Background paper 010

Title: Health and Wellbeing

This paper addresses: Regeneration, geographical spread of new development, accessibility of areas of 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 shared 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, an update published in 2020 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 LTCP5 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.

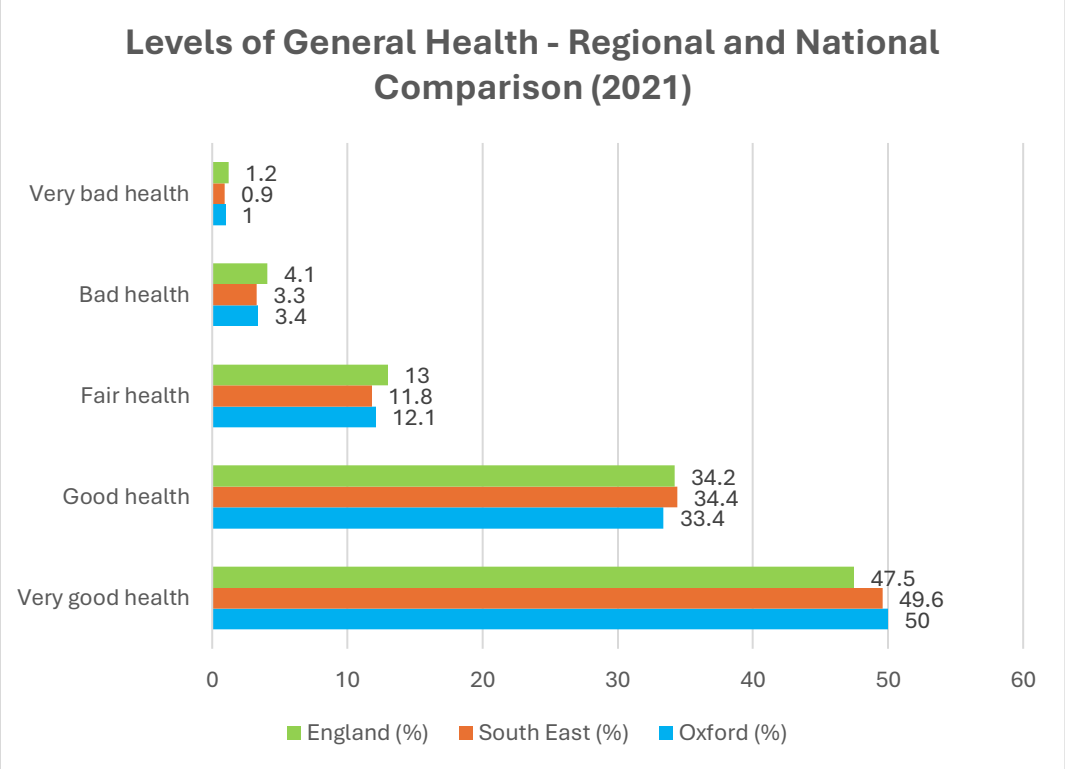
2.15 **The Joint Strategic Needs Assessment Annual Summary Report 2023:** The Joint Strategic Needs Assessment (JSNA) monitors trends in the health and wellbeing of Oxfordshire's population and assesses changing patterns of need and demand for services across the county. Much of the data set out in this paper is taken from this report.

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

Levels of General health

3.1 In 2021, 50% of Oxford residents described their health as “very good”, increasing from 48.3% in 2011. Those describing their health as “good” fell from 33.8% to 33.4%. the proportion of Oxford residents describing their health as “very bad” was 1.0% (similar to 2011), while those describing their health as “bad fell from 3.9% to 3.4%.

3.2 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.



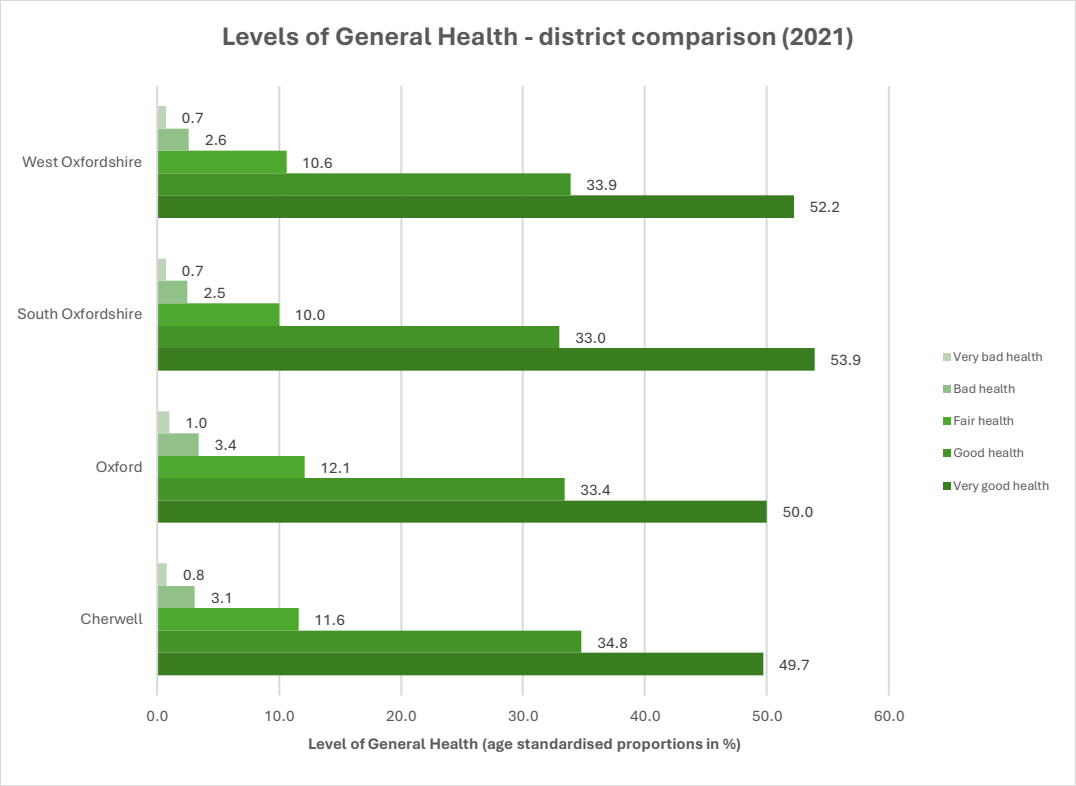


Figure 3.1 - Level of reported health – regional, national, and district comparison (Census 2021)

