

This topic addresses: Regeneration, geographical spread of new development, accessibility of areas deprivation, availability of green space in areas of deprivation and availability of essential services/facilities in areas of deprivation.

SA Objective: 5. To reduce poverty, social exclusion, and health **inequalities**.

SEA Theme: Human health, population, material assets.

Introduction

The causes of poor health and wellbeing do not arise by chance and cannot be explained by genetics alone. It is now recognised that the built environment can have a significant impact on health and health inequality. The way that areas are designed and constructed can have a tangible impact on many of the wider determinants on health and wellbeing, such as peoples' activities, communities, economies and lifestyles.

Furthermore, health is not consistent across the population and stark inequalities often exist across population groups, even over small areas. Health and wellbeing are strongly correlated with levels of socio-economic deprivation, for example, with those living in the most deprived areas typically facing worse health inequalities compared to those living in less deprived areas.

As such, there are many indicators of health and wellbeing which can be influenced by planning. This paper highlights a range of physical and mental wellbeing indicators, which together begin to build a general overview of the health of Oxford's population.

Plans Policies and Programmes

NPPF and NPPF Review

The **National Planning Policy Framework (NPPF)**¹ is explicit in its support for healthy place shaping. It states in paragraph 91 that:

“Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

- a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other - for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;*
- b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion - for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and*

¹Framework https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810197/NPPF_Feb_2019_revised.pdf

- c) *enable and support healthy lifestyles, especially where this would address identified local health and well-being needs - for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling*".

The sections on open space and recreation and design note the influence of these on promoting healthy lifestyles and wellbeing.

Planning Practice Guidance (PPG) sets out that plan-making bodies will need to discuss emerging strategies early with bodies such as NHS England and local clinical commissioning groups, while maintaining an awareness of the potential impacts of development on health infrastructure.

National guidance documents

NHS England Long Term Plan (Jan 2019)² aims to ensure that the nation's future health is given high regard when planning and designing places. "*Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation*". Lessons have already been learned from healthy new town demonstrator sites around the UK and principles for healthy place making have been incorporated into the NHS 'Putting Health into Place' guidance³.

Public Health England has published guidance on using the planning system to promote healthy weight⁴. It is clear that the quality of the local environment is a vital factor in stimulating active lifestyles and enabling communities to make healthy food choices. The PHE guidance provides a template Supplementary Planning Document (SPD) as a blueprint for local authorities to guide the creation of healthy weight environments. Public Health England's *Spatial Planning for Health*⁵, provides information about how to plan places for healthy living.

Sport England, Active Design: Planning for health and well-being through sport and physical activity sets out how good design should contribute positively to making places better for people, to create environments that make the active choice easy and attractive for people and communities. It includes Ten Principles of Active Design that are identified by drawing from urban design practice and practical examples to promote environments that offer individuals and communities the greatest potential to lead active and healthy lifestyles. While not all the Active Design Principles will be relevant or appropriate to all scenarios and settings, the Active Design Principles do apply equally to the design of new places and the enhancement of existing places⁶.

² <https://www.england.nhs.uk/long-term-plan/>

³ <https://www.england.nhs.uk/publication/putting-health-into-place-executive-summary>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance_1_.pdf

⁵ [Spatial Planning for Health: an evidence resource for planning and designing healthier places](#)

⁶ <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/spe003-active-design-published-october-2015-email-2.pdf>

The Marmot Report and 2020 update

The Marmot report of 2010 “Fair Society, Healthy Lives”⁷ stated that there must be prioritisation of policies that both reduce health inequalities and mitigate climate change by improving active travel, the availability of good quality open and free spaces, the food environment in local areas and energy efficiency of housing across the social gradient. It also suggested that planning, transport, housing, environmental and health systems should be fully integrated to address the social determinants of health in each locality.

Ten years on from that review, an update published in 2020 by the Institute of Health Equity⁸, highlighted various negative observations on health equity across England, including a stalling in improvements to life expectancy, an increasing health gap between the wealthiest and poorest parts of the country, and that people are spending more of their lives in poor health. It highlighted that the original recommendations made in 2010 are still relevant, and increasingly so, in many cases.

Oxfordshire Plan 2050

The Oxfordshire Local Planning Authorities (including Oxford City Council), working together through the Oxfordshire Housing and Growth Deal, are working towards the development of a Joint Statutory Spatial Plan (JSSP), known as the Oxfordshire Plan 2050, which will set out strategic policies for the county to 2050. An initial consultation was launched on the Plan in February 2019 and a further consultation is being launched in the Summer of 2021. The summer 2021 consultation will show how the Oxfordshire Plan will aim to further treat healthy place shaping as an integral objective of the overall strategy.

The Oxfordshire Plan will be submitted to the Secretary of State for examination in September 2022. It will be important to ensure that the Oxfordshire Plan and the Oxford Local Plan 2040 work closely together; there will be many common themes and objectives and much shared evidence behind the two plans.

