Background paper 010

Title: Health and Wellbeing

This paper 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.

Relevant Local Plan Objectives:

- Provide access to affordable, high-quality and suitable accommodation for all.
- Curate a built environment that supports and enables people to be physically and mentally healthy.

SA Objective(s): 5. To reduce poverty, social exclusion, and health **inequalities**. **SEA theme(s):** Human health, population, material assets.

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1. Introduction

- 1.1 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.
- 1.2 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.
- 1.3 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.

2. Policy Framework/Plans, Policies, Programmes (supporting Task A1 of Sustainability Appraisal)

National Planning Policy Framework (Dec 2024)

2.1 The **National Planning Policy Framework (NPPF)** updated in December 2024 is explicit in its support for healthy place shaping. It states in paragraph 96 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 well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and
- 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.
- 2.2 The NPPF further seeks to promote healthy lifestyles and wellbeing with requirements that have implications for placemaking, including restrictions on the location of hot food takeaways (paragraph 97), positive planning for the provision of share spaces and community facilities, avoiding the unnecessary loss of such facilities, and ensuring an integrated approach to considering the location of housing, economic uses and community facilities (paragraph 98).
- 2.3 **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

2.4 NHS England Long Term Plan (Jan 2019) 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' guidance.

The Marmot Report and 2020 update

- 2.5 The Marmot report of 2010 "Fair Society, Healthy Lives" 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.
- 2.6 Ten years on from that review, <u>an update published in 2020</u> by the Institute of Health Equity, 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.

Marmot Places

- 2.7 The Institute has promoted the concept of 'Marmot Places', which are areas where local authorities and policy makers recognise that health inequalities are largely shaped by the social determinants of health and pursue policies and interventions that aim to improve health equity. Such interventions are based on the 8 Marmot Principles, and there is a commitment by such places to improve health equity over the short, medium and long term by:
 - 1. Developing and delivering approaches, interventions and policies to improve health equity.
 - 2. Strengthening their health equity systems.
 - 3. Involving communities in the identification of the drivers of poor health and in the design and implementation of actions to reduce them.
 - 4. Broadening advocacy on health equity and engaging with other Marmot Places to share knowledge, roll out best practice alongside partners in local regions and nationally.

Regional supporting strategies

2.8 The Oxfordshire Joint Health and Wellbeing Strategy (2024-2030) 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"

2.9 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).
- 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.
- 2.10 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.
- 2.11 **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.

Local Transport Connectivity Plan 2022-2050 (LTCP5)

- 2.12 The <u>LTCP5</u> was published in July 2022 and follows on from the previous **Local Transport Plan 2015-2031 (LTP4).** The vision is of a net zero travel system for the county that protects the environment and makes for a better quality of life for communities that live there. The objectives of the strategies are to reduce the need to travel, reducing reliance on individual private car use and promoting alternative modes such as walking, cycling and public or shared transport as natural first choices.
- 2.13 There is a greater emphasis on promoting a 'decarbonised' transport network, air quality and productivity on a sustainable basis, which includes highlighting role of digital infrastructure in enhancing connectivity and reducing the need to travel.
- 2.14 There are direct implications on public health and wellbeing, and the policies specifically focus on healthy place-shaping. The creation of liveable neighbourhoods, that are made up of communities where social connections are easy and local amenities and services are readily accessible, and where active travel (walking, cycling) is a viable option and car journeys are minimized. There is a greater ready availability of public or shared transport, and an environment that incentivizes active travel. The promotion of a net zero or 'decarbonised' transport network can also have impacts in terms of air quality.

2.15 **The Joint Strategic Needs Assessment Annual Summary Report 2023:** 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.

3. Current situation (supporting Task A2 and A3 of Sustainability Appraisal)

Levels of General health

3.1 Figure 3.1 shows a higher percentage of people in Oxfordshire report good or very good health than in the South East or in England. Oxford has a higher level of people reporting good or very good health than the national and regional average, but at a lower level than the last reporting in 2021. Compared across the county, Oxford has a lower level than West and South Oxfordshire districts.





Figure 3.1 - Level of reported health - regional and national comparison (Census 2021)

3.2 Figure 3.2 shows a range of health indicators and how Oxford compared to the benchmark of South East England and nationally. For several 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).