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

Indicator	Period	Oxford			Oxon	England	England		England
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy and causes of death									
Life expectancy at birth (Male, 3 year range)	2021 - 23	–	-	80.4	81.3	79.1	73.1		83.4
Life expectancy at birth (Male, 1 year range)	2023	–	-	80.6	81.6	79.3	73.4		83.2
Life expectancy at birth (Female, 3 year range)	2021 - 23	–	-	83.9	84.9	83.1	78.9		86.5
Life expectancy at birth (Female, 1 year range)	2023	–	-	83.4	84.5	83.2	78.2		86.8
Under 75 mortality rate from all causes New data	2024	→	322	312.3	250.8	329.4	563.5		191.9
Under 75 mortality rate from cardiovascular disease	2024	→	67	68.4	51.4	74.3	138.9		33.8
Under 75 mortality rate from cancer	2024	→	111	108.0	102.1	117.9	169.0		74.6
Suicide rate	2022 - 24	–	38	9.4	9.4	10.9	20.6		4.6
Injuries and ill health									
Killed and seriously injured casualties on England's roads	2024	–	-	-	67.0*	89.8*	-	*Insufficient number of values for a spine chart*	-
Emergency Hospital Admissions for Intentional Self-Harm	2023/24	↓	210	100.6	97.3	117.0	342.5		36.1
Hip fractures in people aged 65 and over	2023/24	→	120	560	519	547	849		120
Percentage of cancers diagnosed at stages 1 and 2	2022	→	245	59.3%	60.2%	56.8%	48.0%		66.8%
Estimated diabetes diagnosis rate	2018	–	-	66.8%	67.2%	78.0%	54.3%		98.7%
Estimated dementia diagnosis rate (aged 65 and older) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2025	→	1,152	64.7	63.0*	65.6	45.3		94.2
Behavioural risk factors									
Admission episodes for alcohol-specific conditions (under 18 years)	2021/22 - 23/24	–	15	17.3	18.3	22.6	75.2		3.8
Admission episodes for alcohol-related conditions (Narrow)	2023/24	→	574	445	414	504	890		240
Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) New data	2024	–	-	9.9%	7.5%	10.4%	20.8%		2.4%
Percentage of physically active adults	2023/24	–	-	73.4%	73.9%	67.4%	48.9%		81.1%
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	2023/24	–	-	49.6%	58.6%	64.5%	77.2%		42.6%
Child health									
Under 18s conception rate	2022	→	17	6.0*	9.2	13.9	34.4		4.2
Smoking status at time of delivery	2024/25	→	59	5.5%*	5.5%*	6.1%	13.2%		2.2%
Infant mortality rate	2022 - 24	–	16	3.7*	2.4	4.2	8.7		1.2
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2024/25	–	250	19.0%	17.8%	22.2%	30.7%		9.7%
Deprivation score (IMD 2019)	2019	–	-	16.7	11.7	21.7	45.0		5.5
Inequalities									
Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) - current smokers (APS) New data	2023	–	-	*	15.3%	19.5%	54.8%		2.4%
Inequality in life expectancy at birth (Male)	2021 - 23	–	-	9.6*	5.4*	10.5*	17.2		0.5
Inequality in life expectancy at birth (Female)	2021 - 23	–	-	8.5*	4.8*	8.3*	14.9		0.3
Children in relative low income families (under 16s)	2023/24	↑	4,189	16.7%	11.7%	22.1%	44.6%		5.6%
Wider determinants of health									
Children in absolute low income families (under 16s)	2023/24	↑	3,562	14.2%	9.8%	19.1%	40.7%		4.7%
Average Attainment 8 score	2023/24	–	-	46.4	46.4	45.9	36.1		58.3
Percentage of people in employment	2024/25	→	79,200	73.5%	82.4%	75.7%	61.0%		88.1%
Homelessness: households owed a duty under the Homelessness Reduction Act	2023/24	→	792	15.1	9.6*	13.4	30.6		2.9
Violent crime - hospital admissions for violence (including sexual violence)	2021/22 - 23/24	–	130	23.2	15.6	34.2	170.5		6.3
Winter mortality index	Aug 2021 - Jul 2022	→	20	7.5%	12.6%	8.1%	30.1%		-11.5%
Health protection									
New STI diagnoses (excluding chlamydia aged 24 years and under) per 100,000	2024	↑	1,001	606	358	482	2,903		126
TB incidence (three year average)	2022 - 24	–	76	15.4	7.2	8.5	42.1		0.7

Figure 3.2 Health indicators, Oxford compared to benchmark of Oxfordshire and England (Department of Health and Social Care, 2023)

Active Travel

3.4 The latest Sport England data (November 2023-24) shows that the South East of England Region had a lower proportion of adults (33%) participating in active travel (at least twice in the last 28 days) compared to Oxford City (56%)

3.5 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 may be due to changes in active travel because of home working.

