

08 November 2013

Overview and Scrutiny Task Group - Play and Open Spaces Strategy

You are invited to attend a meeting of the Overview and Scrutiny Task Group - Play and Open Spaces Strategy to be held in Committee Room 1 on Thursday, 14th November 2013 commencing at 6.00 pm.

AGENDA

1. **Apologies for absence**

2. **Minutes** (Pages 5 - 8)

To confirm the minutes of the Overview and Scrutiny Task Group – Play and Open Spaces Strategy meeting held on 3 October 2013 (enclosed)

3. **Declarations of Any Interests**

Members are reminded of their responsibility to declare any pecuniary interest in respect of matters contained in this agenda.

If you have a pecuniary interest you must withdraw from the meeting. Normally you should leave the room before the business starts to be discussed. You do, however, have the same right to speak as a member of the public and may remain in the room to enable you to exercise that right and then leave immediately. In either case you must not seek to improperly influence a decision on the matter.

4. **List of Play Area, Open Spaces and Playing Pitches** (Pages 9 - 12)

Table of suggested amendments for Members information (enclosed)

5. **Public Health Indicators - Chorley** (Pages 13 - 16)

Document enclosed.

6. **Comparative Health Impact Information**

Report to be tabled at the meeting.

7. **Case Studies (Pages 17 - 28)**

The Group will look at the remaining two case studies that were identified and using the Integrated Impact Assessment will consider how health and wellbeing benefits can be maximised and what needs to have taken place to achieve that:

- Greenside: Play Pitches – Euxton, Astley and Buckshaw
- Coronation Recreational Ground: Multi-use facility – Chorley Town West

A copy of the Integrated Impact Assessment and Ariel plans of both sites are enclosed for information.

Yours sincerely



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Chief Executive

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Distribution

1. Agenda and reports to all Members of the Overview and Scrutiny Task Group - Play and Open Spaces Strategy (Julia Berry (Chair), Mark Perks (Vice-Chair) and Doreen Dickinson, Graham Dunn, Robert Finnamore, Steve Holgate, Keith Iddon, Hasina Khan, Roy Lees, Marion Lowe, Mick Muncaster, Geoffrey Russell, Rosie Russell and Kim Snape for attendance.
2. Agenda and reports to Jamie Dixon (Head of Streetscene & Leisure Contracts), Lindsey Blackstock (Parks and Open Spaces Officer) and Dianne Scambler (Democratic and Member Services Officer) for attendance.

If you need this information in a different format, such as larger print or translation, please get in touch on 515151 or chorley.gov.uk

PROCEDURE FOR PUBLIC QUESTIONS/SPEAKING AT OVERVIEW AND SCRUTINY MEETINGS

- Questions must be submitted to the Democratic Services Section by no later than midday, two working days before the day of the meeting to allow time to prepare appropriate responses and investigate issues if necessary.
- A maximum period of 3 minutes will be allowed for a question from a member of the public on an item on the agenda. A maximum period of 30 minutes to be allocated for public questions if necessary at each meeting of the Overview and Scrutiny Committee. This will provide an opportunity for members of the public to raise and ask questions on any issue falling within the remit of the Committee.

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Overview and Scrutiny Task Group - Play and Open Spaces Strategy

Thursday, 3 October 2013

Present: Councillor Julia Berry (Chair), Councillor Mark Perks (Vice-Chair) and Councillors Doreen Dickinson, Steve Holgate, Keith Iddon, Hasina Khan, Marion Lowe and Kim Snape

Also in attendance

Officers: Jamie Dixon (Head of Streetscene & Leisure Contracts), Lindsey Blackstock (Parks and Open Spaces Officer) and Dianne Scambler (Democratic and Member Services Officer)

13.PO.5 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Graham Dunn, Geoff Russell and Rosemary Russell.

13.PO.6 DECLARATIONS OF ANY INTERESTS

There were no declarations of any interest.

13.PO.7 MINUTES

a) Confirmation

RESOLVED – That the minutes of the Overview and Scrutiny Task Group – Play and Open Spaces Strategy be confirmed as a correct record for signing by the Chair.

b) Matters arising

13.PO.3 – Play and Open Spaces Strategy

It was AGREED that the list of play areas, playing pitches and open spaces would be amended to reflect the correct neighbourhood area allocations before the list was circulated to all the Elected Members of the Council.

This was something that officers had strived to do and it was now considered that all the places listed had not been correctly allocated. Both Borough Councillors and Parish Councillors had submitted a number of suggestions that needed to be looked into further and Councillor Mark Perks requested that this information be brought back to the Group along with details on progress being made. It was AGREED that this would be brought to the next meeting of the Group.