Indiastor	Derind		Oxford		East	England		England		
Indicator	Period	Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Life expectancy and causes of death										
Life expectancy at birth (Male, 3 year range)	2020 - 22	-		80.3	80.1	78.9	73.4		0	
Life expectancy at birth (Male, 1 year range)	2022	-	-	81.1	80.6	79.3	73.8		0	3.8
Life expectancy at birth (Female, 3 year range)	2020 - 22	-		83.9	83.8	82.8	79.0		Ó	1
Life expectancy at birth (Female, 1 year range)	2022	-		84.1	84.1	83.2	79.2		0	
Under 75 mortality rate from all causes	2023		341	331.3	295.5	341.6	622.1		0	207.
Under 75 mortality rate from cardiovascular disease	2023	+	64	64.1	62.1	77.4	136.2		0	39.3
Under 75 mortality rate from cancer	2023		121	122.3	111.7	120.8	186.1		5	71.5
Suicide rate (Persons, 10+ yrs)	2021 - 23	-	34	8.7	10.4	10.7	20.5		0	4.2
Injuries and ill health										
Killed and seriously injured (KSI) casualties on	2023	-			89.8*	91.9*		Insufficient number o	fusion for a point	on chart
England's roads	2023	-	•	•	09.0	91.9	•	insumcient number c	r values for a spil	ne chart
Emergency Hospital Admissions for Intentional Self- Harm	2022/23	+	190	92.9	138.3*	126.3	382.6		0	40.9
Hip fractures in people aged 65 and over	2022/23		105	513	509*	558	849		0	
Percentage of cancers diagnosed at stages 1 and 2	2021	+	227	55.6%	56.2%	54.4%	43.5%		0	51.7%
Estimated diabetes diagnosis rate	2018	-		66.8%	75.2%	78.0%	54.3%	•		%
Estimated dementia diagnosis rate (aged 65 and older)										
< 66.7% (significantly)	2024		1,183	67.3	62.9	64.8	45.5			
Behavioural risk factors										
	0000004								14 11 12 A	
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	-	15	17.4	28.6*	26.0	75.5		0	3.8
Admission episodes for alcohol-related conditions (Narrow)	2022/23	4	463	364	376*	475	856		0	247
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS)	2023	-20	•	7.8 %	10.6%	11.6%	26.3%		0	1.3%
Percentage of physically active adults (19+ yrs)	2022/23	- 1	1.0	76.0%	70.2%	67.1%	51.4%		C) 5%
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	- 90	343	53.9%	62.8%	64.0%	77.7%		0)
Child health										
Under 18s conception rate / 1,000	2021	-	23	9.1	10.7	13.1	31.5			1.1
Smoking status at time of delivery	2023/24	-	61	5.5%*	6.8%	7.4%	17.5%		ŏ	2.8%
Baby's first feed breastmilk (previous method)	2018/19	-		-	72.7%			Insufficient number o	l values for a spi	
Infant mortality rate	2020 - 22	-	15	3.6*	3.3		8.3		O	1.1
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2023/24		285	21.3%	19.2%		31.0%		þ	
Inequalities										
Deprivation score (IMD 2019)	2019	-		16.7	15.5	21.7	45.0	_		5.5
Smoking prevalence in adults in routine and manual				10.7						
occupations (aged 18 to 64) - current smokers (APS)	2023	-		•	18.4%	19.5%	54.8%			2,4%
Inequality in life expectancy at birth (Male)	2018 - 20	-		9.8	7.9	9.7	17.0	j)	•	
Inequality in life expectancy at birth (Female)	2018 - 20	-	•	6.5	6.0	7.9	13.9	2	0	
Wider determinants of health										
Children in relative low income families (under 16s)	2022/23		3,626	14.4%	13.1%	19.8%	43.2%		0	5.2%
Children in absolute low income families (under 16s)	2022/23		2,845	11.3%	10.6%	15.6%	35.8%		0	4.2%
Average Attainment 8 score	2022/23	-		46.2	47.3	46.2	36.1		0	
Percentage of people in employment	2023/24		83,200	78.9%	79.6%	75.7%	47.9%		0	.1%
Homelessness: households owed a duty under the Homelessness Reduction Act	2022/23	-	439	8.3	10.3	12.4	32.7		0	2.6
Violent crime - hospital admissions for violence (including sexual violence)	2020/21 - 22/23	- 23	105	18.5	24.5*	34.3	122.3		0	6.7
Health protection										
Winter mortality index	Aug 2021 - Jul 2022		20	7.5%	8.6%	8.1%	30.1%		\diamond	X
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023		969	594	369	520	3,304			152
TB incidence (three year average)	2020 - 22		76	16.1	5.4	7.6	41.3			0.7