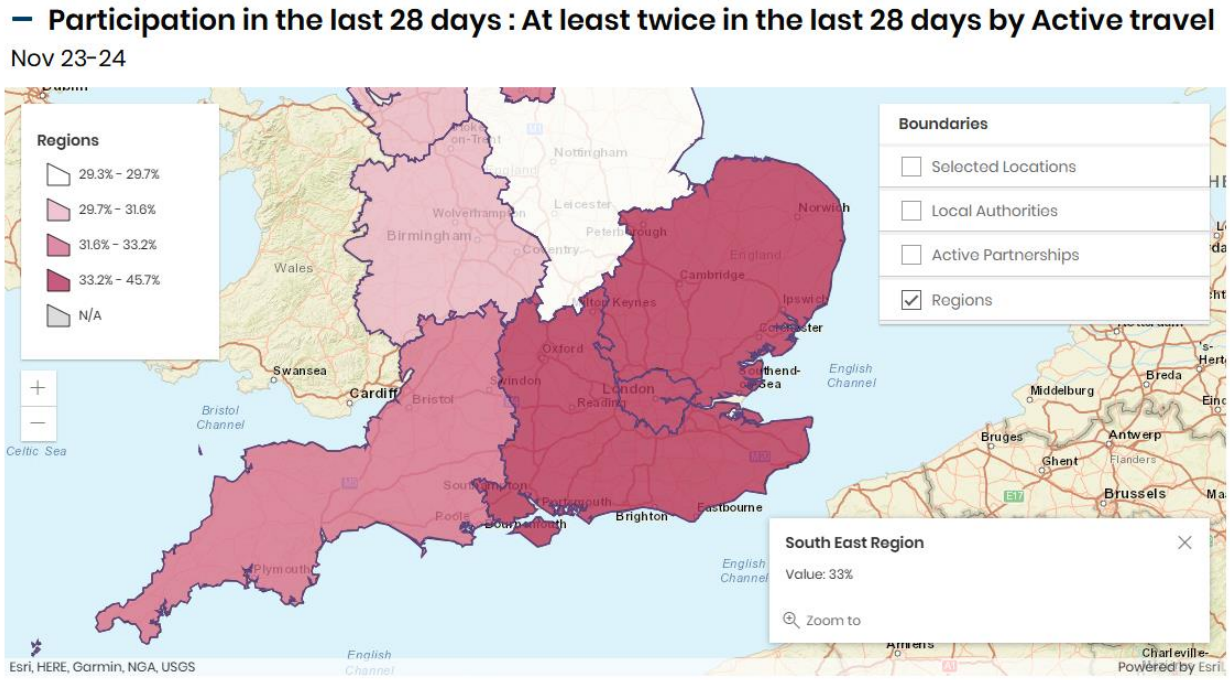


Figure 3.3 Regional participation in active travel (Sport England, 2026)

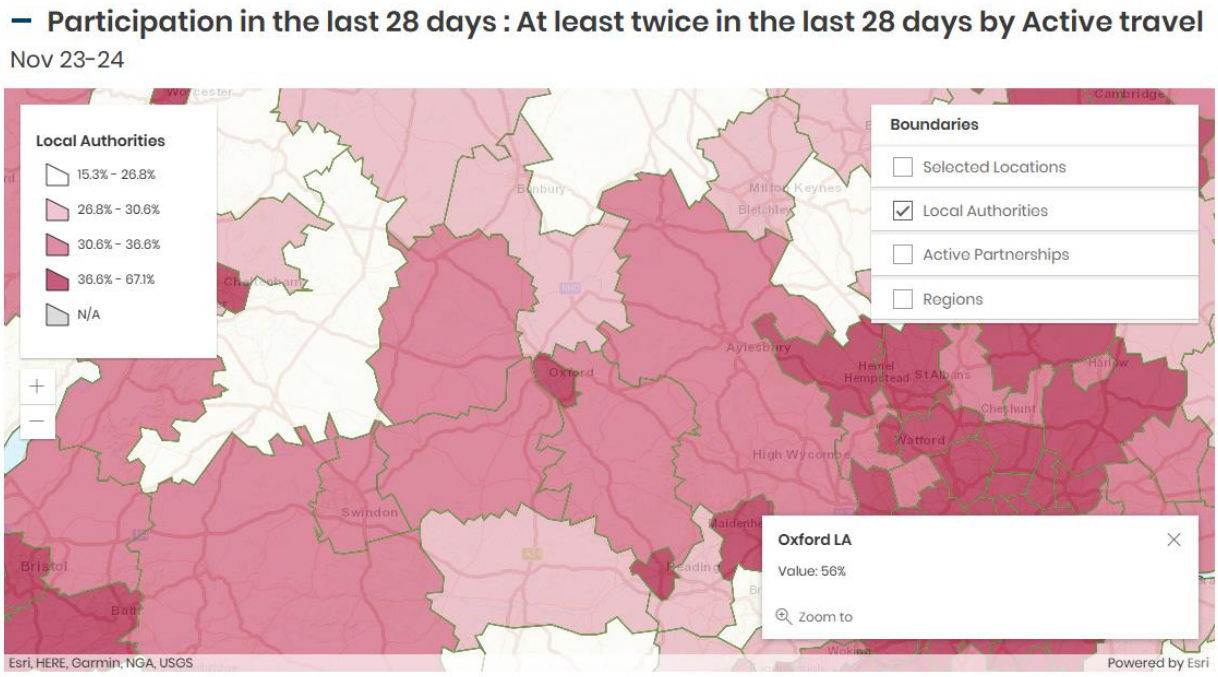


Figure 3.4 Oxford participation in active travel (Sport England, 2026)

Isolation and loneliness

3.6 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.