13.PO.8 CASE STUDIES

The Group looked at the first two case studies in turn to assess whether they thought that the health and wellbeing benefits were being maximised to their full potential.

An Inequalities Impact Assessment is the tool used to make this assessment and one of the sections contained within relates specifically to health. The current Health Impact Assessment asks - What potential impact does the activity make upon:

Encouraging healthy lifestyles across Chorley's population, with possible issues to consider being:

- Diet and nutrition
- Exercise and physical activity
- Substance use; tobacco, alcohol and drugs
- Risk taking behaviour

- Education and learning, or skills

Promoting a positive social environment for all of Chorley's residents, with issues to consider being:

- Social status
- Employment (paid or unpaid)
- Social/family support
- Stress/Mental Health
- Income

Promoting a positive physical environment across Chorley with possible issue to consider being:

- Living conditions
- Working conditions
- Accidental injuries or public safety
- Transmission of infectious disease

The latest health indicators across the borough had recently been released and the Chair requested that these be brought to the next meeting of the Group.

The Chair also inquired as to how other authorities measured their health impact in relation to play areas and open spaces and asked if some benchmarking could be done with our neighbouring councils.

Southlands High School:

Members thought that the whole site and facilities were fit for purpose and that the ground that was available on site was being maximised. There appeared to be good access to the facilities and adequate parking.

The High School is classified as a Sports Academy and works in partnership with the Councils Sports Development Team. A Business Manager is in post and the facilities are advertised to the wider community for use at a cost. The Academy is structured and activities are planned and well organised.

The Group thought that it would be beneficial to interview the Business Manager and asked officers to make the necessary arrangements.

Members had a number of questions that they wished to ask that included:

- How many different sectors of the community used the facilities
- Are the facilities used by the immediate community or the wider community?
- Are there sufficient facilities to meet demand?
- Are there any negative impacts on local residents, for example parking issues outside school hours?
- How are the community encouraged to use the facilities that are on offer?
- Do the school keep any records of the health and fitness levels of its pupils?
- Does the Academy link in with any other secondary or primary schools in the borough?

Canal Walk:

The land has two different owners and as such the open space is not maintained as it should be. Poor consultation in the past had resulted in the space not being used to its maximum potential and reports of anti-social behaviour were becoming more frequent. Places for People had submitted a planning application for housing development that had since been retracted.

Access is not great and with a Canal nearby, there is a danger to children. The land is also in a low deprivation area in terms of health.

Recently a Residents Association has been constituted and they have been very proactive. Consultation has taken place with the nearby residents as to what they would like to see the land used for and have drawn up a plan of action. This group have been maintaining the site, ensuring that the grass get cut and have held a number of social events to encourage greater interaction with local residents. They are undertaking partnership working with Groundwork on a neighbourhood project.

The residents have lots of ideas for the space that include, a bandstand, static fitness equipment and play provision, a food growing area and wildlife garden/beach. They need help to maximise the land to its full potential and how to access funding that may be available from bodies such as the CO-OP, Awards for All and the National Lottery.

A number of Members had to leave to attend another meeting so it was AGREED to look at the remaining case studies at the next meeting.

RESOLVED

- 1. That the latest public health indicators be brought to a future meeting.**
- 2. That officers contact some of our neighbouring authorities to ascertain best practice when measuring the impact of health in this area.**
- 3. That the Business Manager of Southlands be invited to attend a future meeting or a meeting with the Chair and Vice Chair of the Group**
- 4. That the remaining two case studies be assessed at the next meeting of the Group.**

13.PO.9 PLAY, OPEN SPACES AND PLAYING PITCHES STRATEGY 2013 - 18: CONSULTATION DRAFT

The Group received the draft consultation document for the Play, Opens Spaces and Playing Pitches Strategy 2013 – 18 for information.

Consultation on the Play, Open Space and Playing Pitch Strategy 2013-18 will be carried out with statutory and non-statutory partners, local residents, sports clubs/organisations, community groups and neighbourhood partnerships from November 2013 to January 2014.