Figure 3.2 - Health indicators, Oxford compared to the benchmark of England (Public Health England 2023)

Active Travel

- 3.3 The latest Sport England data (November 2021-22) shows that Oxfordshire had the highest proportion of adults (39.4%) participating in active travel (at least twice in the last 28 days) of England's counties. Oxford City had a high proportion of adults participating in active travel (60%). West Oxfordshire (32%) was just below the national average (33%).
- 3.4 £ There has been a rise in active travel in all districts since November 2020-21. However, active travel remains lower than before the coronavirus pandemic which maybe due to changes in active travel because of home working.

	Nov 2020/21	Nov 2021/22	Change
Cherwell	23%	33%	+10%
Oxford	51%	60%	+9%
South Oxfordshire	21%	33%	+12%
Vale of White Horse	21%	36%	+15%
West Oxfordshire	20%	32%	+12%
Oxfordshire	28%	39%	+11%
England	26%	33%	+7%

Participation in active travel: At least twice in the last 28 days

Figure 3.3 - Levels of participation in active travel (Source: Sports England Active Lives Survey via Oxfordshire JSNA 2023)

Isolation and Ioneliness

3.5 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.

Area	Recent Trend	Count	Value		95% Lower Cl	95% Upper Cl
England	-	-	22.26	8	22.02	22.50
Oxfordshire	-	-	24.21	H	22.32	26.22
Oxford	-	-	29.43		25.61	33.66
Cherwell	-	-	26.70		22.47	31.63
Vale of White Horse	-	-	22.06		17.98	26.88
South Oxfordshire	-	-	21.89	⊢−−−−	17.77	26.73
West Oxfordshire	-	-	18.98	⊢ −−−	15.18	23.49

Figure 3.4

Air Quality

3.6 In September 2010 Oxford City Council made an Air Quality Management Order declaring the whole of the city as an AQMA, to include the 7 localised hotspots where pollution levels of nitrogen dioxide have exceeded national objectives. It is one of 13 designated Air Quality Management Areas in Oxfordshire, where air quality objectives are not being met. The latest (2020) modelled air pollution data from DEFRA indicate that sites with the highest readings for Nitrogen Dioxide (NO2) in Cherwell, Oxford and West Oxfordshire have each seen a slight increase since 2020.



Figure 3.5 - Air pollution in Oxfordshire (Source: Defra modelled background pollution data via Oxfordshire JSNA 2023)

Inequality and health outcomes

3.7 Despite the relative levels of economic prosperity in Oxford, there are still great inequalities within the city. This is reflected in health outcomes and life expectancy. At ward level it can be observed that the life expectancy tends to negatively correlate with the level of deprivation.

	tor Period	Oxford			South East	England	England			
Indicator		Recent Trend	Count	Value	Value	Value	Worst	Range	Bes	st
Deprivation score (IMD 2019)	2019	r = r	12	16.7	15.5	21.7	45.0			5.5
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS)	2023	-	-	٠	18.4%	19.5%	54.8%			2.4%
Inequality in life expectancy at birth (Male)	2018 - 20	s — s	-	9.8	7.9	9.7	17.0		¢	
Inequality in life expectancy at birth (Female)	2018 - 20	-	~	6.5	6.0	7.9	13.9		0	

Figure 3.6 - Inequalities profile, Oxford compared to the benchmark of England (Public Health England 2023)



Figure 3.7 - Comparative life expectancy across Oxford wards: <u>Office of Health Improvement and Disparities analysis</u> (accessed 6 January 2025)

