National Institute of Clinical Excellence (2013).

<https://www.nice.org.uk/advice/lgb8>

Briefing note LGB3 Physical Activity. National Institute of Clinical Excellence (2012).

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/physical-activity>

National Public Health Profiles. Public Health England.

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Rotherham Unitary Authority Health Profile. Public Health England (2015).

<http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=rotherham&SPEAR>

Reuniting health with planning – healthier homes, healthier communities How planning and public health practitioners can work together to implement health and planning reforms in England. Ross, A. and Chang, M. TCPA (2012).

Planning healthy-weight environments. Ross, A. and Chang M. TCPA (2014).

Rotherham Local Plan Core Strategy. RMBC (2014)

Rotherham Local Plan Sites and Policies Document (2018)

Checklist: Components of a healthy weight environment. TCPA (2014).