Chair

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Overview and Scrutiny Task Group – Play and Open Spaces Strategy

Suggested amendments to the List of Play Areas, Open Spaces and Playing Pitches

From:	Date:	Comment:	Action taken:	To be actioned/status
Councillor Terry Brown	11 Sept	Rivington View, Chorley should be changed to Haworth Road, Chorley	Changed	Complete
Councillor Dennis Edgerley	9 Sept	Open Space adjacent Northgate Drive, Chorley all or part of this may have been allocated for housing	Check with planning services	Yes
		Play Area on Knowley Brow, Heapey – check date of installation and also usage	Comments noted and checked	Complete
		Green corridors opposite Railway Road and Harpers Lane are the linear park behind Railway Road, Chorley	Clarified location	Complete
		Amenity space adjacent to Northgate Drive, Chorley	Check the size of amenity space	Yes
		There is no reference to amenity space between Congress Street and Wellington Street, Chorley	Check the size of amenity space	Yes
		There is no reference to amenity spaces in Trafalgar Street, Chorley	Check the size of amenity	Yes
		There is no reference to amenity spaces in Waterloo Street, Chorley	Check the size of amenity	Yes
		There is no reference to amenity spaces between Parker Street and Water Street	Check the size of amenity	Yes

Overview and Scrutiny Task Group – Play and Open Spaces Strategy

From:	Date:	Comment:	Action taken:	To be actioned/status
		There is no reference to amenity spaces at the junction of commercial road and town centre by-pass	Check size of amenity	Yes
Cllr Kim Snape	9 Sept	Bowling Green at Heath Charnock has been missed off	Added to the list	Complete
		Bowling Green at St Chads in Pennine Ward of Eastern Parishes has been missed off	Added to the list	Complete
Adlington Parish Council	18 Sept	Bowling Greens, both St Joseph's and St Pauls can be used by non-members for a small fee, but are not always open	Changed	Complete
		There is no graveyard at St Pauls Church, although there is a small garden of remembrance	Information in list retained at present	Complete
		Cutterside Avenue should read Outterside Avenue	Changed	Complete
		Leonard Fairclough Memorial Garden on Chapel Street is not mentioned. It is owned by Chorley Council	Change not yet made but looking to add to list, need to check with Planning Services	Yes
Coppull Parish Council	3 Oct	Add Berry Garden to Parks and Gardens, Chapel Lane	Request noted and changes will be made to the final documentation	Yes
		Land behind the Wheatsheaf pub used to be classed as play area	Check with planning services	Yes

Overview and Scrutiny Task Group – Play and Open Spaces Strategy

From:	Date:	Comment:	Action taken:	To be actioned/status
Heapey Parish Council	19 Sept	The Meadows Play equipment installed in 1969	Check this information	Yes
		Eccleston County Primary School has community use	Check with the school as part of the consultation	Yes
		There is no play provision at Walmsley's Farm	This name was used for the public open space off Town Lane, name on the list has been changed	Complete
		There is a small amenity are on The Waring's 20m X 40m	Check with planning services	Yes
Ulnes Walton Parish Council	19 Sept	The Parish Council is not the owner of Wymott Play Area	Changed ownership to Chorley Council	Complete
Whittle- Le-woods Parish Council	15 Oct	St Chads Church is in Whittle-Le-Woods, not Wheelton	Change not yet made has this will alter current provision quantities – check with planning services	Yes
		No reference to Whittle-Le-Woods War Memorial	Change not yet made – check with planning services	Yes

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Chorley

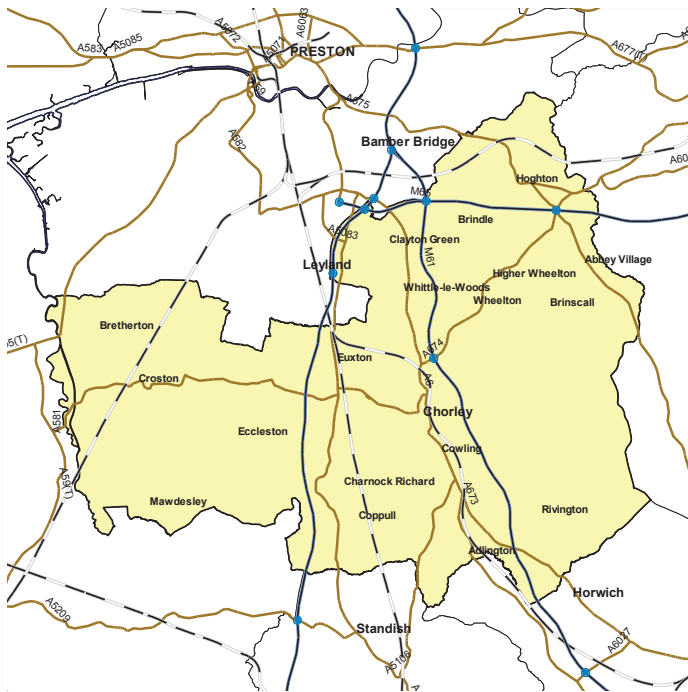
This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by Public Health England.