Ward	Life expectancy at birth for males	Life expectancy at birth for females			
Barton & Sandhills	79.4	81.8			
Blackbird Leys	74	80.9			
Carfax & Jericho	80.6	90.8			
Churchill	76.7	81.1			
Cowley	80.2	79.5			
Cutteslowe & Sunnymead	81.6	88.5			
Donnington	79	83.3			
Headington	79.5	85.5			
Headington Hill & Northway	81.4	85.5			
Hinksey Park	80.6	86.1			
Holywell	N/A - not available	85			
Littlemore	78.5	85.4			
Lye Valley	80.9	81.3			
Marston	81.2	85.1			
Northfield Brook	77.7	79.7			
Osney & St Thomas	77.3	86.3			
Quarry & Risinghurst	81	84.9			
Rose Hill & Iffley	78.6	82.5			
St Clement's	76.1	87.7			
St Mary's	79	85.3			
Summertown	87	87.1			
Temple Cowley	82	83.5			
Walton Manor	85.4	89.1			
Wolvercote	83.3	90.9			

 Table 3.1 - Life expectancy compared across wards in Oxford. Source: Office of Health Improvement and Disparities

 analysis (accessed 6 January 2025)

Health Deprivation

3.8 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 3.8. Areas of the city with high levels of health deprivation include Northfield Brook, Rose Hill & Iffley, St Clement's, Churchill and Blackbird Leys. The majority

of least health deprived areas, as shown by Figure 3.8 are located within the north of the city.

3.9 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 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 3.8 - Health deprivation and disability in Oxford (Oxfordshire County Council 2019)

Employment Deprivation

3.10 Being in employment has been linked to improved health and particularly mental health. Figure 3.9 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.



Figure 3.9 - Employment deprivation in Oxford (Oxfordshire County Council 2019)

4. Likely trends without a new Local Plan (supporting Task A2 and A3 of Sustainability Appraisal)

What trends do data show?

- 4.1 For Oxford as a whole the trends indicate an overall improvement in overall measures of good health, which is likely to be the result of improvements to services and treatments, specific interventions and an increase in awareness and education of lifestyle factors in particular. This is positive when taking into consideration 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.
- 4.2 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.

Health and wellbeing in the context of the climate emergency

4.3 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.

- 4.4 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.
- 4.5 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.
- 4.6 Recent research by the Oxfordshire County Council as part of their County-wide Climate Vulnerability Assessment 2024 confirmed that current heat wave risk is concentrated in the most urban parts of the county and is only exacerbated in future according to different projections for 2050. Eight of the ten wards in Oxfordshire with the highest current heatwave risk are located in the Oxford City (Barton and Sandhills, Blackbird Leys, Cutteslowe and Sunnymeade, Carfax and Jericho, Holywell, Littlemore, Northfield Brook and Walton Manor), including some in higher deprivation areas. Six of these wards remain in the top ten for 2050 projections (Littlemore and Walton Manor are replaced by other wards in the county).

Considerations for the new Local Plan

- 4.7 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.
- 4.8 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:
- 4.9 **High 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.

- 4.10 **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.
- 4.11 **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.
- 4.12 **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.
- 4.13 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.
- 4.14 **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.

6.1 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.

5. Options for Local Plan 2042 policy

- 5.1 The analysis set out in the previous sections of this background paper indicates the need for the Local Plan 2042 to include policies that aim to promote the health and wellbeing of residents in Oxford.
- 5.2 The Plan will therefore include policies that address the following topic areas:
 - Provide access to affordable, high-quality and suitable accommodation for all.
 - Permit well-designed buildings and public spaces that feel safe, that are sustainable, and that are attractive to be in and travel to.
 - Curate a built environment that supports and enables people to be physically and mentally healthy.
- 5.3 For each topic, options for the approach that could be taken for the Local Plan 2042 policy have been considered, and these 'options sets' are set out in tables on the following pages. The tables identify potential positives of the approach, as well as the potential negative or neutral impacts that could arise depending on the approach taken and that have helped inform the preferred position set out for the Regulation 18 consultation.
- 5.4 Additionally, the options sets have been considered in light of their specific sustainability impacts through a high-level screening against the 12 sustainability criteria forming the assessment process for the separate Local Plan Sustainability Appraisal (explained in greater detail in the main Sustainability Appraisal report).
- 5.5 Where there is potential for a significant sustainability impact to arise from an option, or where there are significant differences in impacts between potential options, the Council has screened the options set in for a detailed appraisal in the main Sustainability Appraisal report. A summary of this screening process is included at the end of each options set table.

Policy options set 010a (Draft Policy HD10): Health Impact Assessments

5.6 The process of undertaking Health Impact Assessment (HIA) ensures that development promotes and contributes to a healthy living environment, by requiring that local context and particular issues are assessed and then addressed through the design process. The benefit of HIA is greatest when it is conducted at the earliest opportunity to inform the design process. The current local plan requires the undertaking of HIA for major development and the options below set out alternative approaches with respect to continued HIA requirements.