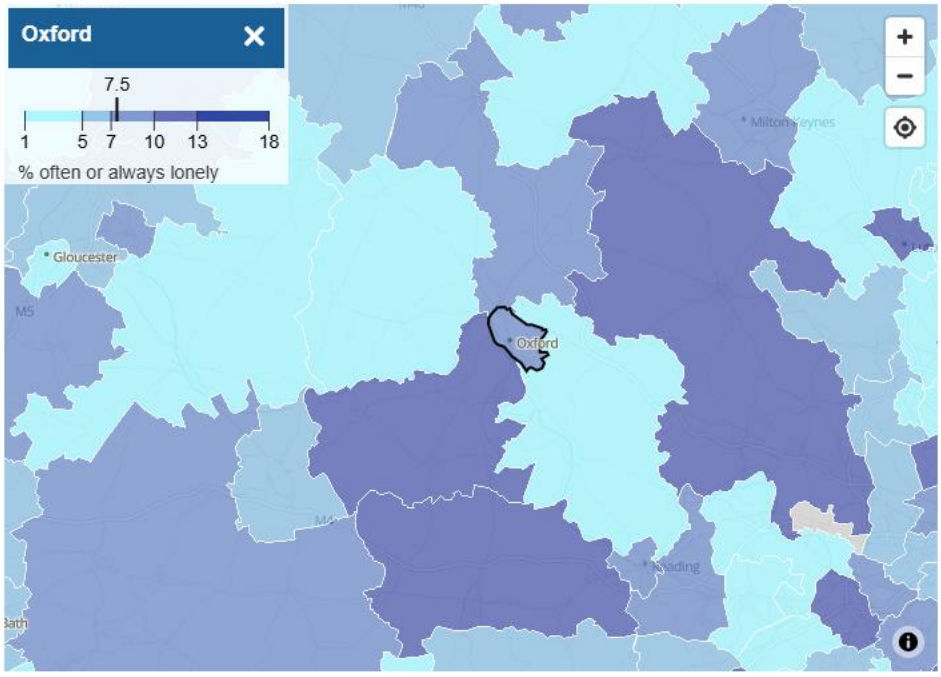


Figure 3.5 Loneliness rates by local authority (Office for National Statistics, 2021)

Air Quality

3.7 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.

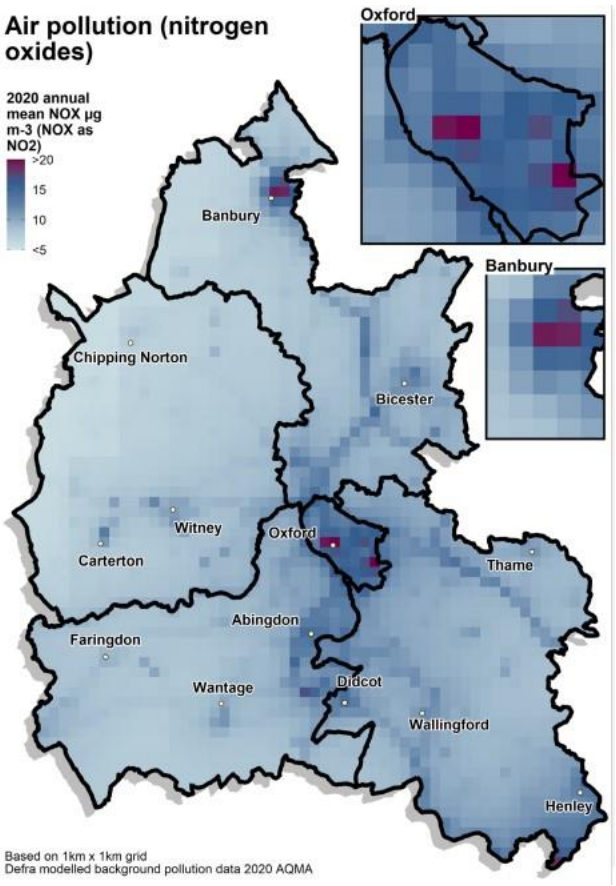


Figure 3.6 - Air pollution in Oxfordshire (Source: Defra modelled background pollution data via Oxfordshire JSNA 2023)

Inequality and health outcomes

3.8 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.