www.healthprofiles.info



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Population 108,000

Mid-2011 population estimate

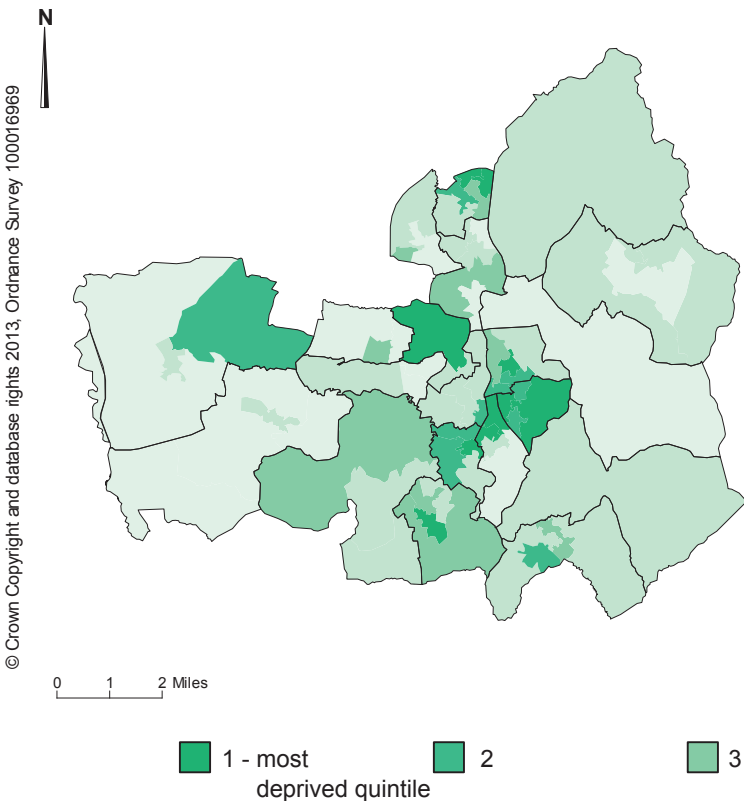
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Published on 24th September 2013

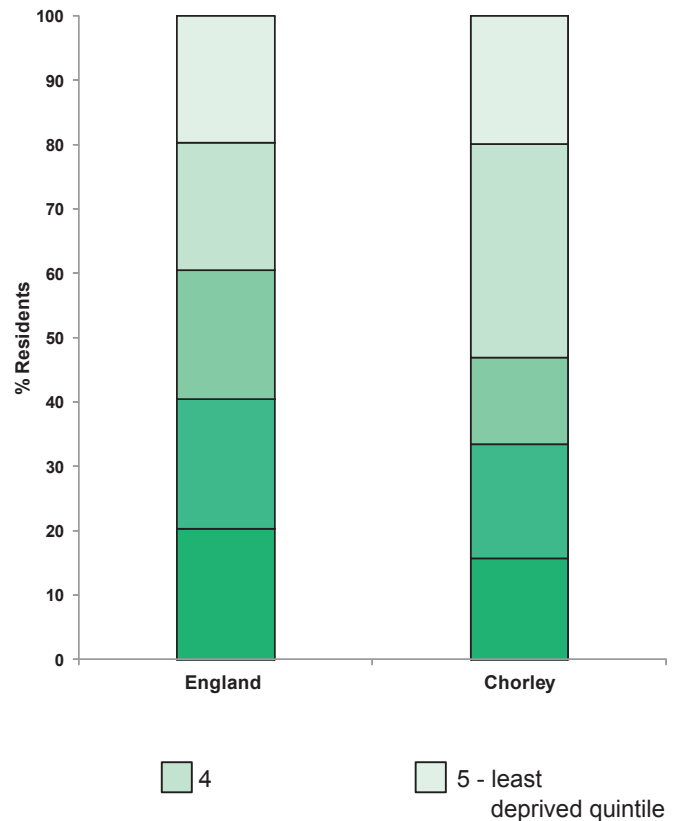
Chorley at a glance

- The health of people in Chorley is varied compared with the England average. Deprivation is lower than average, however about 2,600 children live in poverty. Life expectancy for women is lower than the England average.
- Life expectancy is 9.7 years lower for men and 7.1 years lower for women in the most deprived areas of Chorley than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen.
- In Year 6, 16.9% of children are classified as obese. Levels of breast feeding and smoking in pregnancy are worse than the England average. The level of GCSE attainment is better than the England average.
- The estimated level of adult physical activity is better than the England average. Rates of hip fractures, road injuries and deaths and hospital stays for alcohol related harm are worse than the England average. The rate of sexually transmitted infections is better than the England average.
- Priorities in Chorley include reducing health inequalities (particularly by addressing fuel poverty, improving housing and integrating health into planning through the Local Development Framework), improving mental health and wellbeing and access to services and reducing alcohol harm. For more details see www.lancashire.gov.uk/JSNA and www.chorley.gov.uk