Option for policy approach	Potential positive	Potential negative/neutral consequences of the approach
	consequences of the	
	approach	
Option a	A checklist based template is	This may be seen as an extra administrative burden on
Require an HIA for all	straightforward and would	developers, and on those assessing applications.
developments over a certain	keep the process fairly	
size- for example for major	streamlined. The intention of	
developments (as currently).	this approach is that healthy	
This requirement could be	design is considered from the	
integrated with others such as	outset and therefore factored	
demonstrating resilient design	in.	
and construction.		
Option b	More development is subject	There is limited evidence that expanding the range of
Include a requirement for	to an HIA, which ensures	development will bring additional benefits. This may create an
HIAs, not just based on a size	issues are properly	onerous process where the drawbacks outweigh any benefits.
threshold but other factors	considered and addressed at	
such as socioeconomic,	an early stage of the	
health or environmental	development.	
factors that could trigger the		
need for a more extensive		
HIA. Wider categories for		

Table 7.1 - Policy options set 010a: Health Impact Assessments

development that will be		
subject to an HIA.		
Option c	Less burden on developer	Not having a policy makes it harder to have a consistent metric to
No specific policy	who will cover off the points in	assess schemes.
requirement, rely on NPPF.	an HIA as part of application	
	process.	

Initial sustainability appraisal screening of options sets Is there only one option or are there various options we could take? A, b or c (they are all alternatives). High-level screening conclusion? the options are unlikely to have significant sustainability impacts Screened in for detailed appraisal? No

Rationale:

The options most directly influence **criterion 5. Inequalities** but depending on the implementation of the options, they are likely to impact other criteria in the SA framework indirectly where these have a relationship to healthy design (e.g. greening, accessible services/facilities, resilience to climate change etc). Option a and b are likely to have a minor positive impact on inequalites (and option b is likely to be a slightly more positive impact because it incorporates a greater area of the city/more development). Option c is likely to be a minor negative, as whilst there is some discussion over what health and wellbeing considerations should factor into planning proposals, there are not explicit requirements, so there is much more potential for development to come forward in unhealthy way. Overall, the likely sustainability impacts between the options are not significant and not complex enough to warrant a detailed appraisal.

Policy Options Set 010b (Draft Policy HD11: Privacy, Daylight and Sunlight)

5.7 There are many factors in the built environment that can affect our health and wellbeing, but it is particularly important to ensure that the places where we spend so much of our daily lives, such as our homes and workplaces, enable us to be healthy and happy. The recent Covid pandemic, with the need for social distancing and the shift to home working for some people, has highlighted the importance of having a healthy home setting for us all, and of particular importance to this internal environment is having ample daylight and privacy.

Option for policy approach	Potential positive	Potential negative/neutral consequences of the approach
	consequences of the approach	
Option a Extend the policy to also include expectations for daylight, privacy and sunlight for new non-residential buildings (types to be specified but likely to include offices and similar workspaces, potentially healthcare facilities but may exclude manufacturing and warehouses, retail units), to ensure good working conditions and to ensure consideration of impacts on neighbouring buildings. This will also need to be considered alongside shading and overheating impacts.	These requirements for non- residential buildings may prevent buildings with a large mass, which would have the benefit of more appealing design. It is also likely to reduce energy use due to minimising the need for electric lighting (and potentially also improving natural ventilation). The working environment would also be healthy. Helps meet BRE sunlight/daylight guidance.	This may be restrictive to certain building needs or may affect viability due to reducing the potential for subdivision of a building, or for large machinery. Its application is unlikely to be possible universally so the policy must specify when it applies and when it does not.
Option b Include a policy with requirements to ensure adequate daylight, privacy	This would ensure new development provides adequate daylight and privacy and does not reduce privacy and daylight in existing	This may be too restrictive for certain buildings and/or may impact upon viability due to reducing the potential for subdivision. This needs to be considered alongside considerations of sustainable design and construction, such as avoiding overheating.

and sunlight to new	development to an	
residential developments.	unacceptable level.	
Option c	This would provide more	This could result in poor quality design in new development that
Do not include a policy on	flexibility for design to reflect	does not have sufficient daylight or privacy for its occupants and
privacy, daylight or sunlight	the location and other factors.	could reduce daylight or privacy to neighbouring development to
for any type of development.		an unacceptable
		level.