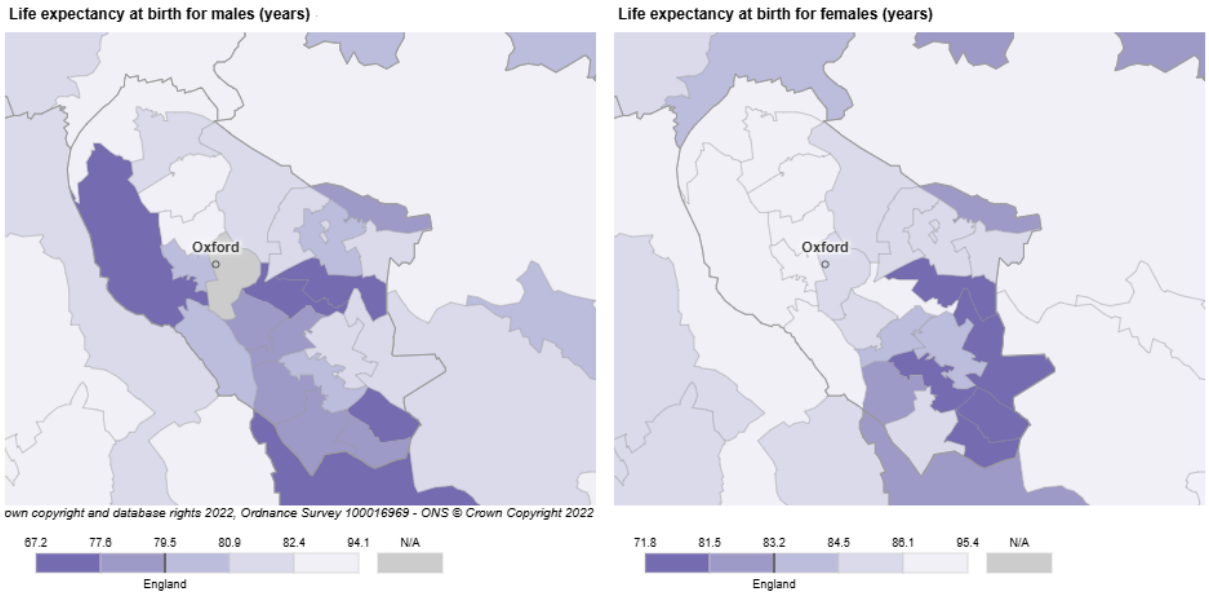


Figure 3.7 - Comparative life expectancy across Oxford wards: Office of Health Improvement and Disparities analysis (accessed 6 January 2025)

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

Health Deprivation

3.9 The Health domain of the Index of Multiple Deprivation is the official measure of relative deprivation in England. 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 Blackbird Leys. The majority of least health deprived areas, as shown by Figure 3.8 are located within the north of the city.

3.10 In 2025, only 1 of Oxford's Lower Super Output Areas (LSOAs) fell into the 20 per cent most deprived, 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.

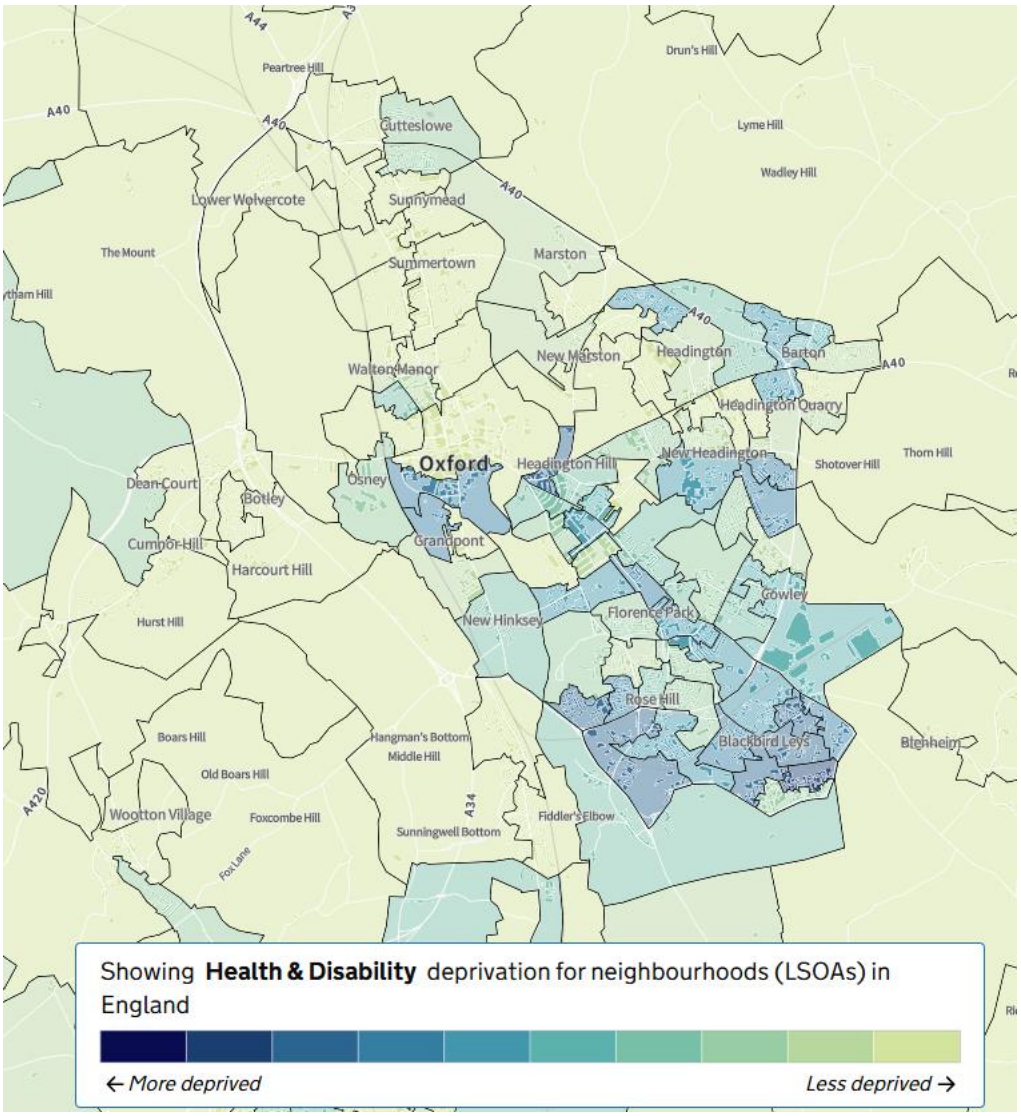


Figure 3.8 - Health deprivation and disability in Oxford (English indices of deprivation 2025))

Employment Deprivation

3.11 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.