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

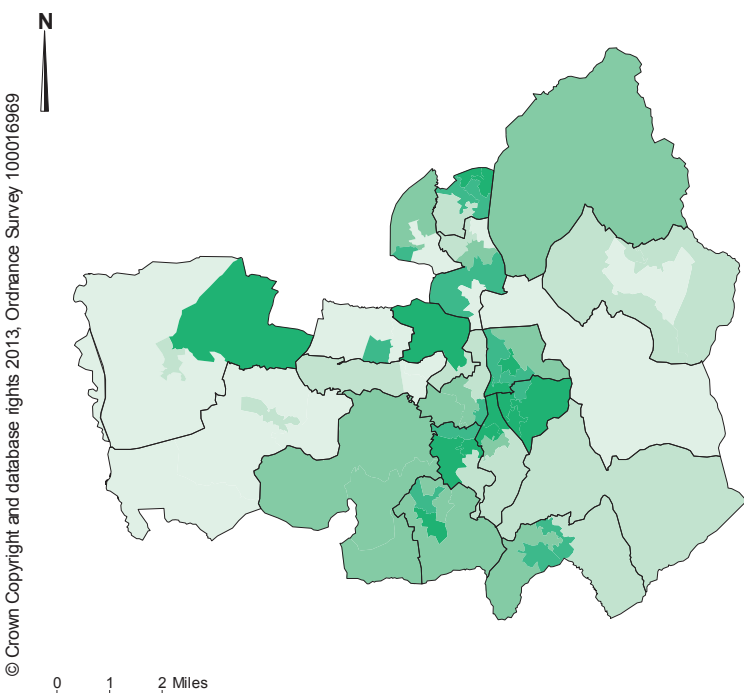


This chart shows the percentage of the population in England and this area who live in each of these quintiles.

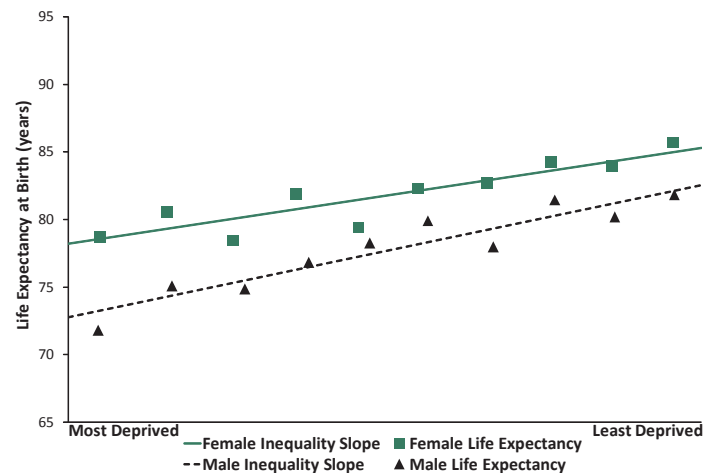


Health inequalities:
a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 9.7 years for males and 7.1 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Legend as above

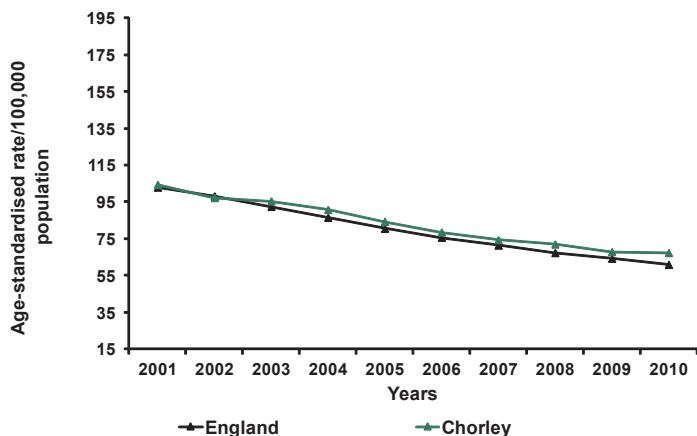
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