Initial sustainability appraisal screening of options sets Is there only one option or are there various options we could take? Various options (A+B, C) High-level screening conclusion? The options are similar to each other from a sustainability perspective Screened in for detailed appraisal? No

Rationale:

The most relevant criterion that may be applicable to these options is **criterion 5. Inequalities**, as their implementation may have an impact on the quality of living spaces, which can often serve as an indicator of levels of poverty and social exclusion. Option a and b are likely to have a minor positive impact on inequalities (and option b is likely to be a slightly more positive impact because it incorporates a greater area of the city/more development). Option c is likely to be a minor negative, as it may result in a greater potential for poor quality development – building regulations include standards for window sizes/orientation, daylighting design and good practice for daylight levels, however they do not explicitly state minimum requirements for daylight/sunlight or privacy. Overall, the likely sustainability impacts between the options are not significant and not complex enough to warrant a detailed appraisal.

Policy options set 010c (Draft Policy HD12:) Internal Space Standards for Residential Buildings

5.8 New homes, whether they are infill plots or on larger sites, need to be of an adequate size and layout to provide high quality functional homes that meet the needs of a wide range of people. The pressure to build more homes can lead to the building of smaller homes if standards aren't set, which could result in housing being built that does not provide future occupants with appropriate living standards.

Option for policy approach	Potential positive	Potential negative/neutral consequences of the approach
	consequences of the	
	approach	
Option a	Following the Nationally	Oxford is highly constrained spatially and by adopting these
Apply Nationally Described	Described Space Standards	standards it could result in reducing the number of houses being
Space Standards. In flatted	should ensure that	delivered. It may become unnecessary to have this policy if the
schemes, require communal	developments maximise the	intended national development management policies cover this
areas to be designed to	useable space within housing	(which should not be repeated or contradicted in local plans).
enable neighbours to meet	through functional layout and	
and interact, for example	provide scope to modify	
some fixed seating, wider	layouts for future needs.	
areas of corridor or lobby	Design of	
space.	developments can be	
	important in helping people	
	avoid social isolation and	
	loneliness. In flats, communal	
	areas that allow neighbours to	
	interact is likely to facilitate	
	successful inter-generational	
	living. Including these	
	standards is important in	
	Oxford because development	
	pressure is so great and	
	heights are constrained, so	
	without requirements housing	
	could be inadequately small.	
Option b	Does not restrict homes being	Having no space standards for self-contained dwellings could
Do not include a policy on	delivered where space is so	result in the delivery of housing that is of poor quality with an
internal space standards (if	limited. If space requirements	unacceptable amount of internal space for its occupants.
the national standards are not	are written into national policy	

Table 7.3 - Policy options set 010c: Internal Space Standards for Residential Buildings

adopted locally then they do	this will become the preferred	
not apply).	option as having a local policy	
	will be unnecessary.	
Option c	Provides more flexibility for	Government policy is very clear that either the nationally
Include a policy but do not	the delivery of new homes	described standards are followed or there is no requirement
follow the Nationally	which is so urgent in Oxford.	included in plans, so it is very unlikely that this approach could be
Described Space Standards.		justified.

Initial sustainability appraisal screening of options sets Is there only one option or are there various options we could take? Yes High-level screening conclusion? The options are similar to each other from a sustainability perspective Screened in for detailed appraisal? No

Rationale:

The most relevant criterion that may be applicable to these options is **criterion 5. Inequalities**, as their implementation may have an impact on the quality of living spaces, which can often serve as an indicator of levels of poverty and social exclusion. Option c is unlikely to be justified, as it will contradict current national policy and if implemented will most likely encourage the development of schemes with poor quality of space for occupants. Overall, the likely sustainability impacts are not expected to be significant and not complex enough to warrant a detailed appraisal.

Policy Options Set 010d (draft Policy HD13): Outdoor Amenity Space

5.9 The adequate provision of outdoor amenity space is important as it supports the physical and mental health and wellbeing of residents. Well-designed outdoor amenity spaces enhance the immediate and surrounding areas and provide much needed open spaces for residents, particularly those who do not have access to their own private garden.