Regional supporting strategies

The Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)⁹ sets out how the NHS, Local Government and Healthwatch will work together as the Oxfordshire Health and Wellbeing Board, to improve health and wellbeing in Oxfordshire. The vision of this strategy is:

“To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire”

To achieve this vision, the Health and Wellbeing Board propose to focus on:

- *Agreeing a coordinated approach to prevention and healthy place-shaping.*
- *Improving the resident’s journey through the health and social care system (as set out in the Care Quality Commission action plan).*

⁷ <https://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

⁸ <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

⁹ [Oxfordshire Joint Health and Well-being Strategy 2018-2023](#)

- *Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.*
- *Agreeing plans to tackle critical workforce shortages.*

Cutting across all of these priorities is a commitment to shift the focus to the prevention of ill health, reducing the need for treatment and care whilst also tackling health inequalities.

Oxfordshire Local Industrial Strategy (July 2019): Oxfordshire’s LIS Vision Statement aims to position Oxfordshire as one of the top three global innovation ecosystems by 2040, building on the region’s world leading science and technology clusters to be a pioneer for the UK in emerging transformative technologies and sectors. The LIS recognises the importance of planning for the health and well-being of communities and integrating the concept of healthy place shaping in developing communities. It also recognises the importance of ‘inclusive growth’ to ensure that the benefits of economic growth are felt by those in more deprived communities, thereby addressing the problem of income inequality that is a key cause of health inequalities.

Connecting Oxfordshire: Local Transport Plan 2015-2031 (LTP4)¹⁰ and Local Transport Connectivity Plan There are close links between transport and healthy place-shaping. The LTP4’s over-arching transport goals have implications for healthy place shaping, such as supporting jobs, housing growth and economic vitality, reducing emissions and enhancing air quality and to protect and enhance the environment and improve quality of life (including public health, safety and individual well-being). A new Local Transport and Connectivity Plan for Oxfordshire is currently being developed and will seek to place a greater emphasis on climate actions, air quality and healthy place-shaping, and highlight the role of digital infrastructure in connecting the whole county and reducing the need to travel.

The Joint Strategic Needs Assessment Annual Summary Report 2021: The Joint Strategic Needs Assessment (JSNA) monitors trends in the health and wellbeing of Oxfordshire’s population and assesses changing patterns of need and demand for services across the county. Much of the data set out in this paper is taken from this report.

Potential impact of the Planning White Paper

The Planning White Paper notes that where we live has a measurable effect on our physical and mental health, for example because it may influence how much we walk, how many neighbours we know or how safe we feel as we move around. It notes that: ‘places affect us from the air that we breathe to our ultimate sense of purpose and wellbeing.’ The White Paper puts a strong emphasis on ‘Beautiful’ places. The factors which create ‘beautiful’ places are very much linked to those which can help to create healthier places. For example:

- Green spaces/ Public spaces
- High quality cycling and walking provision, in line with wider vision for cycling and walking in England
- Sense of community
- Less fear of crime

¹⁰ <https://www.oxfordshire.gov.uk/residents/roads-and-transport/connecting-oxfordshire/policy-and-overall-strategy>

Therefore, the impacts of the White Paper could potentially provide a stronger emphasis on the healthy place- shaping principles which should be incorporated into planning proposals. The White Paper Planning for the Future notes that where we live has a measurable effect on our physical and mental health, for example because it may influence how much we walk, how many neighbours we know or how safe we feel as we move around. It notes that: ‘places affect us from the air that we breathe to our ultimate sense of purpose and wellbeing.’

The National Model Design Code paragraph 9 says that: ‘Design codes are important because they provide a framework for creating healthy, greener, environmentally responsive, sustainable and distinctive places, with a consistent and high-quality standard of design.’

Current situation

General health

Figure 1 shows that, in 2011, a higher percentage of people in Oxfordshire report good or very good health than in the South East or in England. Within Oxfordshire, people in Oxford report the highest percentage of very good or good health.