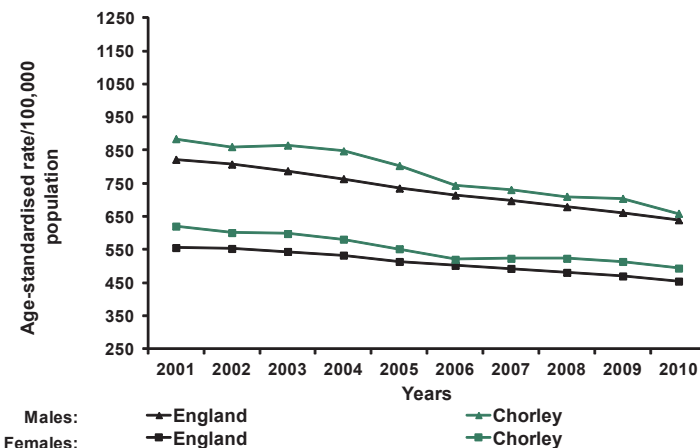
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

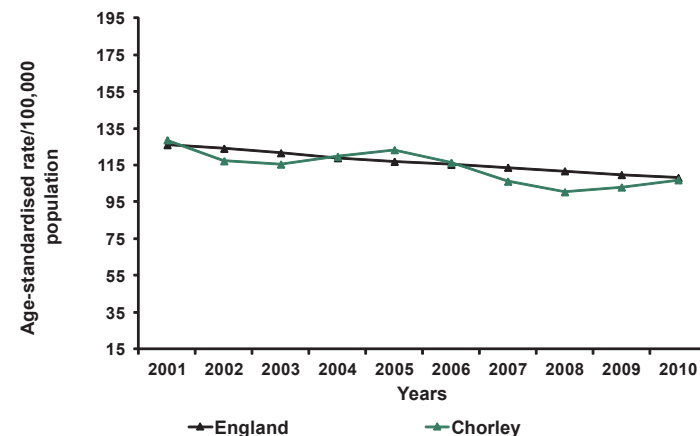
Trend 2: Early death rates from heart disease and stroke



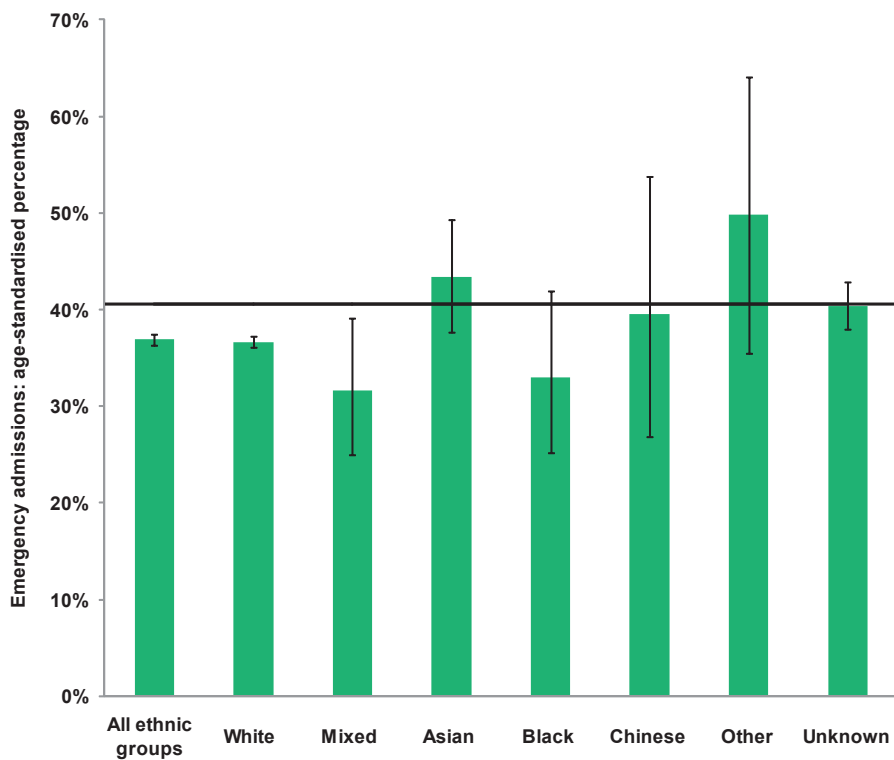
Trend 1: All age, all cause mortality



Trend 3: Early death rates from cancer



Health inequalities: ethnicity



This chart shows the percentage of hospital admissions in 2011/12 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