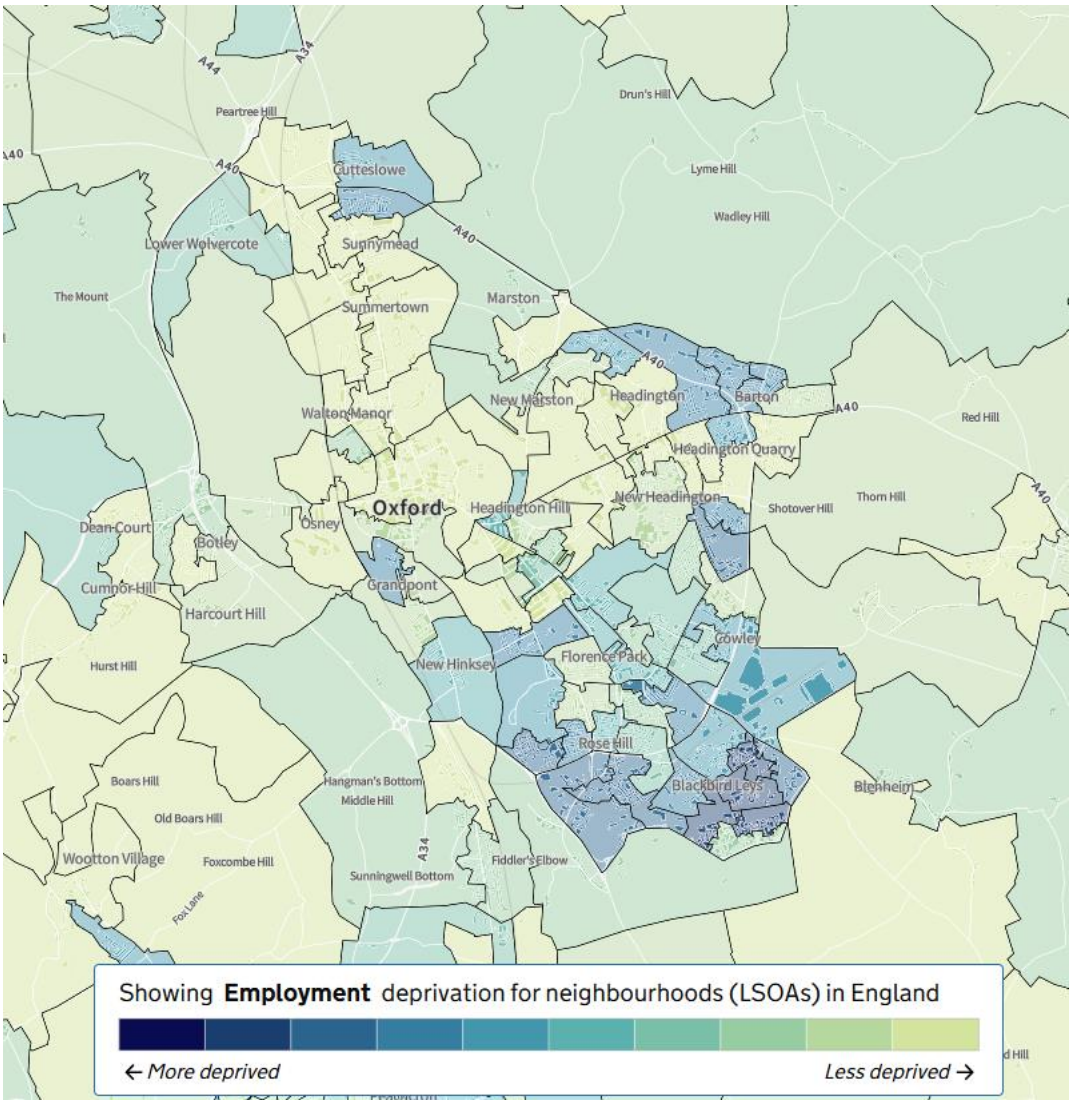


Figure 3.9 - Employment deprivation in Oxford (Oxfordshire County Council 2019)

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.

4.15 **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. Key Issues addressed through the Local Plan

5.1 The Regulation 18 consultation identified that there were a number of topics that the Local Plan could implement policy to address which relate to health and wellbeing objectives. 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. The options considered have been reviewed in light of the Regulation 18 feedback (as summarised in the consultation report) and the updates to the Local Plan period, these are reproduced in Appendix A along with the preferred approach taken forward for the Local Plan. It is important to note that some policy reference numbers have been updated as a result of amendments made post the Regulation 18 consultation.

5.2 This section will now discuss the key issues that are being addressed through the Local Plan and how the Local Plan's policies respond to them.

Health Impact Assessments

5.3 As was set out earlier in the paper, there are clearly health and wellbeing challenges affecting the communities within Oxford. Inappropriate or poorly designed development has the potential to exacerbate some of these issues if these are not sufficiently incorporated into the design process. For this reason, the Local Plan 2045 continues with a requirement of major

development needing to undertake a Health Impact Assessment (now: Policy HD7) as with the previous Local Plan.

5.4 The purpose of Health Impact Assessment (HIA) as part of the planning application process is to ensure that the design of new development is tailored to the particular local health context of the area where it is proposed. Producing an HIA should be far more than just a tick box exercise; the process seeks to ensure that the impacts of new development do not further exacerbate negative health trends, whilst also helping to identify and take up opportunities to ameliorate these conditions and secure positive impacts that support wellbeing. The policy sets out the high level requirements that applicants are expected to follow, including undertaking analysis of the local context and presenting appropriate data on these conditions and then using this to demonstrate how they have addressed the design of their development informed by this understanding. Where impacts are identified, these need to be appropriately addressed (and mitigated where necessary) and details of any monitoring required to ensure mitigations are successful should also be provided.

5.5 Whilst the policy sets out the high-level requirements that the Council will look for to ensure that a proposal has demonstrated that health impacts have been appropriately addressed as part of the design process, there are a number of different methodologies available for how Health Impact Assessments can be specifically undertaken in practice. The policy is supported by an Appendix which sets out more specifics as to the kind of format that the HIA should follow and refers applicants to the toolkit that has been specifically developed by Oxfordshire County Council and that was approved for use by all six Oxfordshire Local Authorities by the Future Oxfordshire Partnership (formerly known as the Oxfordshire Growth Board) on 26 January 2021. The toolkit includes briefing notes as well as a checklist that will help applicants to focus their analysis on the key issues of relevance. A Technical Advice Note (TAN) also contains information to support the preparation of HIAs.