Figure 1. Level of reported health (Census 2011)¹¹

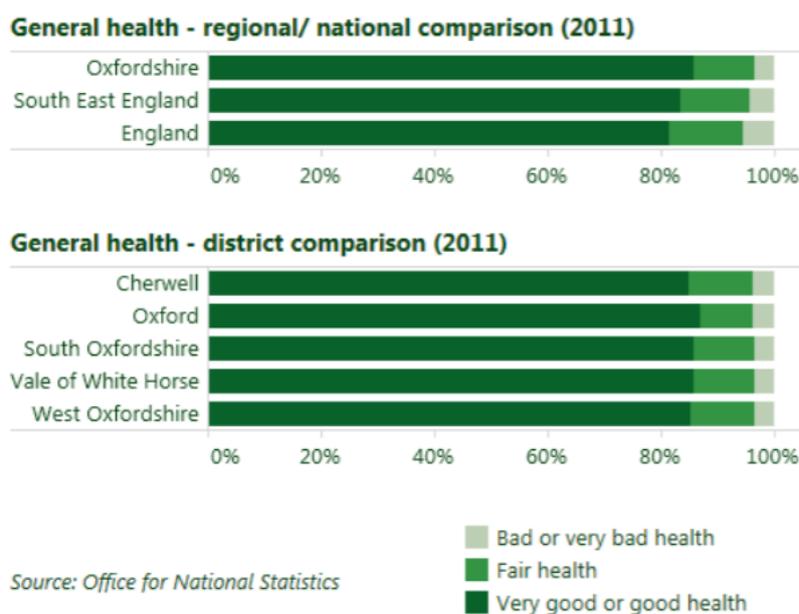
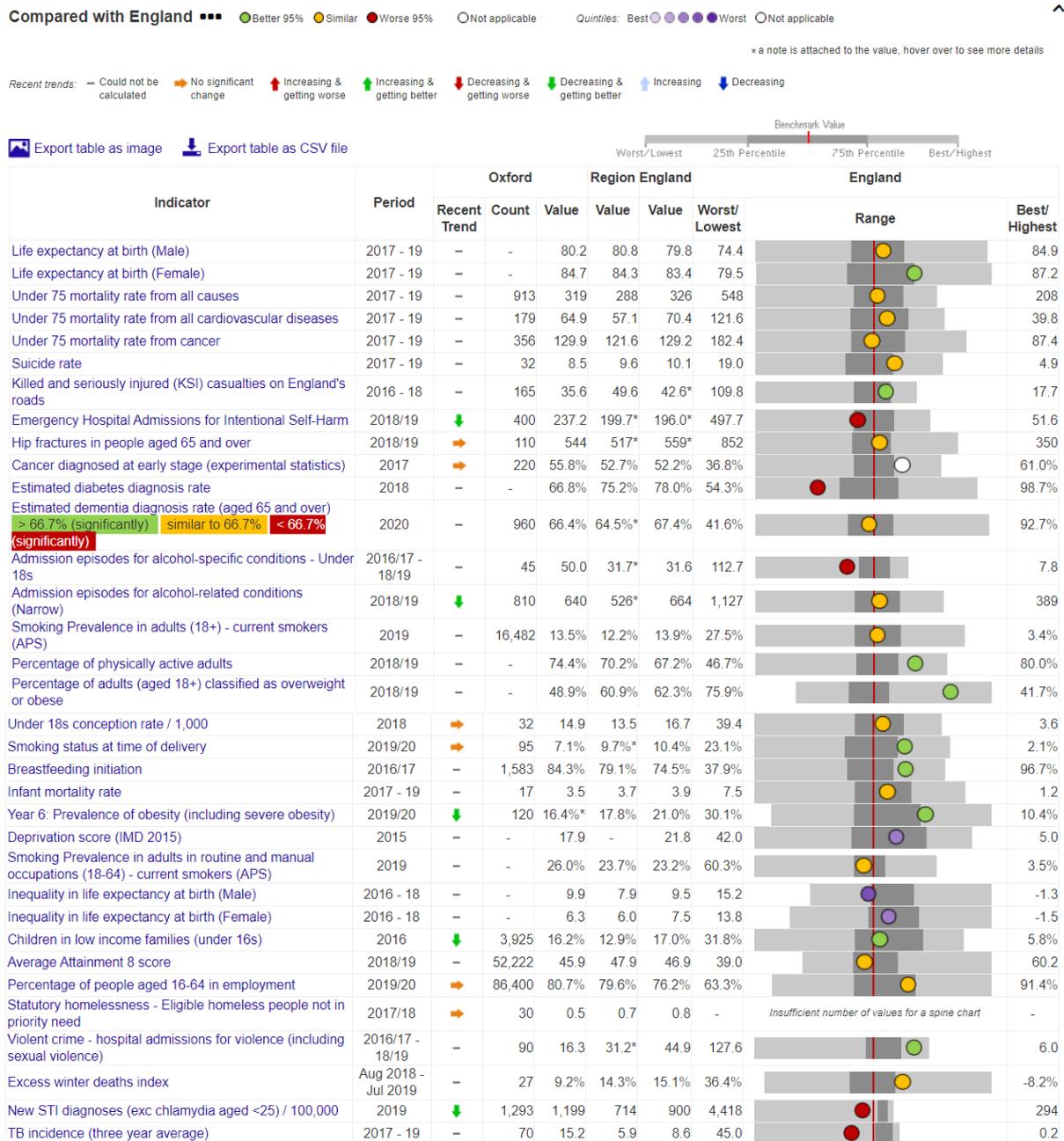


Figure 2 shows a range of health indicators and how Oxford compared to the benchmark of England on these indicators. For many indicators, Oxford performs better than the benchmark, for example for life expectancy at birth (female), percentage of physically active adults, and Year 6: prevalence of obesity (including severe obesity). Oxford performs worse than the England benchmark for a number of indicators including emergency hospital admissions for intentional self-harm, estimated diabetes diagnosis rate and admission episodes for alcohol-specific conditions - Under 18s.

¹¹<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011censuskeystatisticsforenglandandwales/2012-12-11#health>

Figure 2. Health indicators, Oxford compared to the benchmark of England (Public Health England 2020)¹²



Mental health

The Office for National Statistics began measuring personal wellbeing in April 2011 through the Annual Population Survey (APS). Most recent data demonstrates that mental health rates of diagnosis and referrals are continuing to increase. Average ratings of anxiety in the UK increased by 6.3% in the year ending March 2020 when compared with the year before, from 2.87 to 3.05 (out of 10). This was the largest annual increase in anxiety since measurements of personal well-being began and there has been no significant improvement for any country or region in any of the four personal well-being measures, compared with the year before.