Option for policy approach	Potential positive	Potential negative/neutral consequences of the approach
	consequences of the	
	approach	
Option a	This would ensure that	This could be too prescriptive, and the amount required may not
Include an outdoor amenity	outdoor amenity space	be deliverable or viable.
space requirement for all	provided as part of new	There is no requirement currently for communal outdoor amenity
residential units, with size	development would be well	space for flats- it may be hard to know how to set this in a way
standards. This could allow	designed and provides more	that can be justified.
flexibility between communal	certainty about the level of	
and private space and	provision. Requiring space for	
balconies would be included	meetings and interactions	
to ensure flats are	may help to reduce loneliness	
deliverable. Include a	and social isolation.	
requirement for outdoor areas		
where neighbours can meet		
or interact.		
Option b	This approach would be less	Potential for poor design and quality and not a large enough
Include a policy that sets out	prescriptive but encourage	quantity of outdoor amenity space to serve needs.
broad principles required for	good design by setting out	
amenity space for housing but	broad	
no size requirement.	principles.	
Option c	This approach ensures	Private amenity space at workplaces should not be needed if
Set a requirement for outdoor	biggest non – residential	there is adequate public open space in an area and in living
amenity space for larger non-	schemes have well designed	places. This would not represent the most efficient use of land.
residential developments.	outdoor amenity for users of	

Table 7.4 - Policy options set 010d: Outdoor Amenity Space

the development and, if well	Management plans would be needed to ensure it does not
landscaped, this enhances	become neglected.
the attractiveness of the	
design and potential for	
benefits of green spaces such	
as biodiversity and enhancing	
wellbeing.	

Initial sustainability appraisal screening of options sets Is there only one option or are there various options we could take? Various (A, B, A+C, B+C) High-level screening conclusion? the options are similar to each other from a sustainability perspective Screened in for detailed appraisal? No

Rationale:

The most relevant criterion that may be applicable to these options is **criterion 5. Inequalities,** as their implementation may have an impact on the quality of living spaces, which can often serve as an indicator of levels of poverty and social exclusion. Depending on the implementation of the options, they are likely to impact other criteria in the SA framework indirectly where these have a relationship to healthy design (e.g. greening, accessible services/facilities, resilience to climate change etc). **Criterion 3. efficient use of land**, may be relevant as there may be implications for design of buildings and site layout. Overall, the likely sustainability impacts are not expected to be significant and not complex enough to warrant a detailed appraisal.

Policy Options Set 010e (Draft Policy HD14): Accessible and Adaptable Homes

5.10 Housing provision across the city needs to ensure that it meets the needs of everyone whatever age and stage of life. Homes need to be built with the flexibility to be adapted to the changing needs of residents. These changes include adaptations in the size and compositions of households, helping successful intergenerational living, with adult children and older parents moving back into the family home and an ageing population. Providing opportunities for residents to maintain their independence is very important and can help to alleviate pressure on health and social care if older people can remain in their homes adapted for their needs.

Option for policy approach	Potential positive	Potential negative/neutral consequences of the approach
	consequences of the	
	approach	
Option a	This approach future proofs	The standards can be too onerous and impact upon site viability.
Seek to ensure that a % of	the housing stock.	
affordable homes and market		
homes (dependent on needs,		
viability and practicality but		
currently 100% affordable and		
15% market) are constructed		
to accessible and adaptable		
homes standards set out in		
Part M4(2) and M4(3) of the		
Building Regulations. For		
M4(3) for Social Rent these		
should be able to be adapted		
to the needs of the household		
who will		
be occupying them, ahead of		
their occupation.		
Option b	Rather than lowering the	This may encourage low-rise flats, or one bed houses, to
Introduce specific exceptions	percentage generally to	circumvent the policy, which may often not be the most efficient
to the requirement for	ensure accessible/adaptable	use of land or the most suitable design for the area.
accessible and adaptable	homes are achievable in all	
homes for practical reasons,	situations, this allows a	
for example provision of lifts	generally high percentage,	
is disproportionately	whilst avoiding situations	
expensive for flats of less	where there are practical	
than three or four storeys or	reasons that limit the amount	
for a small number of		

Table 7.5 - Policy options set 010e: Accessible and Adaptable Homes

flats (fewer than 10) sharing	of accessible and adaptable	
one lift core, so upper floors	homes that can be	
would not need to conform.	provided.	
Option c	Rely on the NPPF to deliver	This could result in homes being built that are not sufficiently
No specific policy, rely on	the policy framework for	adaptable to the changing requirement of residents which is not
NPPF requirements or	delivering accessible and	an effective approach to meeting residents both current and future
National Design Guide as	adaptable homes.	needs. Retrofitting houses to meet needs in the future is more
template.		costly and an
		inefficient use of resources.