5.6 Ultimately, ensuring that new development undertakes HIA will help to support higher quality design in the city. The policy is designed to be flexible enough to allow applicants to tailor the level of information they provide as part of the HIA to be proportionate to the scale of the development, whilst also ensuring that the key elements are addressed (such as being informed by relevant contextual data). In this way, HIAs provided should include enough information to allow the Council to make an informed judgement as to any potential negative or positive impacts for health and wellbeing in the city, without being overly burdensome to applicants.

Privacy, Daylight and Sunlight

5.7 Ensuring all homes are built with adequate privacy, daylight and sunlight (both internal and external) helps to ensure the wellbeing of residents. It is also important to consider the impacts on neighbouring residential properties to ensure they do not lose their sense of privacy. This is particularly important in the context of Oxford, where high density development is expected in some areas of the city to make efficient use of land.

5.8 The policy approach will ensure that new development provides adequate daylight and privacy and will not reduce privacy and daylight in existing development to an unacceptable level.

Internal Space Standards for Residential Buildings

5.9 It is important to ensure that new homes are of an adequate size and layout to provide high quality, functional homes that meet the needs of a wide range of people and take into account how those needs might change over time. This should apply to development at all scales, from large strategic sites to infill development, which represents an important contribution to meeting Oxford's housing need.

5.10 The pressure to deliver more homes leads to increased pressure to deliver smaller homes. This could result in housing that is unacceptable in terms of internal space because it doesn't offer occupiers appropriate living standards or meet the national aim that everyone should have access to a decent home. The pressure to make efficient use of land, and the fact that dense development is to be required, makes it particularly necessary to ensure that the internal living environment of new homes is adequate.

5.11 The policy has been carefully informed by a consideration the local need for space standards and the viability impact of taking such an approach and the approach is to adopt the optional nationally described standards. In addition, minimum bedroom sizes for HMO are governed by the Licensing of Houses in Multiple Occupation (Mandatory Conditions of Licences) (England) Regulations 2018.

5.12 The policy will ensure that new developments are designed and built to provide adequate space for occupants. It will be important to ensure that designs maximise the useable space within housing, through functional layout, and provide scope to adapt and modify housing to meet future requirements. The demand for housing in Oxford means that a small proportion of larger and family homes will be provided in the form of flats or apartments; ensuring adequate space and quality environments will play a crucial role in changing the perception of apartments and their suitability as family homes.

Outdoor Amenity Space

5.13 The adequate provision of outdoor amenity space is a key factor in supporting the physical and mental health and wellbeing of residents. It provides a space to dry clothes, grow plants and vegetables, and can provides shade and limit urban heat-island effects. In addition, if the space is designed with permeable surfaces it can contribute towards flood risk management.

5.14 Where high density development and subdivision of properties are expected and where many sites are infill development, high standards for the delivery of good quality outdoor amenity space becomes increasingly important to ensure the health and wellbeing of residents.

5.15 New homes should provide some open space that allows the occupants to enjoy fresh air and light in privacy. The policy will ensure that appropriately sized balconies/private terraces and private/ shared garden space is provided for residents.

5.16 The policy approach will ensure that both public and private amenity and garden spaces are well designed and ensure that it is clear how these spaces are used without the need for extensive signage, avoiding narrow pathways to link spaces, optimising sunlight, and ensuring principles of good landscape design are incorporated.

Accessible and Adaptable Homes

5.17 Housing provision across the city should meet the needs of everyone and new homes need to be accessible to all, including those with disabilities. As such, it is important to consider the demands and requirements people will have from their homes and how this may change over time. Homes need to be built with the flexibility to be adapted to the changing needs of residents. Adaptability is important to respond to changes to the size and compositions of households, and an ageing population.

5.18 Providing opportunities for residents to maintain their independence is important and can help to alleviate pressure on health and social care if older people can remain in their homes adapted for their needs. In addition, housing needs to be adapted to support those with chronic health conditions and specialist housing needs. Ensuring we build homes that can be adapted to meet people's longer-term needs is an important part of good design.

5.19 The policy approach is to provide enhanced accessibility or adaptability through Requirement M4(2) Accessible and adaptable dwellings and/or M4(3) Wheelchair user dwellings in 'Approved Document M: access to and use of buildings. To ensure provision of housing to meet the range of needs that will exist in Oxford and because of the advantages of dwellings that can adapt to changing needs, requirements for accessible and adaptable dwellings are set out in the policy.

5.20 Oxford has a markedly young population compared to neighbouring districts and the UK, mainly because of the substantial number of students. The trend of Oxford having a younger population than average is set to continue; however, people are living longer and there will be an increase in the number of older people resident in the city. As it is likely that Oxford will have a greater proportion of older residents making up its population, there will be changing housing requirements over the Plan period. The Census 2021 showed 5.3% of the population of Oxford are 75 or over. This is lower than the national average, but that represents a section of the population more likely to need adaptable homes in order to remain living in them for longer. The Census 2021 shows that 29% of households in Oxford have one or more people with a disability. Some of those households will need specialist adaptations to their homes, so providing housing that is adaptable will play an important role in ensuring that these people have an adequate choice of homes available to them. The Government has found that 34% of disabled people have had to make adaptations to their homes UK Disability Survey

research report, June 2021 - GOV.UK. Therefore, at least 10% of homes should be adaptable, but given the increasingly aging population and the proportion that are already over 75, the policy requires that 15% of market homes meet Category 2 Standards of Part M of the Building Regulations.