¹² <https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132696/pat/6/par/E12000008/ati/201/are/E07000178/iid/90366/age/1/sex/1/cid/4/tbm/1>

In 2019/20, 29,852 Oxfordshire residents were referred to Oxford Health mental health services, 7,339 of those were from Oxford City. In the four year period from 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall. Of the total number of referrals for Oxford Health mental health services, the largest proportion were among people aged 15-19, followed by those aged 10-14, those aged 5-9, and those aged 20-24.

In 2019/20 around 73,600 GP registered patients in the Oxfordshire Clinical Commissioning Group area were recorded as having depression, making this the second most common health condition in the Oxfordshire CCG area (after hypertension). Prevalence of depression is increasing in Oxfordshire and is above the England average.

Mental health is a complex issue with many inter-related factors and causes. Many of these factors will have no or only a tenuous link to planning, however there may be a role for planning through helping to create living environments which enhance quality of life.

Isolation and loneliness

Various national and international research studies have linked social isolation and loneliness with adverse health outcomes, including higher mortality rates. Social engagement has also been found to be a driver of quality of life. The coronavirus pandemic has had a notable impact on the way people live their lives and as such, reported levels of loneliness in Great Britain have increased since spring 2020. Between 3 April and 3 May 2020, 5.0% of people (about 2.6 million adults) said that they felt lonely “often” or “always”. From October 2020 to February 2021, results from the Opinions and Lifestyle Survey (OPN) show that proportion increased to 7.2% of the adult population (about 3.7 million adults). This survey also found that, of people who said their well-being was affected by the coronavirus, younger people were up to 5 times more likely to report feeling lonely in the last 7 days (see Figure 3).

Figure 3. Opinions and Lifestyle Survey (Office for National Statistics 2021)¹³

Younger people were more likely to experience “lockdown loneliness”

Odds of reporting feeling lonely in last 7 days, of people who said their well-being was affected by the coronavirus, Great Britain, 14 October 2020 to 22 February 2021.



Source: Office for National Statistics - Opinions and Lifestyle Survey

¹³<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/methodologies/opinionsandlifestylesurveyqmi>

Even before the pandemic, the Community Life Survey (CLS), conducted between August 2016 and March 2017 found that 5% of adults in England reported feeling lonely 'often' or 'always' and there was a clear link between loneliness and general health.

Physical activity and weight

Levels of physical activity and of obesity are important contributors to health. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared with those who have a sedentary lifestyle. Physical inactivity has been linked to a range of other health conditions, including diabetes and some cancers; it is estimated to be responsible for a significant proportion of premature all-cause mortality. Oxford's population reports higher than average levels of activity. The proportion of physically active adults in Oxford in 2018/19 was 74.4%, compared to 67.2% in England.

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health. Public Health England reports the percentage of adults (aged 18+) classified as overweight or obese based upon the Active Lives survey by Sports England. Data for 2018/19 indicated that 48.9% of Oxford's adult population were overweight or obese. This was significantly lower than the national average (62.3%) and the South East average (60.9%). In 2019/20, Oxford has a similar obesity rate in Year 6 children (16.4%) when compared to the South East region as a whole (17.8%).

Other lifestyle factors

There are a range of other lifestyle factors that have a significant impact on health including smoking, alcohol and drug use for example. These factors are not considered in detail here as they are not directly relevant to the Local Plan. Further information can be found in the Oxfordshire Joint Strategic Needs Assessment (JSNA).¹⁴

Health Deprivation and inequalities

Despite Oxfordshire's relative affluence there are wide inequalities in health and wellbeing. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in life expectancy is around 12 years. As Figures 4 and 5 demonstrate, these inequalities are present within the city of Oxford. Both the highest and lowest life expectancies for males and females across the county are within the Oxford city boundary.