Initial sustainability appraisal screening of options sets Is there only one option or are there various options we could take? Various options (A, B, A+B, C) High-level screening conclusion? the options are similar to each other from a sustainability perspective Screened in for detailed appraisal? No

Rationale:

The options most directly influence **criterion 5. Inequalities** but depending on the implementation of the options, they are likely to impact other criteria in the SA framework indirectly where these have a relationship to healthy design (e.g. accessible services/facilities). Option a and b are likely to have a minor positive impact on inequalities as there is an explicitly requirement for development to integrate accessibility and adaptability in their designs. Option c is likely to be neutral, as compulsory national policy requirements are likely to apply in most circumstances - particularly building regulations. Overall, the likely sustainability impacts between the options are not significant and not complex enough to warrant a detailed appraisal.

6. Conclusions including key sustainability issues

- 6.1 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.
- 6.2 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.

Key sustainability issues for the Local Plan to address:

- 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 change represents a significant risk to health and wellbeing, particularly amongst certain communities. Climate resilience measures will be essential for helping to mitigate this risk.

Preferred approaches for the Local Plan 2042

6.3 Section 5 identifies a number of topics that the Local Plan 2042 could implement policy to address which relate to Health and Wellbeing Under each of these topics, there were various options for policy approaches which could be taken, with differing impacts and these were presented in tables to better facilitate comparison between them. Taking into account the various impacts arising from the options, the preferred approach to be taken for each topic, and set out in the main Regulation 18 consultation document, is as follows:

Health Impact Assessments – draft Policy HD10:

6.4 The preferred approach for the Local Plan 2042 draft policy is to take forward **option A**. This option is a continuation of the approach followed by the currently adopted 2036 Local Plan, whereby it is a policy requirement for applicants for qualifying development schemes (currently major development) to submit an HIA. This approach is considered to be the most appropriate for assessing schemes that are the most likely to have an impact on the health and wellbeing of the contexts in which they are set in.

Privacy, Daylight and Sunlight – Draft Policy HD11

6.5 The preferred approach for the Local Plan 2042 draft policy is to take forward a combination of **options A and B**. This approach will ensure that policy requirements include minimum standards that can be expected for the amenity of occupiers of development (with respect to privacy, access to daylight and sunlight), in terms that can be measured and monitored, and it also allows policy to specify the types of development for which these standards will apply – including the option of having requirements that apply to non-residential development. This will broadly follow the policy approach as followed by the currently adopted 2036 plan.

Internal Space Standards for Residential Buildings – draft Policy HD12

6.6 The preferred approach for the Local Plan 2042 draft policy is to take forward is **option A.** Government policy does not allow much flexibility for authorities to set bespoke standards, and as such the approaches available to plans are for national space standards to be followed, or no standards to be specified. A key objective for the plan is that housing tenures and types are of the highest quality possible and most conducive to promoting the health and wellbeing of occupants. To secure these objectives in a way that is suited for monitoring and enforcement, following the nationally described space standards which have universal familiarity and application.

Outdoor Amenity Space – draft Policy HD13

6.7 The preferred approach for the Local Plan 2042 draft policy is to take forward is **option A.** A key objective for the plan is that housing tenures and types are of the highest quality possible and most conducive to promoting the health and wellbeing of occupants. To secure these objectives in a way that is suited for monitoring and enforcement, following the nationally described space standards which have universal familiarity and application.

Accessible and Adaptable Homes – draft Policy HD14

6.8 The preferred approach for the Local Plan 2042 draft policy is to take forward is a combination of **options A and B.** This approach would ensure that a sufficient amount new additions to the city's housing stock is future proofed in line with the projected demographic trends for the aged population and the current needs of residents with mobility issues. Option B in particular will allow the policy to be sufficiently flexible for situations where accessible/adaptable homes are difficult to achieve for practical reasons while ensuring a sufficient amount is still delivered.