5.21 Some typologies of development will not be suitable for providing homes that meet M4 requirements because these require level access to the front door and so must have lifts. As well as installation costs they have ongoing maintenance costs (which are likely to affect residents' ground rents). This will affect viability and will not be feasible unless a certain number of units are served by one lift shaft. This will be less likely on lower blocks of flats. There may be other options, such as provision of one and two bed units in terraced houses instead of flats, maisonettes with accessible homes below and so on. But these options will often not be feasible, in which case the policy allows schemes with fewer or no dwellings that meet Part M of the Building Regulations.

Appendix A - Policy options and preferred approaches

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

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.

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

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

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

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.

Health Impact Assessments – Policy HD10

The preferred approach 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.

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

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.

Table 7.2 - Policy options set 010b: Privacy, Daylight and Sunlight

Option for policy approach	Potential positive consequences of the approach	Potential negative/neutral 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	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.

considered alongside shading and overheating impacts.		
Option b Include a policy with requirements to ensure adequate daylight, privacy and sunlight to new residential developments.	This would ensure new development provides adequate daylight and privacy and does not reduce privacy and daylight in existing development to an unacceptable level.	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.
Option c Do not include a policy on privacy, daylight or sunlight for any type of development.	This would provide more flexibility for design to reflect the location and other factors.	This could result in poor quality design in new development that does not have sufficient daylight or privacy for its occupants and could reduce daylight or privacy to neighbouring development to 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.

Privacy, Daylight and Sunlight – Policy HD11

The preferred approach 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.

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

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.

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

Option for policy approach	Potential positive consequences of the approach	Potential negative/neutral consequences of the approach
Option a Apply Nationally Described Space Standards. In flatted schemes, require communal areas to be designed to enable neighbours to meet and interact, for example some fixed seating, wider	Following the Nationally Described Space Standards should ensure that developments maximise the useable space within housing through functional layout and provide scope to modify	Oxford is highly constrained spatially and by adopting these standards it could result in reducing the number of houses being delivered. It may become unnecessary to have this policy if the intended national development management policies cover this (which should not be repeated or contradicted in local plans).

areas of corridor or lobby space.	layouts for future needs. Design of 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 Do not include a policy on internal space standards (if the national standards are not adopted locally then they do not apply).	Does not restrict homes being delivered where space is so limited. If space requirements are written into national policy this will become the preferred option as having a local policy will be unnecessary.	Having no space standards for self-contained dwellings could result in the delivery of housing that is of poor quality with an unacceptable amount of internal space for its occupants.
Option c Include a policy but do not follow the Nationally Described Space Standards.	Provides more flexibility for the delivery of new homes which is so urgent in Oxford.	Government policy is very clear that either the nationally described standards are followed or there is no requirement included in plans, so it is very unlikely that this approach could be 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.

Internal Space Standards for Residential Buildings – Policy HD12

The preferred approach 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.

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

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.

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

Option for policy approach	Potential positive consequences of the approach	Potential negative/neutral consequences of the approach
Option a Include an outdoor amenity space requirement for all residential units, with size standards. This could allow flexibility between communal and private space and balconies would be included to ensure flats are deliverable. Include a requirement for outdoor areas	This would ensure that outdoor amenity space provided as part of new development would be well designed and provides more certainty about the level of provision. Requiring space for meetings and interactions may help to reduce loneliness and social isolation.	This could be too prescriptive, and the amount required may not be deliverable or viable. There is no requirement currently for communal outdoor amenity space for flats- it may be hard to know how to set this in a way that can be justified.

where neighbours can meet or interact.		
Option b Include a policy that sets out broad principles required for amenity space for housing but no size requirement.	This approach would be less prescriptive but encourage good design by setting out broad principles.	Potential for poor design and quality and not a large enough quantity of outdoor amenity space to serve needs.
Option c Set a requirement for outdoor amenity space for larger non-residential developments.	This approach ensures biggest non – residential schemes have well designed outdoor amenity for users of the development and, if well landscaped, this enhances the attractiveness of the design and potential for benefits of green spaces such as biodiversity and enhancing wellbeing.	Private amenity space at workplaces should not be needed if there is adequate public open space in an area and in living places. This would not represent the most efficient use of land. Management plans would be needed to ensure it does not become neglected.

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.

Outdoor Amenity Space – Policy HD13

The preferred approach 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.

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

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.

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

Option for policy approach	Potential positive consequences of the approach	Potential negative/neutral consequences of the approach
Option a Seek to ensure that a % of affordable homes and market homes (dependent on needs, viability and practicality but currently 100% affordable and 15% market) are constructed	This approach future proofs the housing stock.	The standards can be too onerous and impact upon site viability.

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 Introduce specific exceptions to the requirement for accessible and adaptable homes for practical reasons, for example provision of lifts is disproportionately expensive for flats of less than three or four storeys or for a small number of flats (fewer than 10) sharing one lift core, so upper floors would not need to conform.	Rather than lowering the percentage generally to ensure accessible/adaptable homes are achievable in all situations, this allows a generally high percentage, whilst avoiding situations where there are practical reasons that limit the amount of accessible and adaptable homes that can be provided.	This may encourage low-rise flats, or one bed houses, to circumvent the policy, which may often not be the most efficient use of land or the most suitable design for the area.
Option c No specific policy, rely on NPPF requirements or National Design Guide as template.	Rely on the NPPF to deliver the policy framework for delivering accessible and adaptable homes.	This could result in homes being built that are not sufficiently adaptable to the changing requirement of residents which is not an effective approach to meeting residents both current and future needs. Retrofitting houses to meet needs in the future is more 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.

Accessible and Adaptable Homes – Policy HD14

The preferred approach 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.