¹⁴ <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

Figure 4. Male life expectancy at birth (Public Health England 2019)¹⁵

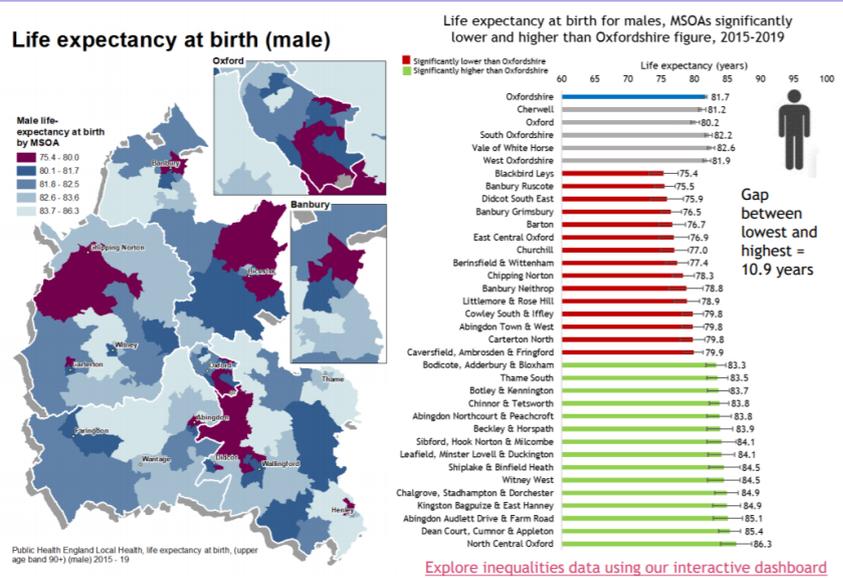
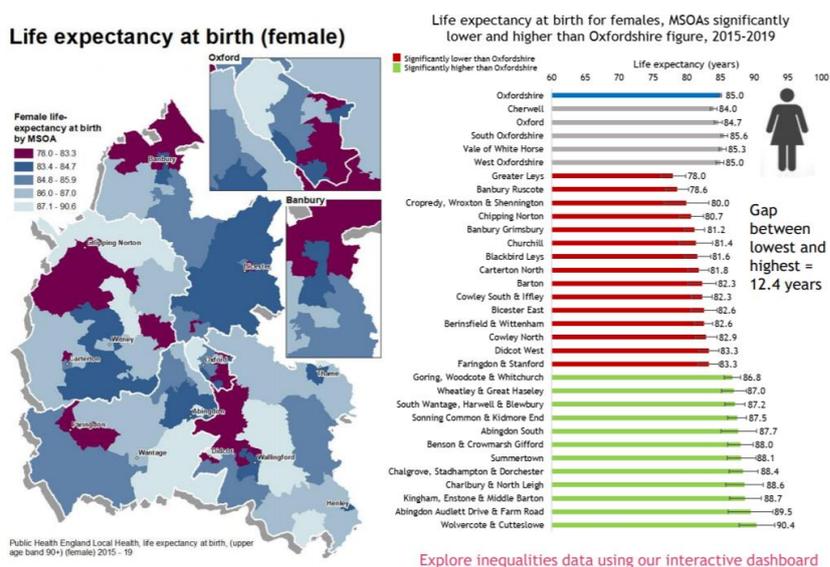


Figure 5. Female life expectancy at birth (Public Health England 2019)¹⁶



The Health domain of the Index of Multiple Deprivation measures morbidity, disability and premature mortality. Within Oxford, there is wide variation in the level of health deprivation, as shown in Figure 6. Carfax has the greatest level of health deprivation in Oxford. Other health deprived areas are in Northfield Brook, Rose Hill & Iffley, St Clement's, Churchill and Blackbird Leys. The majority of least health deprived areas, as shown by Figure 6 are located within the north of the city.

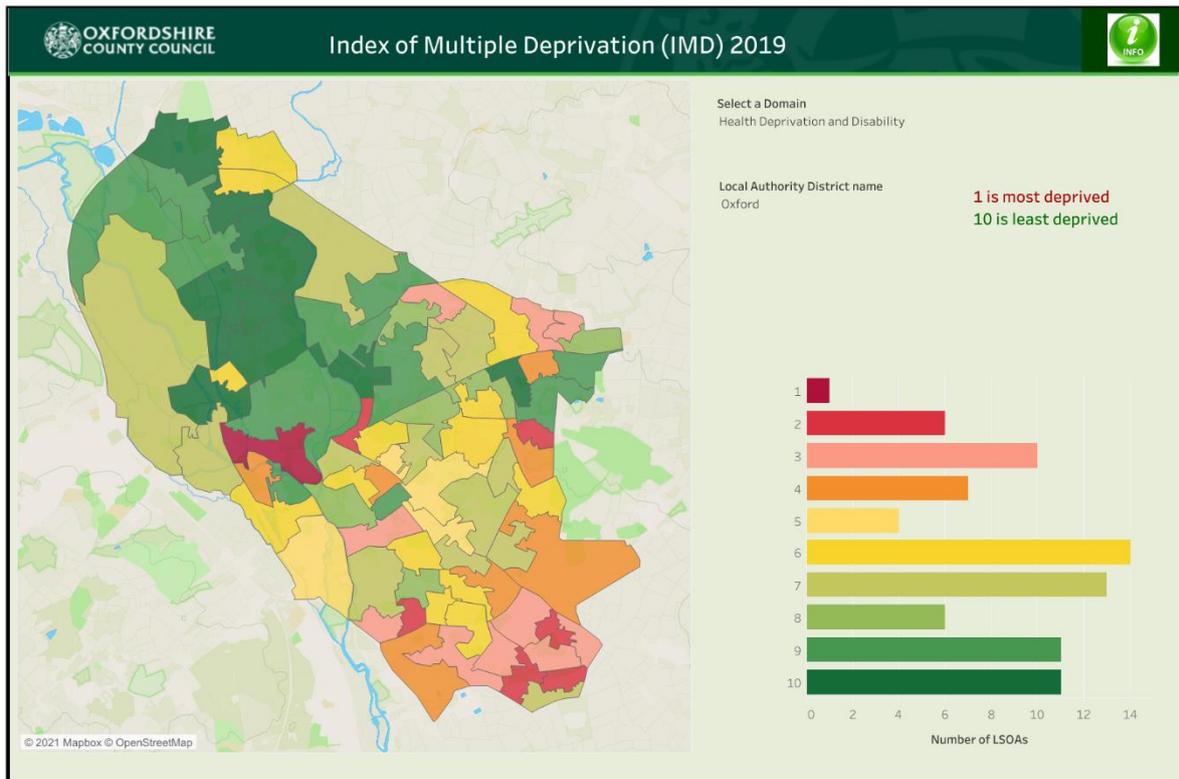
In 2019, 7 of Oxford's Lower Super Output Areas (LSOAs) fell into the 20 per cent most deprived, and 1 LSOA in the 10 per cent most deprived nationally for Health Deprivation and Disability, compared with 2015, where 12 of Oxford's LSOAs fell within the 20 per cent and 2 LSOAs in the 10 per cent most