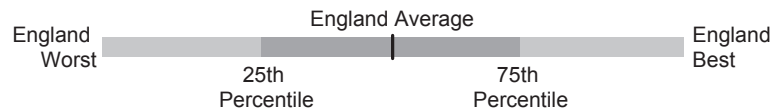
■ Chorley
— England average (all ethnic groups)
 95% confidence intervals

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

	11438	10551	54	126	38	22	25	622	
	36.9%	36.7%	31.7%	43.4%	33.0%	39.6%	49.8%	40.4%	Local number of emergency admissions
	40.6%	41.1%	40.0%	45.3%	44.4%	38.0%	46.4%	30.1%	Local value
									England value

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black 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



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	16894	15.7	20.3	83.7		0.0
	2 Proportion of children in poverty	2560	13.6	21.1	45.9		6.2
	3 Statutory homelessness	37	0.8	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	953	68.2	59.0	31.9		81.0
	5 Violent crime	1350	12.8	13.6	32.7		4.2
	6 Long term unemployment	336	4.8	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	242	19.9	13.3	30.0		2.9
	8 Starting breast feeding ‡	811	66.9	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	181	16.9	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	18	80.9	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	68	34.7	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	17.8	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	23.9	22.3	25.1		15.7
	14 Healthy eating adults	n/a	27.8	28.7	19.3		47.8
	15 Physically active adults	n/a	61.5	56.0	43.8		68.5
	16 Obese adults ‡	n/a	23.1	24.2	30.7		13.9
	Disease and poor health	17 Incidence of malignant melanoma	24	20.0	14.5	28.8	
18 Hospital stays for self-harm		258	252.6	207.9	542.4		51.2
19 Hospital stays for alcohol related harm ‡		3007	2343	1895	3276		910
20 Drug misuse		398	5.6	8.6	26.3		0.8
21 People diagnosed with diabetes		4924	6.0	5.8	8.4		3.4
22 New cases of tuberculosis		2	1.9	15.4	137.0		0.0
23 Acute sexually transmitted infections		561	521	804	3210		162
24 Hip fracture in 65s and over		138	602	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	64	22.0	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.5	78.9	73.8		83.0
	27 Life expectancy – female	n/a	81.9	82.9	79.3		86.4
	28 Infant deaths	6	5.2	4.3	8.0		1.1
	29 Smoking related deaths	164	205	201	356		122
	30 Early deaths: heart disease and stroke	87	67.3	60.9	113.3		29.2
	31 Early deaths: cancer	138	106.9	108.1	153.2		77.7
	32 Road injuries and deaths	68	63.6	41.9	125.1		13.1

‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged 16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

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Integrated Impact Assessment

Name of the service, policy, strategy or project being assessed			
What does the service, policy, strategy or project do?			
Who is it intended to benefit and how?			
Officer responsible for completing the assessment			
Date of Assessment		Date of Review	

Introduction

What is an Integrated Impact Assessment?

The integrated impact assessment is a tool to ensure that any policy, project or service is assessed to consider any positive or negative impacts for Chorley residents with regards to equalities, health or sustainability. It is important that this is done in a timely manner and ideally it should precede the start of the project, policy or strategy concerned.

Why do we need to do Impact Assessments?

Chorley Council is committed as a community leader, service provider and employer that we will work to ensure that everybody is afforded equality of opportunity and good life chances. The Impact Assessment is a tool we use to ensure that we fulfil these commitments, and thus meet our legal duties.

Quick Steps for Completion

1. There are four sections;
 - Equality – This section considers the impact on our 7 equality strands, which are; race, age, gender, sexuality, faith, disability and rurality. When completing this section, reference should be made to the Council’s [Equality Scheme](#)
 - Sustainability – the impact on environmental and sustainability issues. Reference should be to the [Climate Change Strategy](#)
 - Health – the impact on potential health impacts. Reference should be made to the Health Inequalities Strategy
 - Reputation – the impact on the Council’s reputation and our ability to deliver our key priorities. Reference should be made to the Council’s [Corporate Strategy](#) and Chorley Partnership’s [Sustainable Community Strategy](#)

Each section has a number of questions which should be given a rating, and evidence given for why the rating has been selected.

Code	Description
P	Positive beneficial impact
N	Negative undesirable impact
U	Uncertainty over impact
NI	No specific impact/neutral impact

2. Actions – Once a rating is given, actions should be identified to mitigate any negative impacts or maximise any positive impacts of the policy/project/strategy that is being assessed.
3. Once the toolkit has been completed, changes should be made to the policy/project/service to respond to any actions identified.