¹⁵<https://fingertips.phe.org.uk/search/life%20expectancy>

¹⁶<https://fingertips.phe.org.uk/search/life%20expectancy#page>

deprived nationally for HD&D. According to the 2019 Indices of Deprivation (IoD), Oxford’s average rank score for Health Deprivation and Disability improved up to 183 from 160 in the 2015 IoD.

Figure 6. Health deprivation and disability in Oxford (Oxfordshire County Council 2019)¹⁷

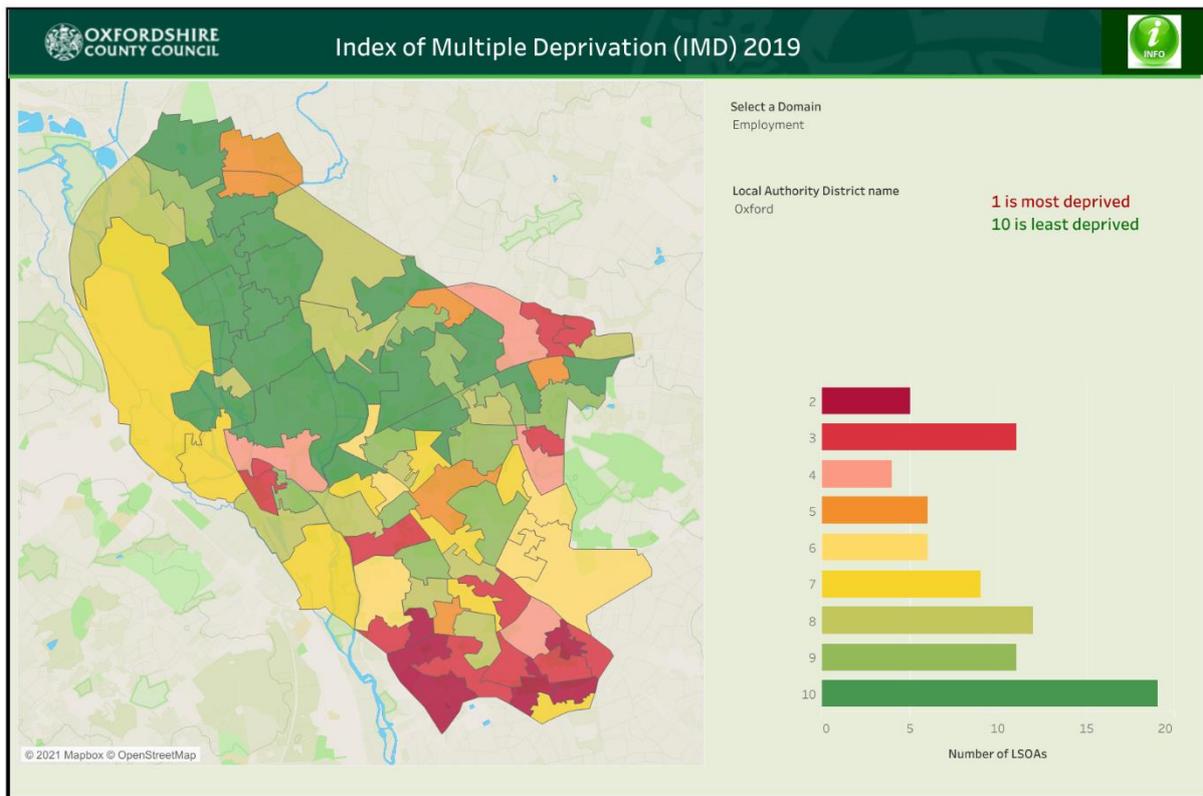


Employment Deprivation

Being in employment has been linked to improved health and particularly mental health. Figure 7 shows the proportion of the working-age population involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities. There are no areas in Oxford within the 10% most deprived areas in England for this indicator, but a number of areas, predominantly in the south of the city, fall within the 20% most deprived areas in England for employment deprivation.

¹⁷https://public.tableau.com/views/IMD2019Oxfordshire/IMD2019?:embed=y&:display_count=no&:showVizHome=no#1

Figure 7. Employment deprivation in Oxford (Oxfordshire County Council 2019)¹⁸



Housing and health

Although the relationship between housing and health is difficult to assess precisely, it has been found that bad housing conditions including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition – constitute a risk to health. Poor housing, which presents certain structural or environmental hazards to inhabitants, is associated with increased risk of cardiovascular diseases, respiratory diseases and depression and anxiety.

At the time of the 2011 Census, 38.5% of people in Oxford lived in households with more than one person per bedroom; this compares with 33.3% in Oxfordshire as a whole and 34.9% in the South East and 36.8% in England overall.

Cold homes are linked to increased risk of cardiovascular, respiratory and rheumatoid diseases, as well as hypothermia and poorer mental health. The elderly have been found to be particularly likely to suffer ill health in a cold home. In 2018, Oxford had 10.5% of households living in fuel poverty¹⁹; in Oxfordshire this was 8%, in the South East 7.9% and 10.3% in England overall.

Homelessness is associated with adverse health. An Oxfordshire County Council health needs assessment of the adult street homeless population in Oxfordshire in 2019 estimated that, on any one

¹⁸https://public.tableau.com/views/IMD2019Oxfordshire/IMD2019?:embed=y&:display_count=no&:showVizHome=no#1

¹⁹ Under the 'Low Income High Cost' measure of fuel poverty, households are considered to be fuel poor when: (i) they have required fuel costs that are above average (the national median level) and (ii) were they to spend that amount, they would be left with a residual income below the official poverty line.

night, 100-150 people sleep rough somewhere in the county and between 350-400 homeless adults sleep in some form of supported accommodation each night. Oxford City accounts for most of these.

Likely trends without a new local plan

What trends do data show?

As shown above, many health indicators have shown an improvement (even if only slight) in recent years. Much of this is likely to be as a result of health interventions, improvements to services and treatments and also improvements in awareness and education of lifestyle factors in particular. This is positive in light of evidence from the broader national picture of health and wellbeing in England, which highlights various negative observations of health equity across England, including a stalling in improvements to life expectancy, an increasing health gap between the wealthiest and poorest parts of the country, and that people are spending more of their lives in poor health.

The data does show, however, that there are several areas where Oxford performs below the local or national average, where more focus is needed to secure similar improvements. It also demonstrates that there are significant health inequalities within the city, typically linked with levels of socio-economic deprivation, which need to be a priority for future health interventions and strategies.

Impacts of Covid and Brexit

The Covid-19 pandemic also highlighted the importance of human health and mental wellbeing. National data shows that Covid-19 has had a disproportionate impact on ethnic minority communities and that the mortality rates from Covid-19 in the most deprived areas were more than double the least deprived areas. This confirms the need to address health inequalities in Oxford.

Studies have also shown the benefits of access to green spaces for health, both in terms of keeping physically fit as well as the mental health benefits that green spaces can bring to people. During the lockdowns when people were not able to leave the house more than once a day, and when people were required to self-isolate, the importance of private amenity space also emerged. These are factors which could be addressed through planning policy and should be considered as part of the new local plan.

Health and wellbeing in the context of the climate emergency

The risks from climate change, such as milder, wetter winters and hotter, drier summers, will impact everyone in Oxford, but for those living in poor health the risks are exacerbated. Indeed, regardless of our achievements in relation to climate mitigation (cutting carbon emissions), climate is expected to change in the future due to historic greenhouse gas emissions that have already 'baked in' changes in the climate system.

The impacts of hotter summers and prolonged heat wave events for example have been shown to be particularly threatening for those with pre-existing health conditions such as heart and lung disease, as well as the young and the elderly. The ongoing stress that is caused by flooding events, and just the

threat of flooding, can be taxing on residents' mental health and this is likely to be a particular issue for those already in poor mental health.

Climate-related risks are further compounded by the particular challenges faced by those living in high socio-economic deprivation. As was evidenced earlier in the paper, those living in more deprived areas in the city are more likely to be living with worse health and wellbeing thus potentially being at higher risk from stresses related to climate change. Furthermore, those living in areas of deprivation may have fewer resources (financial and material) to adapt to changing climate, for example finding it harder to afford cooling measures to cope with high heat in the summer, or to pay for insurance that can cover damages during a flood event. There is also the issue that some may be living in poorer quality accommodation, which is ill-equipped to function in future climate.

Considerations for the new Local Plan

Good health includes physical, social and mental wellbeing going beyond simply the absence of illness and care of persons who have become ill. The Local Plan has a role to play in considering all of the aspects that impact on an individual's health and to help influence positive health and wellbeing outcomes across all parts of the city.

Indeed, health and wellbeing is a wide-ranging topic that will be influenced by many, if not all, of the policies within the Local Plan. The emerging Local Plan aims to integrate health and wellbeing considerations in a variety of areas, including:

Quality housing – The type of housing someone lives in can negatively impact on their health and wellbeing in a number of ways if it has not been appropriately designed. Poorly designed housing that provides inadequate levels of daylight or ventilation; overcrowding; injuries in the home; or inadequate heating or cooling of the building can all have direct and indirect impacts on physical and mental health. This is an issue that has become more prevalent throughout the Covid-19 pandemic, which saw the population forced to spend greater amounts of time at home in general, as well as for work and exercise. However, housing standards and quality are largely governed by the Government's nationally set building standards and cannot be influenced by local planning policies.