If you require further information, please contact Sarah James, the Performance, Partnerships and Equalities Manager, sarah.james@chorley.gov.uk on 5348

Equality Impact Assessment	Yes	No	Evidence		Further action required	
1. Have consultations with relevant groups, organisations or individuals indicated that this particular activity will create problems which are specific to them?						
What potential impact does this activity make to:						
	P	N	U	NI	Evidence	Further action required
1. Equality of opportunity amongst customers of different ages (Age)						
2. Equality of opportunity amongst with or without a physical or mental disability (Disability)						
3. Equality of opportunity amongst customers of different gender backgrounds (Gender Reassignment)						
4. Equality of opportunity amongst customers who are pregnant or parents (Pregnancy and Maternity)						
5. Equality of opportunity amongst customer groups of different racial backgrounds (Race)						
6. Equality of opportunity amongst customers of different religions (Religion or Belief)						
7. Equality of opportunity amongst customers that live in different parts of Chorley (Rurality)						
8. Equality of opportunity amongst male and female customers (Sex)						
9. Equality of opportunity amongst customers of different sexual orientations (Sexual Orientation)						

Sustainability Impact Assessment	P	N	U	NI	Evidence	Further action required
What potential impact does this activity make upon:						
1. The effective protection of Chorley’s environment. Possible issues to consider are; <ul style="list-style-type: none"> • Limiting waste generation & encouraging recycling • Limiting factors that contribute to climate change • Protection of and improving access to the natural environment 						
2. Prudent usage of natural resources. Possible issues to consider are; <ul style="list-style-type: none"> • Limiting use of non sustainable energy, water, minerals and materials • Reducing the need to travel and encouraging walking, cycling and low carbon modes of travel 						
3. Social progress amongst all of Chorley’s communities. Possible issues to consider are; <ul style="list-style-type: none"> • Opportunities for education and information • Provision of appropriate and sustainable housing • Reduced fear of crime and community safety • Access to cultural and leisure facilities • Encouraging engagement and supporting volunteering 						

Sustainability Impact Assessment	P	N	U	NI	Evidence	Further action required
<p>4. A vibrant local economy in Chorley. Possible issues to consider are;</p> <ul style="list-style-type: none"> Supporting better quality jobs and developing the skills of local residents Supporting local business by procuring goods and services locally Strengthening links with public, private and third sector partners 						

Health Impact Assessment	P	N	U	NI	Evidence	Further action required
What potential impact does this activity make upon:						
<p>1. Encouraging healthy lifestyles across Chorley's population. Possible issues to consider are;</p> <ul style="list-style-type: none"> Diet and nutrition Exercise and physical activity Substance use: tobacco, alcohol and drugs Risk taking behaviour Education and learning, or skills 						
<p>2. Promoting a positive social environment for all of Chorley's residents. Possible issues to consider are;</p> <ul style="list-style-type: none"> Social status Employment (paid or unpaid) Social/family support Stress/Mental Health Income 						

Health Impact Assessment	P	N	U	NI	Evidence	Further action required
3. Promoting a positive physical environment across Chorley. Possible issues to consider are; <ul style="list-style-type: none"> • Living conditions • Working conditions • Accidental injuries or public safety • Transmission of infectious disease 						

Reputational Impact Assessment	P	N	U	NI	Evidence	Further action required
What potential impact does this activity make upon:						
1. Chorley Council's reputation. Possible issues to consider are; <ul style="list-style-type: none"> • Proving to local residents that we provide value for money • Informing and engaging with local residents • Building trust and confidence in Chorley Council • Improving customer satisfaction with council services • Chorley Council's role as a community leader 						
2. Our ability to deliver the Corporate Strategy. Issues to consider are; <ul style="list-style-type: none"> ▪ A council that consults and engages with residents ▪ An ambitious council that continually strives to improve 						
3. Our ability to deliver the Sustainable Community Strategy. Issues to consider are; <ul style="list-style-type: none"> • Strong Family Support • Education and Jobs • Being Healthy • Pride in Quality Homes and Clean Communities • Safe Respectful Communities • Quality Community Services and Spaces • Vibrant Local Economy • Thriving Town Centre, Local Attractions and Villages • Sustainable Places and Transport 						

Integrated Impact Assessment Action Plan

If any further actions were identified through the Integrated Impact Assessment then these should be listed in the table below. These should be added to the relevant business/service plan to ensure that any actions are carried out.

Actions needed following Integrated Impact Assessment	Start Date	End Date	Lead Officer

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