Transport and accessibility – Improving access and movement around the city is important for an individual's health and wellbeing for several reasons. Improving the connections between places can help people to integrate with their communities and reduce the chances of social isolation. Availability, quality and choice of modes of transport are also important not only for facilitating travel to employment, healthcare and social facilities, but also for ensuring people can utilise active travel methods such as walking and cycling, over the car. Transport emissions can also cause adverse health impacts on human health: the local plan can play a role in reducing these and the effect they have on people.

Social infrastructure - Provision of social infrastructure is vital for vibrant neighbourhoods, and this can include uses such as schools; health centres; local food shops; public buildings, local workplaces and open spaces. Neighbourhoods which enable residents to have good access to goods and services and which provides opportunities for social interaction such as in parks can improve social interaction and promote a feeling of community.

Natural environment – The quality of the environment and in particular, access to green space can have a positive impact on health and wellbeing, through increased physical activity and mental health benefits stemming from taking a break from heavily urbanised environments. Healthy environments can also provide opportunities for local food growing which can help promote healthy diets and active lifestyles. Poor air quality can be one aspect of an unhealthy environment and is an important issue in Oxford with impacts on a range of health problems including asthma and cardiovascular diseases.

Climate resilience – Much of what is being built today will be around for the next 50-100 years and thus will need to be able to function and respond to the projected changes in climate that Oxford will face in the future. Development that is able to keep residents cool during warm summer weather will be essential in order to reduce risks from heat stress, whilst flood resistance (keeping water out) and resilience (allowing quick clean up and drying out) measures will help to reduce danger to life and the ongoing stresses that flooding can cultivate. This issue will be particularly important for the most vulnerable communities in the city.

Health inequalities - Whilst working to ensure that negative impacts on health and wellbeing are avoided and positive impacts maximised for everyone, it will also be important for the new Local Plan to work towards reducing the health inequalities that exist in the city. This could take the form of targeted interventions in particular areas in need, as well as ensuring that the issues of health inequality are considered throughout the planning process.

Health Impact Assessment - The current Local Plan requirement for HIAs on new development is likely to remain an important approach to ensuring that developers consider issues of health and wellbeing throughout the development process. Furthermore, to ensure that health and wellbeing considerations have been embedded sufficiently through the Local Plan, the Council's intention is that the development of its constituent policies should be informed by a high level Health Impact Assessment (HIA). There is no single, nationally applied standard for how local plan HIAs ought to be conducted, though there is a range of guidance and examples of best practice that the Council can draw upon. Work being undertaken at the county level will also help guide the approach, and it will also be important to engage with colleagues in Public Health on this process throughout.

Conclusion

The picture of health and wellbeing in the city is a varied one. There are a number of positives and improvements that have been recorded in recent years, such as high levels of physical activity and lower than average levels of obesity amongst residents, as well as numbers reporting general good health. There are also areas of concern, however, with mental health problem referrals on the rise, high levels of loneliness, and obesity amongst children. There are also significant health inequalities within the city, demonstrated by the large differences in life expectancy between wards in different parts of the city.

Planning can have a significant influence on the quality of the built environment and therefore a variety of the wider determinants of health and wellbeing. Various interventions, from ensuring ample open space and areas for social interaction, to provision of sports and leisure uses and green infrastructure, can all have beneficial impacts that can address the issues highlighted in this paper. It will therefore be important for the theme of health and wellbeing to be threaded throughout the new

Local Plan and for officers to consider opportunities to maximise positive impacts and minimise negative impacts on health, and reduce the health inequalities in the city, as they develop its various policies.

Economic: Improving the city’s level of health and wellbeing, along with reducing the inequalities that exist, can have profound positive economic impacts. Fewer cases of ill health places far less strain on health services, meaning that Government funds can be redirected elsewhere.

Social: Increased healthy life expectancies are good for society, as people have more time to enjoy living their lives together. Furthermore, improved levels of health mean that people’s life satisfaction will rise, boosting levels of mental wellbeing. Finally, a more healthy and active society encourages people to get out and about more, increasing social cohesion between communities.

Environmental: Reduced spending on healthcare services as a result of improved levels of health and wellbeing could lead to increased investment in green infrastructure. More people interacting with nature may also increase the community’s level of engagement in conserving and enhancing the city’s green spaces.

Sustainability/Plan issues

- Oxford has high levels of health inequalities across the city. Planning may be able to support targeted interventions that could assist with this.
- Oxford’s higher than average levels of activity and lower than average levels of obesity need to be maintained and improved.
- The Local Plan can help to improve mental health and wellbeing through, for instance, improving quality of housing, improving access to open spaces, and focusing on building communities, particularly learning from the coronavirus pandemic.
- Climate resilience measures will be essential for reducing impacts on health and wellbeing as the city moves towards a net zero future, particularly for the most vulnerable communities.